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Addressing Culture throughout the Occupational Therapy Process: Beyond the Basics

by

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Advisor: Dr. Cherie Graves, PhD, OTR/L

A Scholarly Project

Submitted to the Occupational Therapy Department of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

Master of Occupational Therapy

Grand Forks, North Dakota

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APPROVAL PAGE

This scholarly project, submitted by, Samantha Plutko, MOTS and Jacey Savage, MOTS in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Cherie Graves, PhD, OTR/L

Faculty Advisor

4/14/2021

Date

PERMISSION

Title: Addressing Culture throughout the Occupational Therapy Process: Beyond the Basics

Department: Occupational Therapy

Degree: Master of Occupational Therapy

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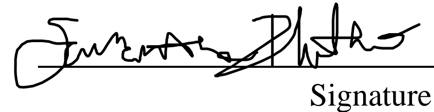

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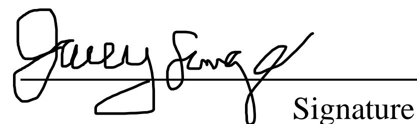

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ABSTRACT

Title: Addressing Culture throughout the Occupational Therapy Process: Beyond the Basics

Problem: Health care inequalities currently exist in our society and impact the quality of healthcare that minority groups receive. Abrishami (2018) stated that behaviors and attitudes of health care providers can have a significant impact on these inequalities. These negative experiences have led to ethnic and racial minorities reporting increased fear of seeking health services, less treatment sought, and more apprehension about future appointments (Shepherd, Willis-Esqueda, Paradies, Sivasubramaniam, Sherwood, & Brockie, 2018).

It is necessary for therapy practitioners to be aware of the barriers and challenges that ethnic and racial minorities experience when receiving health care and implement strategies into their treatment in an attempt to reduce them. Shepard (2019) found that health care professionals who received cultural awareness training increased their overall knowledge, confidence, and positive attitude about their ability to provide culturally inclusive care. Similarly, Suarex-Balcazar et al. (2009) found that therapists rated themselves higher in their perceived levels of cultural competency after receiving extensive training on the topic.

Purpose: Our product, a continuing education course for occupational therapy practitioners, was created with the purpose of giving attendees an opportunity to engage in hands-on learning exercises that will assist them with addressing culture throughout the occupational therapy process.

Methodology: An extensive literature review was conducted on topics related to health care disparities, cultural competency, and minority populations. After determining the gap in literature, the models of Cultural Congruence, PEO, and Bloom's Taxonomy were utilized to guide decisions throughout product development.

Anticipated Result: It is anticipated that our product will allow therapists to increase their knowledge on addressing culture throughout the OT process while allowing them to reflect on their own views and biases. We hope this will lead to occupational therapy practitioners providing better quality care, that is more culturally inclusive and appropriate to all clients.

Chapter I

Introduction

Agency for Healthcare Research and Quality (2019), a governmental agency within the Department of Health and Human Services, conducts annual reports on healthcare qualities and disparities. In 2019, it was found that each minority population experiences a number of barriers that affect their access to and quality of their healthcare. Abrishami (2018) reported that ethnic minority patients report less involvement in medical decisions, less of a collaborative relationship with their physicians, and overall lower levels of satisfaction with care. In addition, it was found that when these individuals have negative experiences when receiving healthcare, it can lead to fear of seeking health services, less treatment sought, and anxiety regarding future appointments (Shepherd, Willis-Esqueda, Paradies, Sivasubramaniam, Sherwood, & Brockie, 2018). Behaviors and attitudes of healthcare professionals towards minority populations can have a direct impact on their overall healthcare experience. It is necessary for health care professionals to address these barriers and provide appropriate care to these individuals. In 2000, it was found that about 33% of the United States population identified themselves to be a part of a racial or ethnic minority group. It is estimated that by 2050, these groups will equate to roughly half of the United States population (Giger, 2007). These rapidly changing demographics make it essential to change the way health care providers address the health and well-being of minority populations.

It is critical for occupational therapy practitioners to be aware of the challenges and barriers these populations experience and to have the ability to adapt their treatment style and approach to cater to individuals with various cultural backgrounds and beliefs. Occupational therapy practitioners need to develop strategies that allow them to adapt their interventions to provide quality, client-centered care to people of all ethnic groups and backgrounds (Dillard et al., 1992; Suarez-Balcazar et al., 2009).

A thorough literature review was conducted on topics related to health care disparities, minority populations, cultural competency, and challenges occupational therapy practitioners experience. Through the completion of the literature review, it was identified that there is a gap in resources for occupational therapy practitioners to assist them with addressing culture throughout the entire occupational therapy process. The need for the product presented in this scholarly project became apparent and was created to fill this gap.

Scholarly Project Product

To address the barriers that ethnic and racial minorities experience when receiving healthcare, the product presented in this scholarly project was created. This product is a continuing education course for occupational therapy practitioners titled, "Addressing Culture Throughout the Occupational Therapy Process: Beyond the Basics." This workshop consists of six modules that were created in an attempt to reduce the barriers and challenges for minority populations by educating practitioners on how they can appropriately address their client's cultural values and beliefs throughout the occupational therapy process.

Theoretical Base

Three models were utilized throughout the process of product development. The models provided appropriate and necessary guidance when structuring the workshop and sequencing modules. These models consisted of an occupation-based model, the Person-Environment-Occupation model (PEO) (Law et al., 1996), a cultural-based model, the Cultural Congruence model (Schim & Doorenbos, 2010), and an educational model, Bloom's Taxonomy (Anderson et al., 2001; Bloom, 1956). Each model had its own purpose for being utilized throughout product development. The purpose of PEO was to provide education to attendees on how using a theoretical model can be beneficial when determining how various cultural factors can influence performance, while emphasizing the same values as the occupational therapy profession, such as client-centeredness and holistic care. The cultural congruence model helped to determine the overarching goals and objectives of the product. The key concept in this model is that provider and client levels come together and find an "appropriate fit." Lastly, Bloom's Taxonomy was utilized to ensure that attendees of the workshop reach the maximum level of learning after attending the course. These models and how they were incorporated and used throughout the decision-making of product development are discussed in more detail throughout the chapters of this scholarly project.

Key Terms

There are a number of terms that are used multiple times throughout this scholarly project. The ones most commonly used are defined below.

Cultural competency: "The ability to successfully interact with those who differ from oneself and can be described in literature as understanding and incorporating cultural

awareness and attitudes, cultural knowledge of self and others, and cultural skill, which includes effective communication" (Black, 2014).

Health care disparities: "differences and/or gaps in the quality of health and healthcare across racial, ethnic, and socio-economic groups. It can also be understood as population-specific differences in the presence of disease, health outcomes, or access to healthcare" (Riley, 2012, para. 4).

Ethnic minority: "A group of people who differ in race or color or in national, religious, or cultural origin from the dominant group - often the majority population - of the country in which they live" (Chaiklin, 2021).

Practitioner: The authors use this word throughout when referring to occupational therapists and occupational therapy assistants as well as any other health care professional.

Holistic: "[R]elating to or concerned with wholes or with complete systems rather than with the analysis of, treatment of, or dissection into parts" (Merriam Webster, 2020, para. 2).

Client-centeredness: "Occupational therapists demonstrate respect for clients, involve clients in decision-making, advocate with and for clients in meeting their needs, and otherwise recognize clients' experience and knowledge" (CAOT, 1997, p. 49; CAOT, 2002, p.180).

Introduction of Chapters

This scholarly project consists of five chapters. These chapters are intended to provide a structured outline describing the development of the product. Chapter I, Introduction, consists of a brief overview of information gathered during the literature

review that led to the creation of the product. It also briefly describes the theories utilized throughout product development, an overview of the product, and a list of key terms that are heavily utilized throughout the scholarly project. Chapter II is the literature review that was conducted that provides a comprehensive description of the current research available on the topic. Next, Chapter III, Methodology, describes the methods and strategies that were used in order to make decisions throughout the creation of the product. Chapter IV describes the product in detail and how it is intended to be used. The product itself can be located in the Appendix. The last chapter, Chapter V, Summary, consists of an overview of the scholarly project as a whole. This chapter is then followed by a full list of references and the Appendix.

Chapter II

Literature Review

Over the past few decades, society has been trying to repair and mend the inequalities that previously existed and continue to exist for ethnic and racial minority groups. While advancements have been made such as laws, bills, and other social movements, there are still a number of large barriers and issues that exist for these populations today. One of the barriers largely impacting quality outcomes and patient satisfaction are health disparities that are present in the healthcare system. The health disparities and occupational injustices that are present for ethnic and racial minorities greatly impact the practice of occupational therapy, yet, there has been very little research conducted on how the extensive history of racism in the United States impacts occupational injustices and people's ways of doing (Lavalley & Johnson, 2020). However, Lavalley and Johnson (2020) state that occupational science and occupational therapy are both largely influenced by the deeply ingrained biases and beliefs of society that have been embedded into the United States for decades. They also note the great responsibility occupational scientists and practitioners have to recognize how racism and health care disparities influence the daily lives of the people they treat. These biases and inequalities impact an individual's allocation of resources, occupational opportunities, and their overall occupational performance (Lavalley & Johnson, 2020). It is necessary for occupational therapy practitioners to address these barriers and rise to the challenge of providing care that meets the cultural needs of the U.S population.

Current Health Care Disparities

Riley (2012) defines health disparities as "differences and/or gaps in the quality of health and healthcare across racial, ethnic, and socio-economic groups. It can also be understood as population-specific differences in the presence of disease, health outcomes, or access to healthcare" (para. 4). The National Institute of Health (NIH) identified United States disparity population groups as African Americans, Asian Americans, Hispanics, American Indians, and other vulnerable rural and urban-dwelling Americans (Giger, 2007). In 2000, it was found that about 33% of the United States population identified themselves to be a part of a racial or ethnic minority group. It is estimated that by 2050, these groups will equate to roughly half of the United States population (Giger, 2007). According to the U.S. Census Bureau (2019) it was estimated that 18.5% of the United States population is Hispanic or Latino, 13.4% of the United States is African American 5.9% Asian, 1.3% American Indian and Alaska Native, and .2% Native Hawaiian or other Pacific Islander. Giger (2007) states that each of these minority groups experience health care barriers that affect their access to quality care. These rapidly changing demographics make it essential to change the way health care providers address the health and well-being of minority populations and implement strategies into health care processes to reduce disparities (Giger, 2007).

The health care barriers that currently exist in society for minority groups not only impact access to care, but also negatively influence quality of care received. There are a number of statistics that demonstrate how disproportionate the quality of care is among varying racial and ethnic groups. Abrishami (2018) stated that ethnic minority patients

report less involvement in medical decisions, less of a collaborative relationship with their physicians, and overall lower levels of satisfaction with care.

The Agency for Healthcare Research is a governmental agency within the Department of Health and Human Services. This agency conducts annual reports on healthcare quality and disparities including access. Within each of these areas throughout the studies, there are several hundred measures. Based on the findings of the Agency for Healthcare Research and Quality (2019), each minority population experiences a number of barriers regarding both access to health care and receiving the same quality of care that non-minority populations receive. For example, in 2017 and 2018, African Americans, American Indians, Alaska Natives, and Native Hawaiians/Pacific Islanders received worse care than Whites for about 40% of measures. Unfortunately, these statistics have remained stagnant for certain populations as African Americans and American Indians received worse care than Whites for about 40% of measures in the 2010 report as well (Agency for Healthcare Research, 2017; Agency for Healthcare Research, 2018). In 2019, Hispanics received worse care than whites for about 33% of measures, which is a slight improvement from the 2018 report which reported that they received worse care than whites for 35% of measures (Agency for Healthcare Research and Quality, 2019).

Additionally, in 2010, Hispanics reported increased difficulty obtaining care and often proceeding without receiving the health care needed. Hispanics also reported feeling anxious about members of their family receiving necessary medical care. Hispanics were twice as likely as non-Hispanic whites to report long waits for medical care as one-third of them do not have a usual source of care or a primary provider. Unfortunately, Hispanics also report an increased number of experiences where they have

felt unheard by their healthcare provider and were not provided with appropriate and necessary information regarding their health (Agency for Healthcare Research and Quality, 2010). Next, Asian American groups were found to be the most likely to report dissatisfaction with the quality of care received by their primary health provider. They were also most likely to report that they would not actively seek care from health care professionals when facing new health problems or referrals. Unfortunately, the statistics in this paragraph are from a 2010 report as there has not been an updated report that touches on all the factors listed above. However, the fact that some populations have continuously received worse care than whites with little improvement over the past decade demonstrates that many of these factors are still an issue and need to be addressed.

This gap in quality of care can impact individual's overall perceptions of the health care system and may lead to negative long term health impacts. Abrishami (2018) stated that certain behaviors of health care providers directly impact the experiences of these individuals when receiving care. When negative health care experiences occur, it can lead to fear of seeking health services, less treatment sought, and anxiety regarding future appointments (Willis-Esqueda, Paradies, Sivasubramaniam, Sherwood, & Brockie, 2018). Additionally, Hall et al. (2015) found that numerous studies have determined that a patient's race and ethnicity influence the provider's beliefs and expectations of their patients. For example, African American patients were seen as being less intelligent, less likely to follow medical advice, and more likely to engage in dangerous behavior (Hall et al., 2015).

These health care disparities that currently exist for ethnic and racial minorities have potential to be reduced if health care providers intentionally behave in culturally and socially appropriate ways. By providing education and training to health care professionals, the number of health care disparities can be reduced, and more culturally appropriate care can be provided to all individuals regardless of their race or ethnicity (Awaad, 2003; Wasserman et al., 2019). Providing education and training through cultural competency workshops has been found to be a productive example of a quality care improvement in order to promote good health outcomes and reduce healthcare disparities (Wasserman et al., 2019). The occupational therapy field is one of the many health care professions that benefits from these courses as these factors play a major role in how their clients are able to engage in and perform their occupations.

Occupational Performance

Beagan and Etowa (2009) investigated the impacts of everyday racism on occupational performance. It was found that individuals who experience everyday racism have considerably lower self-esteem and less confidence in their abilities to complete everyday tasks. These individuals were found to greatly underestimate their abilities in the workplace due to being treated differently and having more strained relationships with others (Beagan & Etowa, 2009). These negative experiences not only impact their occupational performance, but also negatively affect the occupational opportunities provided to them on a day to day basis. This in turn, largely impacts the overall mental health and well-being of these individuals (Beagan & Etowa, 2009; Whalley Hammel, 2013). Whether intentional or unintentional, the racism embedded into the United States

is a destructive weakness that restricts occupational opportunities based on social structures and biases (Lavalley & Johnson, 2020).

Role of Occupational Therapy

Iwama (2003) and Black (2019) stated that occupational therapy practitioners have a common goal, to enable individuals to live meaningful lives through collaborating with their clients. It is essential for occupational therapy practitioners to evaluate both the physical and emotional well-being of their clients in order to promote successful participation in occupations (Beach et al., 2005; Berthold et al., 2014). Interestingly, Awaad (2003) noted that the majority of occupational therapy theory and practice evolved from a western, White, middle- and upper-class perspective. Additionally, there are biases ingrained into occupational therapy assessment tools as they are often measured using westernized cultural norms (Awaad, 2003). Because occupational therapy ideologies stem from westernized perspectives, it is critical for occupational therapy practitioners to take the time to understand and value each of the client's specific health beliefs and behaviors that reflect their culture and background. Based on these beliefs and behaviors, occupational therapy practitioners need to develop strategies that allow them to adapt their interventions and treatment to provide quality, client-centered care to people of all ethnic groups and backgrounds (Dillard et al., 1992; Suarez-Balcazar et al., 2009).

Westernized societies often place greater value on independence, productivity and success. As a result, the occupational therapy profession, which was developed within a westernized society, often places emphasis on these same values. Typically, the overarching goal for occupational therapy is focused on maximizing independence and

participation. This creates issues for individuals in cultural groups that do not share those same values (Awaad, 2003). For example, in other cultures, greater value may be placed on rest and self-care rather than on independence and productivity. For this reason, Black (2019) stated that the term "occupation" needs to be defined based on an individual's specific culture and beliefs. This is necessary as many other beliefs and values are influenced by culture (other than views of independence), these include: views of pain, health and illness, attitudes about disability and ageing, and social norms on family relationships (Institute of Medicine, 2003). It is necessary for occupational therapy practitioners to ask questions about the importance of modules at both an individual and societal level in order to gain a better understanding of their client and plan their treatment accordingly (Awaad, 2003). Due to the westernized norms and biases that are embedded into occupational therapy ideologies, it is necessary that occupational therapy practitioners play an active role in providing culturally competent and holistic care while consistently advocating for their clients.

Cultural Competency

Cultural competency is "the ability to effectively interact with those who differ from oneself and is often described in the literature as encompassing cultural awareness and attitudes, cultural knowledge of self and others, and cultural skill, which includes effective communication" (Black, 2019, p. 236). Awaad (2003) and Black (2019) stated that it is the responsibility of the therapist to develop ample culturally competent knowledge in order to seek a comprehensive understanding of the cultural norms of individuals they serve. They must also develop interpersonal skills that meet the needs of their client's therapeutic and cultural environment. Awaad (2003) identified three themes

of cultural competency that should be displayed by an occupational therapy practitioner. The first theme is understanding the concept and nature of culture. The second theme is skillful use of the cultural information in order to be successful within interactions with clients. This involves therapists actively seeking to understand symbolic meaning of objects, gestures, actions, and body language as well as cultural norms of touch, personal space, and eye contact within the culture of the client they are treating. The last theme is having awareness of one's own cultural background and values within the context of occupational therapy. It is necessary for therapists to reflect on and question their own beliefs and have a deep awareness of their own individual ethnic heritage, cultural background, and life experiences that influence their work practice. Implementing these themes into occupational therapy services is necessary for strengthening the therapeutic relationship between practitioner and client and allowing the client to feel understood and heard (Awaad, 2003).

Culture is complex and often individuals identify within multiple cultural groups. This then consists of a multilayered approach containing various components (Agner, 2020). In specific, Agner (2020) reported that many view culture as being monolithic, despite it

typically, being multi-layered. However, it is often easier for individuals to comprehend looking at culture through a one-way glass, although this often leads to stereotypes.

Holistic Approach

Occupational therapy research has contributed to establishing evidence-based interventions and best standards of care, implemented in the profession's practice guidelines, solidifying the importance and meaning of the practice (Juckett, Robinson, &

Wengerd, 2019). Multiple sources of occupational therapy research including Juckett, Robinson, and Wedngerd (2019) emphasize the importance of utilizing a holistic approach when treating clients, a core component that differentiates this profession from others. "The holistic understanding of health is the human organism and individuals as an integrated whole, also known as the equilibrium and integration of the individual and their environment" (McColl, 1994, pg. 74). This approach includes gathering information on all aspects of the person and considering how these aspects play a role in their occupational performance and functioning. Factors to consider that affect the therapy process include culture, values, roles, and spirituality. Although the holistic approach is a core concept of the occupational therapy profession, it can be difficult to explain and implement into practice (McColl, 1994).

McColl (1994) presented four main principles of holistic care. The first principle is that the client must experience an occupational balance and understand how to maintain the balance. The second principle of holistic health care is that occupational function (or dysfunction) is a lived experience rather than just an observable one. The third principle (and most related to culture) is that occupational function and dysfunction are closely related to the human's history, culture, and environment. The final principle of holistic care in occupational therapy is that the therapeutic relationship is determined by the client viewing illness as an opportunity to learn, grow, and increase self-awareness (McColl, 1994).

To maintain the holistic approach in occupational therapy, practitioners must view the individual and their abilities to be self-determining and help them achieve balances of occupations (McColl, 1994). This becomes increasingly difficult when certain individuals

are experiencing occupational injustices and denied the right to participate in occupations due to inaccessibility based on race and culture. In order to promote personal growth and self-awareness within clients, practitioners must achieve higher levels of understanding of their personal qualities, as well as view the therapeutic process as an opportunity for growth and development of both the client and therapist (McColl, 1994).

Advocacy

Occupational therapy practitioners have the skill set and resources necessary to provide their clients with opportunities to become more self-aware and achieve personal growth when deficits in their abilities or other factors such as limited access to care become barriers. These skills that practitioners possess, such as conducting module analysis, where information is gathered from the client's abilities and tasks performed are broken down into several, smaller components, allow practitioners to create interventions that match their abilities and provide a "just-right" challenge (May-Benson et. al., 2018). In addition, occupational therapy practitioners are advocates for their clients and can advocate for them in various ways to ensure they receive resources, services, etc. that they require.

The term "advocacy" consists of multiple broad definitions, but the overall concept is critical for the therapy process (Dhillon, et al. 2010). Occupational therapy practitioners can advocate for their clients utilizing a collaborative approach by empowering their clients to seek and obtain resources that can promote their occupational opportunities and performance (American Occupational Therapy Association [AOTA], 2014). When occupational therapy practitioners advocate for their clients, it increases the likelihood that they will receive benefits and services that they were once not available to

them or difficult to access due to factors such as race, disability, socioeconomic status, and more. Advocacy can consist of a variety of efforts made by practitioners such as serving on boards, contacting legislators to change policies in order to be more accommodating to certain individuals, or simply offering support. It is critical to advocate for not only the client, but to encourage and instill confidence in clients to engage in self-advocacy as well (AOTA, 2014).

Challenges for Occupational Therapy Practitioners

Galheigo (2011) stated that currently the greatest risk facing the occupational therapy profession is practitioners becoming such conformists that they fail to utilize the skills and abilities they have learned that allow them to adapt to the quickly changing social, political, and economical state. The inability to adapt to the ever-changing social climate puts the profession as a whole at major risk as adapting to our clients and society is a skill in occupational therapy that differentiates us from other healthcare professions (Galheigo, 2011). Although there are a number of values and concepts related to cultural competence that the occupational therapy profession prides itself in, there are still a number of barriers that exist when implementing these values into daily practice (Taff & Blash, 2017). One of the core values, stated by The World Federation of Occupational Therapists (2016) is as follows: “Occupational therapists approach all persons receiving their services with respect and have regard for their unique situations. They will not discriminate against people on the basis of race, color, impairment, disability, national origin, age, gender, sexual preference, religion, political beliefs, or status in society” (p. 2). Taff and Blash (2017) also notes that leaders in the occupational therapy profession have been aware of the great need to value the diversity of clients and colleagues for the

last 3 decades. From the beginning of 1990, diversity has been a topic on the profession's public agenda. For example, the Occupational Therapy Practice Framework continually (throughout updates) emphasizes culture to be a significant component to evaluation and intervention. Also, educational standards and learning objectives continue to be modified to create a standard of cultural competence for occupational therapy students. Lastly, much of the occupational therapy literature related to diversity in the profession reiterates the need to be client-centered and provide culturally competent care when treating diverse populations. All of the above modules demonstrate the genuine commitment the profession has to address cultural awareness; however, these efforts need to translate into action during everyday clinical practice. Discussions surrounding this issue need to convert into action and be promoted by a shift in strategic approach, one that drives practitioners beyond awareness and allows them to develop the skills and strategies necessary to implement them into daily practice (Taff & Blash, 2017).

Creek (2003) explains the anxiety provoked feeling that therapists may experience when they hear how certain life factors create challenges for their clients (especially if they cannot relate to those challenges or successfully help in overcoming them.) Unfortunately, therapists often find it more comfortable to exclude these individuals from their care altogether in a subconscious attempt to protect themselves (Creek, 2003). Another way therapists protect themselves is by looking for specific information about their client and unintentionally neglecting other information. Again, due to the fear that they will not be able to relate to them or help them cope. Creek (2003) found that although therapists think they are listening to everything their clients have to say, they typically find it easier to follow a predetermined therapy process rather than facing their

own inadequacy in the face of their client's hardship. It was found that many occupational therapists utilize the same theories, models, processes, and techniques with all of their clients without gathering information on their social, cultural, and personal circumstances through comprehensive evaluations. These findings demonstrate that occupational therapists are currently failing to implement client-centeredness, one of the most important core values that differentiates the occupational therapy profession from others, into their practice (Creek, 2003). There is a great need for occupational therapy practitioners to conduct extensive and comprehensive evaluations that address all factors of an individual's life (including cultural norms, beliefs, and values) that impact occupational functioning and incorporate this data into the therapeutic process while taking into account the client's preferences and values (Kirmayer, 2001; Breckenridge & Jones, 2015).

Potential Solutions to Challenges

There are a number of challenges and barriers that exist for occupational therapy practitioners when providing culturally competent care. Existing research shows that there are potential solutions that can be implemented to provide therapy practitioners with the skills necessary to treat individuals of all cultures and work towards reducing healthcare disparities.

Over the last decade there has been an increased interest in training health care professionals on cultural competence. This increased interest is not only due to the growth of ethnic minority populations in the United States, but also because of the failure in achieving equal outcomes of healthcare among all individuals (Institute of Medicine, 2003). Shepherd (2019) found that health care professionals who received cultural

awareness training increased their overall knowledge, confidence, and positive attitude about their ability to provide culturally inclusive care. Similarly, Suarex-Balcazar et al. (2009) found that therapists rated themselves higher on the Cultural Competence Assessment Instrument (CCAI) in their perceived levels of cultural competency after receiving extensive training on the topic. Although there are various evidence based cultural competency workshops available, there is limited data and research on occupational therapy specific cultural competency workshops. In general, these workshops are associated with many benefits such as improved knowledge, confidence, and attitudes of health professionals, and increased patient satisfaction with the clinical encounter (Shepherd, 2019). These workshops are created to help reduce biases of health care providers and increase knowledge and awareness of cultural differences between providers and clients as these are factors that are known to be associated with health care disparities and the unmet health care needs of minority populations (Shepherd, 2019). Additionally, therapists who worked with African American clients had significantly higher perceived levels of cultural competence on the CCAI as well. It is hypothesized that this is due to being exposed to a variety of situations that challenge and develop multicultural skills within the therapist (Suarez-Balcazar et al., 2009).

Cultural workshops educate health care professionals and provide them with strategies to effectively communicate with individuals of various cultures. One of the most frequent issues therapists experienced when working with individuals from different cultures was effective communication, a core trait of an authentic and respectful interpersonal communication between practitioner and client (Chiang & Carlson, 2003; Wong, Fan, & Polatajko, 2020). Similarly, Institute of Medicine (2003) found that there

are often marked differences between ethnic and racial minority groups that make very basic communication difficult. Chiang and Carlson (2003) found that the most common strategy utilized to overcome this challenge was using an interpreter. However, this strategy often reduces the idea of culture to language differences only, but unfortunately does not address cultural diversity or ethnic background (Chiang and Carlson, 2003). This demonstrates the need for therapists to develop effective communication skills for interacting with individuals of all cultures and backgrounds.

There are many strategies an occupational therapy practitioner can develop and incorporate into their services to ensure their clients feel accepted and understood. One of the most well-known and best therapeutic strategies for therapists to address client's values, beliefs, and cultural influences includes utilizing Taylor's Intentional Relationship Model to ensure good therapist and client communication (Taylor, 2008; Wong, Fan, & Polatajko, 2020). It is not only important for therapists to address all of these aspects, but also to be open and confident telling their clients when they are unfamiliar with certain cultural norms and values (but then expressing that they are willing to learn). Developing strategies to become comfortable with asking questions regarding diversity is also a necessary skill set for occupational therapists (Wong, Fan, & Polatajko, 2020). Additionally, Wong, Fan, and Polatajko (2020) stated that once a practitioner masters and becomes more specialized with experience and practice, they are able to spend more time communicating with their client and gain more details on personal context and culture and incorporate these details more into the therapeutic process. In conjunction, cultural competency workshops and years of experience

mastering specialty areas can increase cultural competence amongst occupational therapy practitioners.

Although there is supporting research that cultural workshops have a number of perceived benefits, they need to be developed in an evidence-based and thoughtful way. Shepherd (2019) found that the information presented in the workshops sometimes may unintentionally emphasize stereotypes or provoke pity for minority groups as they tend to emphasize hardships, suffering, or other struggles experienced by specific cultures. This can often contribute to perceived helplessness or stereotypes (Shepherd, 2019). Cultural overshadowing often becomes an issue as most of these workshops are structured around a “culture first mentality.” This is defined as putting the focus of any behavior or misunderstanding by the individual being perceived as culturally oriented when it may in fact not play a role. Based on the research present, a workshop that attempts to reduce these challenges and barriers will further assist occupational therapy practitioners in facilitating open, cross-cultural communication and be a steppingstone in health care in reducing health disparities present.

Lastly, it is not only necessary to educate health care professionals, but it is also critical to empower and educate clients within minority groups. These individuals benefit from assistance and guidance while learning to advocate for themselves. Patients who feel misunderstood often experience difficulties asking the appropriate and necessary questions as they access the health care system. Many individuals are reluctant to speak out against authority figures, such as their health care providers, so it is necessary to empower and educate them on their rights when receiving health care (Institute of Medicine, 2003).

Theoretical Framework

As an occupational therapy practitioner, it is important to utilize models and theoretical frameworks while making clinical decisions. This allows for informed reasoning and decision making that is grounded in solid evidence. When models are integrated into the therapeutic process, specific language is utilized amongst professionals ensuring treatments and services are consistent while providing care. There are a number of models that can act as a guide for occupational therapy practitioners as they progress in their cultural competency journey. There are three models discussed below, one being a culturally focused model, one being an education model, and the last being an occupation-based model. Each model shares a commonality, they are all beneficial when learning to understand the various cultural aspects of clients being treated, and how these aspects affect the approaches taken in their care.

Model of Cultural Congruence

This model was created by Schim and Doorenbos (2010) and it was developed to provide social workers, mental health professionals, nurses, and other health care workers with culturally congruent approaches when treating diverse patients, families, and communities.

Schim and Doorenbos (2010) describe this as being a multi-layered model that has the goal of appreciating all cultural beliefs, values, and patterns. The other primary goal is to find strategies that bring a culturally competent health care provider and client together to create meaningful and effective culturally congruent care. The three elements included in this model include client element, provider element, and the fit between the two (Schim & Doorenbos, 2010).

The first element, the provider, consists of four components (cultural awareness, cultural sensitivity, culturally competent behaviors, and cultural diversity). This element of the model describes the importance of providers demonstrating these four concepts in order to meet the goal of creating the appropriate fit between provider and client. Cultural awareness is a cognitive construct that involves appreciating differences and similarities of all cultures such as symbols, meanings, and other contexts that have an effect on healthcare. Cultural sensitivity is an affective construct that describes a clinician's willingness and open-mindedness regarding learning about cultural diversity. Cultural competence is the behavioral concept that involves providers behaving in ways that helps bridge the gap of inequality in healthcare and address the differences and barriers that occur for ethnic and racial minorities. Lastly, cultural diversity is the idea that all individual's backgrounds, experiences, and exposures widely vary, and all play a role in the nature and intensity of cross-cultural interactions. Together, these four components make up the provider element of this model. The first necessary step to make this model achievable is to have a health care provider that possesses these traits (Schim & Doorenbos, 2010).

The second element of this model is the client, which can consist of patients, families, other groups, or communities. This element emphasizes that individuals within the same cultural group may differ in these dimensions. Gathering extensive information about each individual client allows providers to properly tailor assessment and intervention to specific clients' needs while working against inappropriate stereotyping (Schim & Doorenbos, 2010).

The third element of this model includes putting the provider and client levels together. In this stage, clients and families' cultural needs are closely examined so the provider can skillfully adapt interventions to meet the unique needs of each individual. The emphasis is on finding the “appropriate fit” between provider and client. Schim and Doorenbos (2010) state that this is a dynamic interaction as both the provider’s and client’s attitudes, perceptions, beliefs, and behaviors will influence the relationship and overall health care outcomes.

This model not only consists of these three elements to address the client/provider relationship, but it also provides four stages that guide approaches to assessment and intervention based on specific circumstances that affect the relationship. These four stages provide close and specific guidance on how to overcome barriers and challenges faced when working with culturally diverse populations. The stages are as follows: appreciation, accommodation,
negotiation, and explanation (Schim & Doorenbos, 2010).

The first stage, appreciation, is directly correlated with the assessment step in the therapy process. This is when the provider closely observes and gathers information about the client’s cultural contexts, personal beliefs, value, and patterns. The next stage, accommodation, is when the provider determines which elements of the care provided and therapy process need to be changed to achieve cultural congruence. The third stage is negotiation. The provider moves into this stage when a simple accommodation is not achievable or appropriate. Negotiation requires the provider to seek as much accommodation possible with the given condition. It is typically a time to demonstrate creativity. The intent of this step is to reach a win-win solution between the provider and

client. The last step, which is typically not needed, but is still valuable, is explanation. The provider moves into this step when appreciation, accommodation, and negotiation are unsuccessful. The primary reasons the previous steps are not effective are because the client's wants are immoral, illegal, abusive, or unsafe to the point where accommodation or negotiation are not possible (Schim & Doorenbos, 2010).

Bloom's Taxonomy Model

There are three domains that describe the way people learn, affective (learning by feeling), psychomotor (learning physically), and cognitive (learning through thinking processes) (Bloom, 1956; Anderson et al., 2001). Bloom's Taxonomy focuses on the cognitive aspect of learning and categorizes it into six hierarchical components. These cognitive skills begin with lower level skills that require less cognitive processing and move to higher order skills that require a greater degree of cognitive processes and allow for deeper learning (Bloom, 1956; Anderson et al., 2001).

The first level, located at the bottom of the hierarchy, is remembering. This includes being able to recognize and remember specific facts, sequences, or processes. Remembering is the lowest level of learning as it only requires someone to recall information rather than think critically or apply the information to novel situations. The next level is understanding which describes the ability to explain and summarize the information to someone else. Next is applying, which includes being able to implement the learned information into a new situation and apply the concepts accordingly. The next level, analyzing, is being able to compare, contrast, and organize the new information. Following this is evaluating, which is when a person is able to correct and critique the

data. Lastly, is creating, which describes when the learner is able to plan and produce an outcome or product based on the information they have learned.

Person Environment Occupation Model

Utilizing occupational based models and theories enables us to ensure our product will be true to the profession of occupational therapy, therefore focusing on all aspects of the person and their occupational performance. The Person Environment Occupation (PEO) provides a framework that encompasses a client centered approach and the interconnected relationship between the three main domains of the model and their transaction with one another (Law, et al., 1996). The three domains of the PEO model include the person, environment, and occupation (Law, et al., 1996; Baptiste, 2017). The person domain consists of viewing the individual as unique who can assume many roles simultaneously and engage in modules and occupations that are desired (Baptiste, 2017). Additionally, the person domain contains physical, cognitive, sensory, effective and spiritual components, which all are a combination of the body and mind (Law, et al., 1996; Baptiste, 2017). Next, the environment domain involves the physical, social, cultural, institutional, and virtual contexts (Law, et al., 1996; Baptiste, 2017). The complexity of the environment can directly impact the engagement in priority occupations and may provide conditions for development (Baptiste, 2017). Lastly, the occupation encompasses numerous parts including modules or tasks, and the routines, frequency, meaning, associated with the desired occupation (Law, et al., 1996; Baptiste, 2017). Occupational performance is measured by the fit of the transactions of these three domains of the model, therefore if one area is lacking or disrupting the fit of the

interactions, there is likely dysfunction present between one of the domains (Law, et al., 1996; Wong & Leland, 2018).

Summary

This literature review demonstrates that many health care disparities currently exist for minority populations in the United States. Not only do occupational therapists possess the skills and abilities necessary to address these issues, but the core values embedded into the profession make occupational therapy a great field to act as an example to other professions and be a steppingstone towards reducing the inequalities that exist for minority populations. Although a number of barriers currently exist for providing culturally competent care, existing research shows that there are a number of potential solutions in order to address these challenges and allow occupational therapists to approach their clients in culturally sensitive and competent ways in order to make a change in the overall inequalities and disparities that exist in healthcare today.

Chapter III

Methodology

Chapter three consists of a description of the literature review, theories that were utilized to guide development of our product, and an explanation of the choices made, and methods used throughout the development process. The goal of the product is two-fold. The first goal is to provide practitioners with a continuing education course to guide them in considering a client's culture throughout the OT process. The second goal is to maximize client comfort and therapy outcomes by providing culturally relevant care. In order to meet these goals effectively, we structured our modules consistently with the OT process and used our models to guide our decisions for sequencing and content.

Our product was created with the intention to fill the gaps that were found during a thorough literature review. Our literature review was conducted utilizing a number of databases, including PubMed, CINAHL, OT Search, and Google Scholar. The key search terms utilized included: *culture*, *health care disparities, minority populations*, *occupational therapy, client-centeredness, cultural competency, barriers,* and *challenges*. Additional reputable sources were sought out including the governmental website, Agency for Healthcare Research and Quality (AHRQ) and the organizational website, American Occupational Therapy Association (AOTA). The AHRQ website was used to gather statistics on healthcare for minority populations, whereas the AOTA website was used to gather research on occupational therapy's role in addressing culture.

The literature review revealed that there is a disproportionate quality of care among varying racial and ethnic groups (Abrishami, 2018). This gap in quality of care was found to significantly impact healthcare experiences and perceptions for ethnic and racial minorities, including fear of seeking health services, less treatment sought, and anxiety regarding future appointments (Willis-Esqueda, Paradies, Sivasubramaniam, Sherwood, & Brockie, 2018). Not only did the literature reveal that ethnic and racial minorities are receiving lower quality health care in general, but it also uncovered that there is an issue specifically in the field of occupational therapy. Taff and Blash (2017) found that despite the genuine commitment the profession has to addressing culture, there is still a separation between the commitment and the translation of action into everyday practice. This data informed our decision to focus our project on addressing culture in the context of the occupational therapy process. After narrowing our focus to addressing culture in the context of occupational therapy, we discovered that despite OT practitioners having a responsibility to understand the impacts of racism, health care inequalities, and cultural factors on the daily lives of the people they treat, there is still limited evidence that this knowledge is implemented into everyday practice (Lavalley & Johnson, 2020). This data determined the overall purpose of our product.

Model Integration

The models utilized throughout the process of product development provided appropriate and necessary guidance when structuring our workshops and sequencing modules. The goal was to structure our entire continuing education course in a way that was relevant to the occupational therapy process and also allowed attendees to reach maximum learning potential in order to implement strategies into their own everyday

practice. To ensure these goals were met, we utilized three theories for guidance when creating the course content. These models consisted of an occupation-based model, a cultural-based model, and an educational model.

The Cultural Congruence model (Schim & Doorenbos, 2010) was incorporated throughout the entirety of the product and was used to determine the overall goal of the workshop. The key concept in this model is that provider and client levels come together and find an "appropriate fit" to ensure a "dynamic interaction between clients and providers that care occurs and that both client, patient, family, and provider attitudes, perceptions, and behaviors influence outcomes" (p. 5). This key concept provided us with guidance when creating objectives for each module to ensure that attendees of this workshop were provided with appropriate strategies and modules that would assist them in achieving this "appropriate fit" that is defined by this model.

The Person Environment Occupation (PEO) model (Law et al., 1996) is an occupation-based model that was heavily incorporated into all six modules of our workshop. There were two main purposes of using this specific occupation-based model. The first purpose being that we wanted our educational course to share and emphasize the same values of the occupational therapy profession, including client-centeredness and holistic care. The second purpose of this model was to provide education to attendees on how using a theoretical model can be beneficial when gathering information on clients and determining how various cultural factors influence their occupational performance. Not only did we want our product to reflect the same values as the PEO model, but we wanted our modules to be sequenced consistently with the occupational therapy process. To achieve this, the beginning modules address evaluation, then move into planning and

implementation of intervention, and finally, the last modules address evaluating therapy outcomes.

The last model used to structure the workshop was Bloom's Taxonomy (Bloom, 1956; Anderson et al., 2001). The main purpose of using this educational model was to ensure that attendees reached the maximum level of learning after attending the course. As mentioned in Chapter Two, Bloom’s Taxonomy consists of six hierarchical levels of learning. Our objectives and content for each module were determined by the Bloom’s Taxonomy pyramid, incorporating terminology and concepts from this model to provide structure and concrete objectives for learning. We began at the bottom stage, remembering, and focused our objectives for module one on how to achieve this level of learning. We then continued with module two, which was focused on achieving the level of “understanding”, and so on, until finally reaching module six and achieving the final Bloom’s Taxonomy level “create.” This model created the sequence for our modules, which begins with lower level skills and then moves up to higher complexity modules with each stage that passes.

Overall, these three models ensured that our overall goals for this product were met. The two main goals for this product were to provide practitioners with a continuing education course to guide them in considering a client’s culture throughout the OT process and to maximize client comfort and therapy outcomes by providing culturally relevant care. To ensure we achieved these goal effectively, our modules provided education and implemented exercises that allowed attendees to learn the benefits of PEO when determining cultural factors impact on occupational performance. Additionally, we utilized Bloom’s Taxonomy to sequence our modules to allow our attendees to learn to

their highest potential so they can implement the concepts into their own clinical practice. Lastly, the Cultural Congruence Model guided the overall product idea as client comfort and therapy outcomes are more likely to increase when provider and client achieve the "appropriate fit" within their care.

This chapter included an explanation of how the research gathered led us to our final product and the purpose behind it. It also demonstrated how each model was used to guide and structure the content within our workshop to ensure our overall goals were met. Our product is described in more detail in the following chapter and the product itself can be located in the Appendix.

Chapter IV

Product

Chapter four consists of a brief description of the product and the purpose behind the content chosen to include. The full product can be located in the Appendix. While conducting the literature review, we discovered a common theme of ethnic and racial minority groups not receiving the same quality health care as other individuals. Another common theme found was that these populations experience more anxiety associated with receiving health care because of the challenges and barriers they face. We also discovered that there is a lack of addressing how people's cultural beliefs and values impact the occupational therapy process (Taff & Blash, 2017). This led to our decision to narrow the focus of our product to occupational therapy practitioners specifically. Our product was created in an attempt to reduce these barriers for ethnic and racial minorities by educating practitioners on how they can appropriately address their client's cultural values and beliefs throughout the occupational therapy process.

Our product, a continuing education course titled, "Addressing Culture Throughout the Occupational Therapy Process: Beyond the Basics," consists of six modules that were constructed utilizing the occupational therapy process and the Bloom's Taxonomy pyramid. Each module begins with an introduction of the Bloom's Taxonomy level that is being addressed in the particular module. Following this, are objectives that the attendees should meet after engaging in the exercises associated with that particular level. The content within each module progresses in the same sequence as the OT

process, beginning with evaluation and gathering information on the client, then moving to planning and implementation of intervention, and finally, the last module addresses evaluating outcomes and reflecting on decisions made throughout the whole process. The PowerPoints for the course, located in the Appendix, were intentionally presented in a way that would allow anyone with access to the course content to teach the workshop. It is necessary that the presenter reviews and familiarizes themselves with all content within the workshop prior to teaching the course to ensure they have an understanding of the objectives and modules. The footnotes under each slide consist of what the presenter would say to the attendees and the PowerPoints are what the attendees would actually see. Attendees will not be provided with a copy of the footnotes, as it is their responsibility to take notes of the information the presenter is saying. The workshop should be presented in the exact order that it is in the Appendix, with no slides or exercises being skipped or omitted. All of the exercises within the workshop build off one another to ensure that the particular level of Bloom's Taxonomy is achieved.

To determine effectiveness of the workshop, practitioners will be required to complete a survey prior to attending. This survey will gather information on how confident they are in their abilities to address culture throughout the occupational therapy process. This survey is located in the Appendix. The attendees will then complete the same survey immediately following the workshop. Overall, gathering this information from the attendees will be useful in determining effectiveness of the workshop and helpful when deciding what aspects of the course should be improved.

The National Board for Certification in Occupational Therapy (NBCOT) guidelines were utilized to determine continuing education course credits for this

workshop. All of the modules combined equate to be approximately six hours' worth of content. The NBCOT guidelines state that courses that consist of both educational segments and hands-on modules equal 1.25 units for one hour of attending. This workshop contains six hours of both educational and hands-on segments and therefore will equal 7.5 units of continuing education (NBCOT, 2021).

Applying Bloom's Taxonomy

As stated in the methodology section, Bloom's Taxonomy was utilized to structure the modules embedded throughout the workshop. Each level of Bloom's Taxonomy has an associated module that addresses that particular level of learning. The workshop will begin with the lowest level, knowledge, which will be associated with the first module. This module includes an educational lecture on the importance of addressing culture throughout the occupational therapy process. The reason this module is correlated with the first level, knowledge, is because it is simply providing information for the attendees to recall throughout the rest of the workshop. The workshop will then follow the pyramid upwards and modules will increase in complexity until reaching the final level of the taxonomy. Table 1 below provides a brief outline of the modules within the workshop in correlation with the Bloom's Taxonomy pyramid. This structure will allow attendees to use their higher-level thinking in order to learn the concepts and apply them in a deeper, more meaningful way (Bloom, 1956).

Table 1
Workshop Modules in Correlation with Bloom's Taxonomy

Bloom's Taxonomy Level	Workshop Module
Remembering	Educational Lecture - "Addressing Culture Throughout the Occupational Therapy Process"
Understanding	"Understanding the Client: Viewing Culture Through the Lens of PEO Model"
Applying	"Applying Strategies and Utilizing Cultural Resources to Gather Information about the Client in the Evaluation Stage"
Analyzing	"Analyzing Complex Cultural Scenarios during the Planning and Implementation of Intervention"
Evaluating	"Evaluating Outcomes: Reflecting on the Occupational Therapy Process"
Creating	"Creating a Plan to Achieve Goals as a Practitioners"

Applying PEO and Cultural Congruence

Two other models were chosen to guide the product development process. While the sequencing and structure of the product was consistent with Bloom's Taxonomy and the OT process, the objectives and content for each module was guided by the Person-Environment-Occupation (PEO) and Cultural Congruence models.

The Cultural Congruence model assisted in determining the objectives for each module as we wanted to provide attendees with strategies and resources that would help them achieve the "appropriate fit" between provider and client. This model helped determine our overall goal for the workshop, which is to provide education and strategies to occupational therapy practitioners to assist them in approaching the OT process with individuals from different cultures. In doing this we hoped to maximize client therapy outcomes, comfortability, and satisfaction.

The PEO model was embedded into the content and exercises within the workshop to demonstrate how PEO transactions can assist practitioners when determining how cultural factors influence occupational performance. Utilizing the PEO model in this course helped to ensure that the values of our workshop aligned with the values of the OT profession. The exercises that required practitioners to create PEO transactions based on case study scenarios provided concrete strategies and examples on how to be more client-centered and holistic in their future care. Overall, PEO is integrated throughout the many learning modules in the workshop to demonstrate the benefit this model can have when determining how cultural factors will affect the overall therapy process. The modules are sequenced to align with the OT process as well as the Bloom's Taxonomy pyramid. All modules within the workshop are presented intentionally to ensure that overall objectives and goals are met by the practitioners who attend.

Chapter V

Summary

Health care disparities are defined as inequalities or differences in health care services based on an individual’s culture, ethnicity, race, socioeconomic status or other factors (Riley, 2012). Due to the inequalities that exist for minority populations, these patients report negative health care experiences including less involvement in medical decisions and collaborative relationship with providers, and lower satisfaction with care (Shepherd, 2019). Occupational therapy (OT) practitioners have a commitment to client-centered and holistic values of the profession, by encompassing and incorporating all aspects of the client into services. Despite this, Creek (2003) states that there is a lack of translation of these principles into everyday clinical practice.

According to a study conducted by Shepherd (2019), cultural awareness training and workshops have the potential to increase healthcare professionals' knowledge, confidence, attitudes, and patient satisfaction with clinical encounters. This finding provides us with encouragement for our product, which aims to achieve similar goals throughout the occupational therapy process. The purpose of this scholarly project was to develop a workshop that will educate and provide occupational therapy practitioners with tools and resources to provide culturally relevant and appropriate care throughout all steps of the occupational therapy process. This product has been created in hopes of decreasing the health care inequalities that exist and equipping occupational therapy

practitioners with strategies to effectively communicate and collaborate with clients of various cultures throughout the occupational therapy process.

The authors created an educational and culturally relevant workshop consisting of modules guided by the 2001 revised edition (Anderson, et al., 2001) of Bloom's Taxonomy originally created by Benjamin Bloom in 1956. This model aims to maximize learning potential through increasingly complex modules that progress in learning and skill application. While this educational model was utilized for module construction and development, the Person Environment Occupation (PEO) model (Law, et al., 1996) was incorporated into all materials and modules to ensure culturally appropriate services that aligned with the values of the OT profession. Finally, the Cultural Congruence model (Schim and Doorenbos, 2010) was utilized throughout product development to ensure practitioners learn to provide meaningful and culturally relevant care by achieving the "appropriate fit" between provider and client.

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The entirety of the educational workshop consists of six modules and footnotes for the presenter. Within the six modules are educational lectures, application opportunities for the learner, and case studies incorporating the PEO model. Each module includes descriptive footnotes that contain all of the information and research a presenter will need to elaborate on each slide. Lastly, there is a pre and post survey that attendees

will complete to measure overall effectiveness of the workshop and to determine future recommendations.

Despite the positive benefits we believe these training and workshops will have, limitations exist. One limitation of the product is that the effectiveness of the workshop is unknown due to lack of implementation. However, once the workshop is implemented, the pre and post survey that was created will be used to measure effectiveness. This survey consists of questions that the attendees will answer immediately before and after the workshop. Unfortunately, long term impacts of the course will be unknown as this measurement tool only consists of questions to determine immediate outcomes. One last limitation is that the measurement tool consists of only quantitative data. Although qualitative data is useful in gathering feedback regarding pros and cons of the workshop, it is more time intensive to analyze qualitative data and the results cannot be generalized.

This product was created with the intention of the audience being occupational therapy practitioners. Eventually, the hope is that this product will be available as a continuing education course that provides occupational therapy practitioners with continuing education credits. For future action and development of the product, it is suggested to create a measurement tool to be used to determine the long-term impacts of the workshop, within the attendees clinical practice. It is also recommended to transfer the pre-post survey that is located in the Appendix into a survey software program to allow for increased ease when analyzing data. Additionally, it is recommended that occupational therapy practitioners that attend this workshop utilize the knowledge and skills attained throughout to be advocates in their place of work. Whether this be advocating for their clients or teaching surrounding professionals about the important

concepts they learned throughout the modules within the workshop. Although there was an abundance of research conducted on minority populations and the inequalities experienced when receiving healthcare, future research should be conducted to allow practitioners to continue learning about the importance of addressing culture when providing health care services. Finally, it is recommended that this project be adapted for other professions in health care to guide other disciplines in addressing culture. This will allow all health care professions to benefit from the research that was conducted and utilize it throughout their specific process.

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Appendix

Addressing Culture Throughout the Occupational Therapy Process: Beyond the Basics

Jacey Savage, MOTS and Samantha Plutko, MOTS

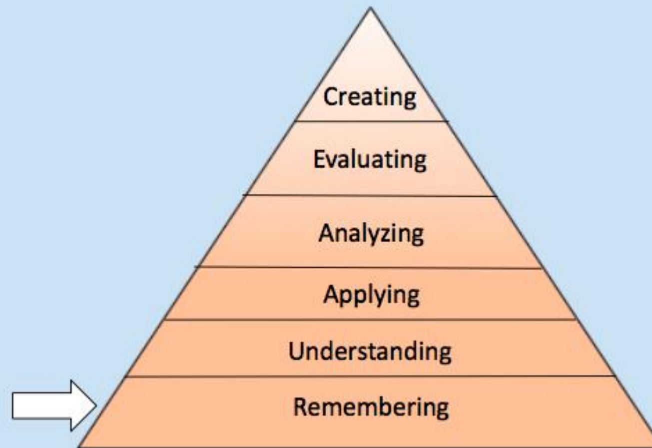
Module 1

"Knowing is not enough; we must apply. Willing is not enough; we must do".
—Goethe

Learning Objectives

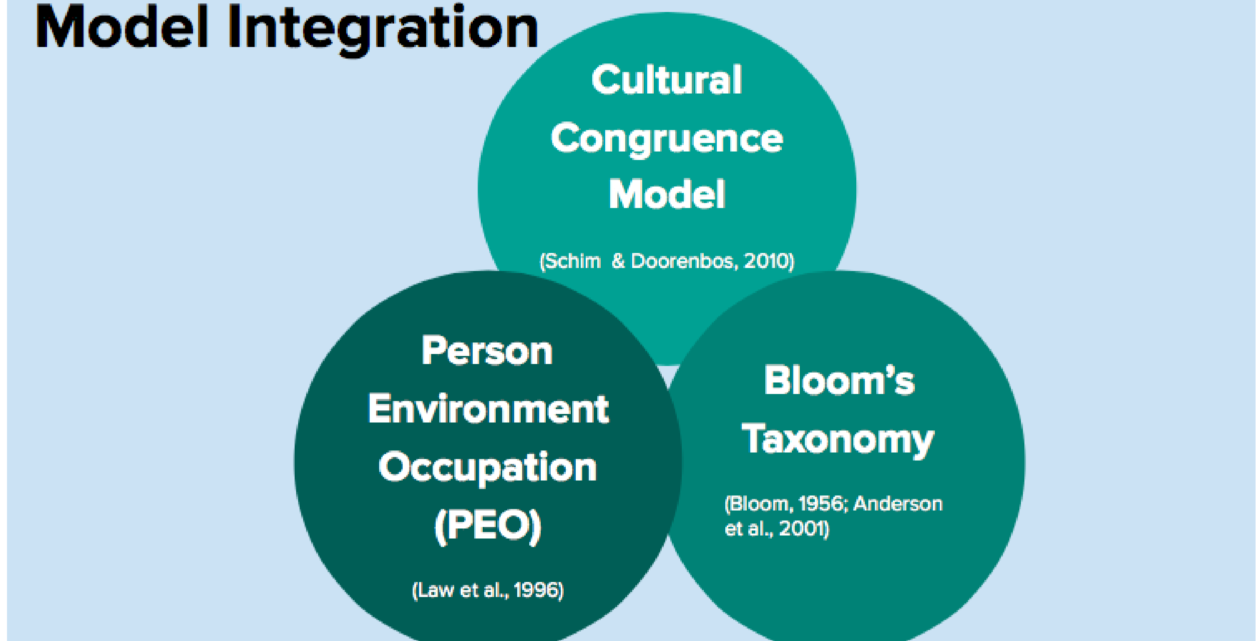
- Attendees will:
  - state the 3 components of cultural competency
  - describe 3 long term impacts of health care disparities in ethnic minority populations
  - describe the 4 principles of holistic care
  - recall 2-3 benefits and drawbacks of cultural competency workshops

Bloom's Taxonomy Application



(Bloom, 1956; Anderson et al., 2001)

Our first step in Bloom's Taxonomy is "remembering" which consists of recalling facts and concepts at a very basic level (Bloom, 1956; Anderson et al., 2001) This first step of the pyramid entails definitions, repeating, memorizing, etc. so learners become familiar with basic information at a lower level of application (Bloom, 1956; Anderson et al., 2001)



Cultural Congruence: This model was created by Schim and Doorenbos (2010) and it was developed to provide social workers, mental health professionals, nurses, and other health care workers with culturally congruent approaches when treating diverse patients, families, and communities.

Schim and Doorenbos (2010) describe this as being a multi-layered model that has the goal of appreciating all cultural beliefs, values, and patterns. The other primary goal is to find strategies that bring a culturally competent health care provider and client together to create meaningful and effective culturally congruent care. The three levels included in this model include client element, provider element, and the fit between the two (Schim & Doorenbos, 2010).

PEO: The Person Environment Occupation (PEO) is an occupation-based model and that was developed by Mary Law in 1996 as a framework that encompasses a client centered approach and the interconnected relationship between the three main domains of the model and their transaction with one another (Law, et al., 1996; Wong & Leland, 2018). The three domains of the PEO model include the person, environment, and occupation (Law, et al., 1996; Baptiste, 2017). Utilizing the PEO model in occupational therapy aligns with client centeredness ensuring all aspects of the person are considered and provides the therapist with a guide through the occupational therapy process (Wong & Leland, 2018).

Bloom's Taxonomy: There are three domains that describe the way people learn. These include affective (learning by feeling), psychomotor (learning physically), and cognitive (learning through thinking processes) (Bloom, 1956; Anderson et al., 2001). Bloom's taxonomy focuses on the cognitive aspect of learning and categorizes it into six hierarchical components. These cognitive skills begin with lower level skills that require

less cognitive processing and move to higher order skills that require a greater degree of cognitive processes and allow for deeper learning (Bloom, 1956; Anderson et al., 2001)

Health Disparities

- What are health disparities?
- Disparity population groups
  - Estimated growth

Riley (2012) defines health disparities as "differences and/or gaps in the quality of health and healthcare across racial, ethnic, and socio-economic groups. It can also be understood as population-specific differences in the presence of disease, health outcomes, or access to healthcare" (para. 4).

The National Institute of Health identified United States disparity population groups as African Americans, Asians, Hispanics, American Indians, and other vulnerable rural and urban-dwelling Americans (Giger, 2007).

In 2000, 33% of the United States population identified as a racial or ethnic minority group. It is estimated that by 2050 this number will equate to 50% of the United States population (Giger, 2007). These rapidly changing demographics make it essential to change the way health care providers address the health and well-being of minority populations.

Ethnic and Racial Minority Groups

- U.S Census Bureau (2019)
  - Hispanic or Latinos (18.5%)
  - African Americans (13.4%)
  - Asian (5.9%)
  - American Indian and Alaskan Native (1.3%)
  - Native Hawaiin or other Pacific Islander (.2%)

U.S. Census Bureau (2019)

Each of these minority groups experience health care barriers that affect their access to quality care.

Abrishami (2018) stated that ethnic minority patients report less involvement in medical decisions, less of a collaborative relationship with their physicians, and overall lower levels of satisfaction with care.

Agency for Healthcare Research is a governmental agency within the Department of Health and Human Services. This agency conducts annual reports on healthcare quality and disparities including access. Within each of these areas throughout the studies, there are several hundred measures.

- Agency for Healthcare Research and Quality (2010) stated that African Americans and American Indians receive worse care than Whites for about 40% of measures.
- Hispanics receive worse care than non-Hispanic Whites for about 60% of measures (Agency for Healthcare Research and Quality, 2010).
- Asian Americans received worse care than whites for about 20% of measures (Agency for Healthcare Research and Quality, 2010).
- Hispanics reported increased difficulty obtaining care and often proceed without receiving the health care they need. Additionally, Hispanics reported feeling anxious about members of their family receiving necessary medical care and were twice as likely as non-Hispanic whites to report long waits for medical care as one-third of them do not have a usual source of care or a primary provider (Agency for Healthcare Research and Quality, 2010).
- Hispanics also report an increased number of experiences where they have felt unheard by their healthcare provider and were not provided with appropriate and necessary information regarding their health (Agency for Healthcare Research and Quality, 2010).
- Asian American groups were found to be the most likely to report dissatisfaction with the quality of care received by their primary health provider. They were also

> most likely to report that they would not actively seek care from health care professionals when facing new health problems or referrals (Agency for Healthcare Research and Quality, 2010).

Hall et al. (2015) found that numerous studies have determined that a patient's race and ethnicity influence the provider's beliefs and expectations of their patients. For example, African American patients were seen as being less intelligent, less likely to follow medical advice, and more likely to engage in dangerous behavior (Hall et al., 2015).

Long Term Impacts

- Fear of seeking services
- Less treatment sought
- Anxiety regarding future appointments
- Provider's beliefs and expectations

This gap in quality of care can impact individual's overall perceptions of the health care system and may lead to negative long term health impacts.

Abrishami (2018) stated that certain behaviors of health care providers directly impact the experiences of these individuals when receiving care.

When negative health care experiences occur, it can lead to fear of seeking health services, less treatment sought, and anxiety regarding future appointments (Shepherd, Willis-Esqueda, Paradies, Sivasubramaniam, Sherwood, & Brockie, 2018).

The diagram above demonstrates how experiencing everyday racism can impact many areas of a person's occupational functioning. The following evidence was gathered on this:

- Beagan and Etowa (2009) investigated the impacts of everyday racism on occupational performance. It was found that individuals who experience everyday racism have considerably lower self-esteem and less confidence in their abilities to complete everyday tasks. These individuals were found to greatly underestimate their abilities in the workplace due to being treated differently and having more strained relationships with others.
- These negative experiences not only impact their occupational performance, but also negatively affect the occupational opportunities provided to them on a day to day basis. This in turn, largely impacts the overall mental health and well-being of these individuals (Beagan & Etowa, 2009; Whalley Hammel, 2013).
- Occupational justice and occupational rights are focused around the right that individuals have to participate and engage in diverse and meaningful occupations, with the appropriate needs and wants not based on a variety of factors (Wilcock & Townsend, 2019). Individuals have the right to engage in meaningful occupations and ethical, moral and civic issues, including equity and fairness, should not hinder their opportunities (Wilcock & Townsend, 2019).

Role of Occupational Therapy

- Common goal
  - Enable individuals to live meaningful lives
- Understand and value client's beliefs and behaviors that reflect their culture and background
- Adapt interventions and treatment accordingly
  - Provide quality client-centered care to all ethnic groups and backgrounds

Iwama (2003) and Black (2019) stated that occupational therapy practitioners have a common goal, to enable individuals to live meaningful lives through collaborating with their clients.

Awaad (2003) noted that the majority of occupational therapy theory and practice evolved from a western, White, middle- and upper-class perspective. There are biases ingrained into occupational therapy assessment tools as they are often measured using westernized cultural norms (Awaad, 2003).

Because occupational therapy ideologies stem from westernized perspectives, it is critical for occupational therapy practitioners to take the time to understand and value each of the client's specific health beliefs and behaviors that reflect their culture and background. Based on these beliefs and behaviors, occupational therapy practitioners need to develop strategies that allow them to adapt their interventions and treatment to provide quality, client-centered care to people of all ethnic groups and backgrounds (Dillard et al., 1992; Suarez-Balcazar et al., 2009).

Westernized societies place increased emphasis on independence, productivity and success, all of which are similar end goals of occupational therapy.

Typically, the overarching goal for occupational therapy is focused on maximizing independence and participation. This creates issues for individuals in cultural groups that do not share those same values (Awaad, 2003). For example, in other cultures, greater value may be placed on rest and self-care rather than on independence and productivity. For this reason, Black (2019) stated that the term "occupation" needs to be defined based on an individual's specific culture and beliefs. This is necessary as many other beliefs and values are influenced by culture (other than views of independence), these include:

views of pain, health and illness, attitudes about disability and ageing, and social norms on family relationships (Institute of Medicine, 2003).

It is necessary for occupational therapy practitioners to ask questions about the importance of modules at both an individual and societal level in order to gain a better understanding of their client and plan their treatment accordingly (Awaad, 2003). Due to the westernized norms and biases that are embedded into occupational therapy ideologies, it is necessary that occupational therapy practitioners play an active role in providing culturally competent and holistic care while consistently advocating for their clients.

Cultural Competency

- What is cultural competency?
- Responsibility of the occupational therapy practitioner
- Three themes of cultural competency

Black (2019) stated that cultural competency is “the ability to effectively interact with those who differ from oneself and is often described in the literature as encompassing cultural awareness and attitudes, cultural knowledge of self and others, and cultural skill, which includes effective communication” (p. 236).

Awaad (2003) identified three themes of cultural competency that should be displayed by an occupational therapy practitioner. The first theme is understanding the concept and nature of culture. The second theme is skillful use of the cultural information in order to be successful within interactions with clients. This involves therapists actively seeking to understand symbolic meaning of objects, gestures, actions, and body language as well as cultural norms of touch, personal space, and eye contact within the culture of the client they are treating. The last theme is having awareness of one’s own cultural background and values within the context of occupational therapy. It is necessary for therapists to reflect on and question their own beliefs and have a deep awareness of their own individual ethnic heritage, cultural background, and life experiences that influence their work practice. Implementing these themes into occupational therapy services is necessary for strengthening the therapeutic relationship between practitioner and client and allowing the client to feel understood and heard (Awaad, 2003).

Holistic Approach

- What is a holistic understanding?
  - Culture
  - Values
  - Roles
  - Spirituality
  - Routines
  - Rituals

Multiple sources of occupational therapy research including Juckett, Robinson, and Wedngerd (2019) emphasize the importance of utilizing a holistic approach when treating clients, a core component that differentiates this profession from others.

“The holistic understanding of health is the human organism and individuals as an integrated whole, also known as the equilibrium and integration of the individual and their environment” (McColl, 1994, pg. 74). This approach includes gathering information on all aspects of the person and considering how these aspects play a role in their occupational performance and functioning. Factors to consider that affect the therapy process include culture, values, roles, and spirituality.

Although the holistic approach is a core concept of the occupational therapy profession, it can be difficult to explain and implement into practice (McColl, 1994).

Principles of Holistic Care

Occupational Balance	Occupational Function	Therapeutic Relationship	View of the Individual
• Understanding the experience of imbalance • Self awareness of interpreting what their body and mind need	• Or dysfunction • Lived experience • Related to human's history, culture, and environment	• Showing support, understanding the individual abilities • No discrimination	• Higher level of understanding • Growth and self-awareness

(McColl, 1994)

Now we will go more into depth regarding the principles of holistic care and what each consists of. In order to ensure full holistic care is being provided to our clients, we must address each of the steps listed above.

The first principle is that the client must experience an occupational balance and understand how to maintain the balance. The second principle of holistic health care is that occupational function (or dysfunction) is a lived experience rather than just an observable one. The third principle (and most related to culture) is that occupational function and dysfunction are closely related to the human's history, culture, and environment. The final principle of holistic care in occupational therapy is that the therapeutic relationship is determined by the client viewing illness as an opportunity to learn, grow, and increase self-awareness (McColl, 1994).

To maintain the holistic approach in occupational therapy, practitioners must view the individual and their abilities to be self-determining and help them achieve balances of occupations (McColl, 1994).

This becomes increasingly difficult when certain individuals are experiencing occupational injustices and denied the right to participate in occupations due to inaccessibility based on race and culture. In order to promote personal growth and self-awareness within clients, practitioners must achieve higher levels of understanding of their personal qualities, as well as view the therapeutic process as an opportunity for growth and development of both the client and therapist (McColl, 1994).

Occupational therapy practitioners have the skill set and resources that can provide their clients with the opportunity to become more self-aware and achieve personal growth when deficits in their abilities or other factors including limited access to care are

preventing this from happening.
These skills and resources practitioners possess include creating an module analysis where information is gathered from the client's abilities and then an intervention is provided that meets their abilities but is also going to provide a "just right" challenge where progress can be made (May-Benson et al., 2018). In addition, occupational therapy practitioners are advocates for their clients and can advocate for them in various ways to ensure they receive resources, services, etc. that they require.

Advocacy

- Important concept in the therapeutic relationship
- Many broad definitions, but the concept is crucial to the occupational therapy process (Dhillon, et al. 2010)
- Instilling confidence and enabling access and opportunities to benefits and resources
- Variety of ways to advocate for our clients

Advocacy is an important concept in the client and practitioner relationship and is crucial in the occupational therapy process. Advocating for our clients requires increased collaboration to understand what resources, tools, or opportunities are desired or needed in order to participate in occupations. Advocating for our clients should be a collaborative approach taken by the practitioner. First the practitioner should gather information utilizing resources that will help empower their clients, then utilize these tools to promote their occupational opportunities and performance (American Occupational Therapy Association [AOTA], 2020).

Advocacy can consist of a variety of efforts made by practitioners such as serving on boards, contacting legislators to change policies in order to be more accommodating to certain individuals, or simply offering support.

Another way practitioners can advocate for their clients could consist of providing or obtaining benefits and services that were once not available to them or difficult to access due to variety of factors such as race, disability, socioeconomic status, and more. We must ensure they are provided with the tools and resources they need in order to participate in their desired occupations.

Relevance to OT Practitioners

- Unique skill set
  - Occupational profile
  - Activity analysis
  - Just right challenge
- Access to resources
- Advocacy
- Occupational Justice

Black (2019) stated occupational therapists focus on the uniqueness of the individual. Additionally, culture is embedded into various aspects of our profession and theoretical frameworks including the centennial vision and occupational therapy practice framework (AOTA, 2020).

Wilcock & Townsend (2019) stated that occupational justice is one of the many practices of occupational therapy. Occupational justice is a term used in our practice to describe the occupational needs of all people and should be equal, fair, and available to all people (Wilcock & Townsend, 2019). Additionally, occupational therapists must view the importance of participating in occupations as necessary for survival, health, and well-being (Wilcock & Townsend, 2019). While occupations are viewed with high importance through this profession, there are scenarios where individuals may experience occupational injustices in community and individual level (Wilcock & Townsend, 2019).

Not only are practitioners equipped with the ability to create occupational profiles including various pieces of the individual focusing on their abilities and interests, they then create interventions that challenge the client but also promote skill development. Occupational therapy practitioners possess the mindset and resources to abolish occupational injustices and ensure all individuals are provided with equal opportunities to participate in their occupations regardless of their culture, gender, race, etc. Wilcock & Townsend (2019) discussed potential scenarios where occupational therapy practitioners could address occupational injustices including advocating and collaborating with facilities and others to provide work, housing, and leisure options in society that are accessible for people regardless of disability, age, or culture.

Challenges for Practitioners

- Adapt to a changing society
- Addressing cultural differences in everyday practice
- Choosing goals, interventions, and models based on the client's unique situation

Galheigo (2011) states that the biggest risk facing the OT profession is practitioners failing to utilize the skills and abilities that allow them to accommodate and adapt to a changing society.

The World Federation of Occupational Therapists (2016) states "Occupational therapists approach all persons receiving their services with respect and have regard for their unique situations" (p. 2). However, Taff and Blash (2017) discusses that despite the genuine commitment the profession has to address cultural beliefs and values, there is a lack of translation into everyday practice. Taff and Blash (2017) emphasizes the importance of practitioners going beyond awareness of these issues and instead developing skills and strategies to address them in their daily practice.

Creek (2003) also explains that practitioners may unintentionally exclude certain individuals from services due to the anxiety that they may not be able to help or understand the individual's unique situations. It can be anxiety provoking to learn about client's experiences or life factors if the practitioner has not experienced challenges similar. Unfortunately, practitioners may find it more comfortable to exclude these individuals from their care altogether in an attempt to protect themselves (Creek, 2003).

The last challenge found was that practitioners tend to gravitate towards developing the same goals, similar interventions, and the same models for each client while failing to consider all the different aspects of the client that make them a unique individual. We must conduct extensive and comprehensive evaluations that address all factors of an individual's life such as cultural norms, beliefs, and values as they all impact occupational functioning (Kirmayer, 2001).

Potential Solutions

- Cultural awareness training for healthcare professionals
  - Many benefits
- Utilizing Taylor's Therapeutic Modes and Interpersonal Relationship Model
- Experience in field
- Openness to learning

Unfortunately, the increase in interest in cultural competency workshops stems from the failure to achieve equal outcomes of healthcare among all individuals (Institute of Medicine, 2003).

Despite drawbacks mentioned above, there are potential benefits to cultural competency workshops. Shepherd (2019) stated cultural competency training has resulted in increased their overall knowledge, confidence, and positive attitude about their ability to provide culturally inclusive care. These are positive attributes of incorporating cultural awareness education and training into OT practitioner in-services, curriculum, and other resources.

Using Taylor's Intentional Relationship Model to ensure good therapist and client communication to address client's values, beliefs, and cultural influences (Taylor, 2008; Wong, Fan, & Polatajko, 2020).

Developing strategies to become comfortable with asking questions regarding diversity is also a necessary skill set for occupational therapists (Wong, Fan, & Polatajko, 2020).

Additionally, Wong, Fan, and Polatajko (2020) stated that once a practitioner masters and becomes more specialized with experience and practice, they are able to spend more time communicating with their client and gain more details on personal context and culture and incorporate these details more into the therapeutic process.

In conjunction, cultural competency workshops and years of experience mastering specialty areas can increase cultural competence amongst occupational therapy practitioners.

Cultural competency workshops are created to help reduce biases of health care providers and increase knowledge and awareness of cultural differences. Typically, the goal is to reduce health care inequalities and address unmet health care needs of minority populations (Shepherd, 2019).

Shepherd (2019) found that these workshops are associated with many benefits such as improved knowledge, confidence, and attitudes of health professionals. Additionally, patient's reported increased satisfaction with clinical encounters after practitioner's engagement in the workshops (Shepherd, 2019).

Workshop Improvements

- Develop workshops in an evidence-based and thoughtful manner
  - Avoid stereotypes and broad assumptions
- Avoid cultural overshadowing
- Empower and educate clients within minority groups

Shepherd (2019) found that the information presented in the workshops sometimes may unintentionally emphasize stereotypes or provoke pity for minority groups as they tend to emphasize hardships, suffering, or other struggles experienced by specific cultures. This can often contribute to perceived helplessness or stereotypes (Shepherd, 2019).

Cultural overshadowing often becomes an issue as most of these workshops are structured around a "culture first mentality." This is defined as putting the focus of any behavior or misunderstanding by the individual being perceived as culturally oriented when it may in fact not play a role.

Based on the research present, a workshop that attempts to reduce these challenges and barriers will further assist occupational therapy practitioners in facilitating open, cross-cultural communication and be a steppingstone in health care in reducing health disparities present.

These individuals benefit from assistance and guidance while learning to advocate for themselves. Patients who feel misunderstood often experience difficulties asking the appropriate and necessary questions as they access the health care system.

Many individuals are reluctant to speak out against authority figures, such as their health care providers, so it is necessary to empower and educate them on their rights when receiving health care (Institute of Medicine, 2003).

Summary

In summary, we have discussed the many healthcare inequalities that exist for minority populations and how these influence their experiences and perceptions when receiving healthcare. As occupational therapy practitioners, we have a responsibility to address the barriers and challenges that racial and ethnic minorities experience and also consider how they influence the occupational therapy process. Because the occupational therapy profession emphasizes the importance of holistic and client-centered care, it is necessary that we are considering all factors of our client throughout the OT process. This workshop is intended to educate you on strategies and how to implement them into your everyday practice to ensure that our client's feel comfortable, understood, and satisfied with their occupational therapy outcomes. The following modules will consist of education and hands-on exercises to increase your clinical skills when addressing culture throughout the OT process.

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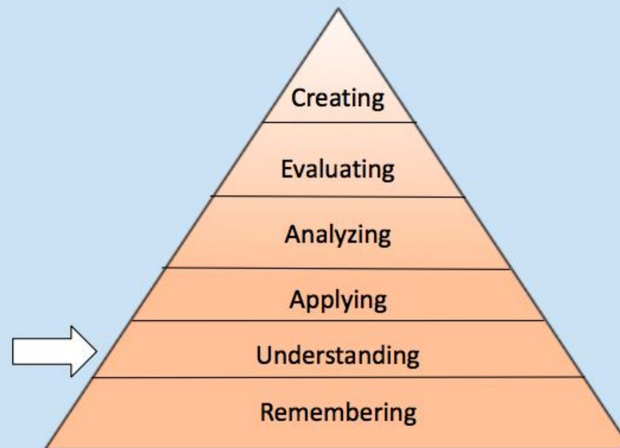
Understanding the Client - Viewing Culture Through the Lens of PEO Model

Module 2

Bloom’s Taxonomy Application



(Bloom, 1956; Anderson et al., 2001)

How this level is applied: Concepts and learning objectives in the understanding level of Bloom’s Taxonomy include comprehension, grasping meaning, explaining ideas or concepts, recognize, discuss, and to describe (Bloom, 1956; Anderson et al., 2001)

Objectives

- Attendees will:
  - Explain components of each domain in the PEO model
  - Explain the importance of the "fit" on occupational performance
  - Understand the concept of integrating culture using the PEO model
  - Recognize domains of PEO in case studies

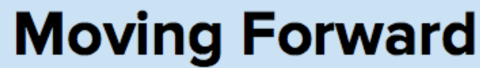
Review!

Now since we have covered our objectives that will be covered during this module, let's take some time to review the concepts and materials presented in module 1.

In module 1 we covered material through a lower complexity level of the pyramid which included familiarizing ourselves with information and content, overall gaining a basic understanding of the materials.

Additionally, in the first module we were providing content utilizing simple complexity learning skills within the "remembering level". Now in module 2, we continue to remain in the lower levels of the pyramid while gaining more base level information before transitioning to higher application and learning skills.

Now that we have just reviewed the topic of cultural competency, the relevance to OT, how OTs are equipped and skilled to address health care disparities, and how PEO and the cultural congruence model will guide further modules, we are now delving into more detail regarding how PEO can help guide OT practitioners throughout the OT process.



We will learn more about PEO as a model and how it can guide us to promote cultural competency in ourselves and others

PEO provides us with tools and guidance so we can respectfully gather person information in evaluation.

Utilizing and applying personal information gathered in the evaluation to intervention planning, implementation, and outcomes of the OT process.

This is a broad overview of the PEO model and OT process, moving forward, modules will specifically be catered to each step of the OT process.

Understanding the Importance of PEO

- Guides practitioners to incorporate culture into the OT process
- Guides practitioners to understand their client
- Ensures holistic approach
- Ensures client centeredness
- Culture is a person, environment, and occupational domain
    - Promotes culturally sensitive and appropriate care

Using PEO has many benefits as a clinician. This model provides structure and guidance in order to focus on the person, their environment, and their occupation while also ensuring client-centeredness. As clinicians we can ask ourselves these questions when collaborating with our clients throughout the occupational therapy process.

- What is important to our clients?
- What do they value?
- How does culture impact their performance?

Person

- Assumes many roles
- Performance components
- Motor performance
- Sensory capabilities
- Cognitive aptitude
- General health
- Skills
- Cultural beliefs and values

(Law et al., 1996; Baptiste, 2017)

The person domain consists of viewing the individual as a unique being who can assume many roles simultaneously and engage in modules and occupations that are desired (Baptiste, 2017). Additionally, the person domain contains physical, cognitive, sensory, effective and spiritual components, which all are a combination of the body and mind (Law, et al., 1996; Baptiste, 2017).

These roles are dynamic and vary across time and contexts in their importance, duration, and significance (Law et al., 1996). These roles can be formed by societal views or cultural values and beliefs.

Performance components are the set of attributes and life experiences the person brings and their life experiences that can impact the transactions of occupational performance. (Law et al., 1996).These transactions can be shaped by self-concept, personality style, and cultural background and personal competencies (Law et al., 1996).

Skills are learned and innate.

All of these components are necessary to engage in occupational performance (Law et al, 1996).

Environment

- Cultural
- Socio-economic
- Institutional
- Physical
- Social

(Law et al., 1996; Baptiste, 2017)

The environment domain involves the physical, social, cultural, institutional, and virtual contexts (Law, et al., 1996; Baptiste, 2017). The complexity of the environment can directly impact the engagement in priority occupations and may provide conditions for development (Baptiste, 2017).

Additionally, in PEO, unique perspectives are taken from the person, household, neighborhood, or community (Law et al, 1996).

The context is a large factor in the occupational therapy process, including how the client's occupational performance may be impacted by their surrounding contexts. To ensure holistic care is being provided we must analyze and incorporate all aspects of the person, their environment, and occupation during evaluation, intervention, and outcomes. Failing to consider the environment and contexts can result in serious misunderstandings and directly impact outcomes.

Occupation

- Uniqueness of the meaning of occupation
    - Cultural differences
- Differences between activity and task
- The temporal aspect
    - Macro context
    - Micro context
- Occupational load

(Law et al., 1996; Baptiste, 2017)

The occupation encompasses numerous parts including modules or tasks, and the routines, frequency, meaning, associated with the desired occupation (Law, et al., 1996; Baptiste, 2017).

Occupation means something different to everyone, including providing fulfillment and social connectedness, joy and satisfaction, purpose, meaning, enabling self-expression, etc. (Baptiste, 2017).

Module is a basic unit of a task- which is a set of purposeful modules (Baptiste, 2017).

Tasks or modules are typically smaller conceptual units within this model, as task, module and occupations can be nested within each other with different actions,

- For example, brushing teeth could be any of these conceptual actions (Baptiste, 2017)

Module, tasks, and occupation have been defined as separate components in the first publication of PEO (Law, et, al., 1996), however have become presented together in more recent documents including a chapter titled Person, Occupation, and Environment by Baptiste (2017) in a text by Hinojosa, J., Kramer, P., & Brasic Royeen, C. *Perspectives on Human Occupation Theories Underlying Practice.*

Law et al. (1996) described the temporal aspect as a component of PEO by the time patterns and rhythms that encompass the person's occupational routines. The interaction and influences of the domains in PEO will vary across time and varies depending what stage of life the person is experiencing (Law, et. al., 1996).

The temporal aspect is an important factor within the model as it gives a scope or timeline of the interaction between the domains (Baptiste, 2017). The temporal aspect is how we participate in our occupations, considering habits, patterns, time use, or routines in which we utilize in order to engage in occupation (Baptiste, 2017). It is when time is disrupted, disorganized, or unmanaged is when there is likely a poor fit between domains (Baptiste, 2017).

- Macro context is over periods of time, where micro is more specific to the time regarding the tasks, modules, or occupations (Baptiste, 2017).

Occupational Performance

- Results from the relationship between the person, their environment, and occupation (Law et al, 1996).
- Dynamic process
- Occupational fit (Law et al, 1996).

Occupational performance is shaped by the interactions of the transactions and occurs through each domain. It is important to consider each component of PEO and the transactions when specifically looking at an area of occupation including self-care, grooming, meal preparation, dressing, etc.

Occupational performance requires the ability to balance perceived abilities and occupational demands in the environment that may conflict (Law et al., 1996).

As time goes on, the person is constantly reevaluating their perception of self and abilities and may prioritize their roles, occupations, and environments (Law et al., 1996).

Occupational performance is measured by the fit of the transactions of these three domains of the model, therefore if one area is lacking or disrupting the fit of the interactions, there is likely dysfunction present between one of the domains (Law, et al., 1996; Wong & Leland, 2018).

The person, occupation, environment fit is described as an interaction amongst the domains that can either facilitate or hinder occupational performance when these variables are in harmony or unequal balance (Law et al, 1996). The fit should entail equal harmony and balance amongst all 3 domains where they are simultaneously interacting with one another, rather than one domain dominating over the others (Law et al, 1996).

Transactions

- Interact simultaneously across time and space
- Domains overlap and fit
- Transactions are specific overlapping principles of the person, environment and occupation
- Can affect the outcome of occupational performance

(Law et al., 1996; Baptiste, 2017)

The transactions give us guidance and help us decipher information obtained from the occupational profile. This will help to provide direction and allow us to view the potential deficits between each domain. Culture can be considered as aspect of each of the domains due to the large role it can play in one's life. The transactions of PEO give us a clear understanding of where a deficit may lie and options of how to promote success in each area.

Person x Occupation

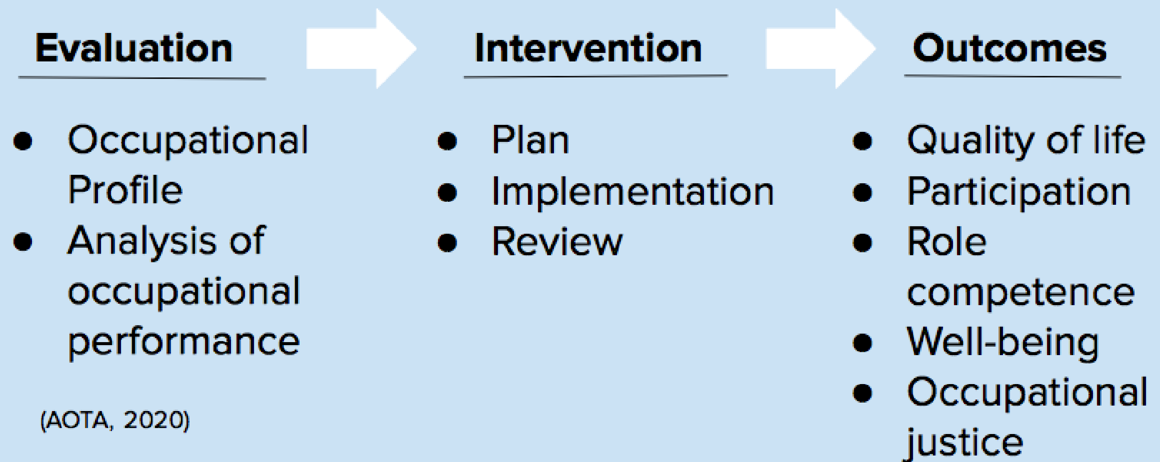
- Client abilities and their fit with occupational demands.
- Example: meal preparation
  - Skills and abilities of person support task
  - Desire for independence or autonomy
  - Motivating or enjoyment?
  - Dietary and nutritional needs
  - Cultural diet

Occupation x Environment

- Contextual factors hindering or enabling the occupation
- Example: meal preparation
  - Layout of space
  - Appliance and tools availability
  - Services obtaining supplies
  - Group or individual context
  - Cultural traditions

Person x Environment

- Coexistence of humans and their environment, without dominating the other (Law et. al., 1996)
- Example: meal preparation
  - Safety
  - Preferred client resources
  - Support
  - Cultural roles


Occupational Therapy Process
Evaluation
Occupational Profile
Analysis of occupational performance
Intervention
Plan
Implementation
Review
Outcomes
Quality of life
Participation
Role competence
Well-being
Occupational justice
(AOTA, 2020)

Evaluation Process

- Core component of the occupational therapy process
- Ongoing
- Focus on client factors & performance skills, environmental factors, and occupational opportunities & demands
- Ask specifics regarding culture and obtaining culturally relevant information

Building the Occupational Profile

- Seeking services
- Client strengths and weaknesses
- Occupational history
- Values and interests
- Contexts
- Client factors & performance patterns
- Client goals

(AOTA, 2020)

Building the occupational profile enables opportunities to build rapport with the client as well as ensure services are client centered due to the large focus on client report. While obtaining information for the occupational profile, it is not only important to consider the client's values, interests, and goals, but also delving deeper into unique aspects of the person including cultural details and information. Asking additional questions to gain this information will show the client you are utilizing the holistic approach by obtaining information about all aspects of the person. Gathering information regarding their roles, interests, values, and goals they have in mind while receiving services may all be impacted and shaped due to their culture and cultural beliefs. It is important to place an emphasis on culture while creating the occupational profile because culture is ingrained into not only the person domain, but the environment, and occupation as well.

Occupational profile should include (AOTA, 2020):

- Why are they seeking services?
- Client report of their strengths and weaknesses, what barriers are hindering their performance? Here we can understand potential supports or barriers in environmental contexts, personal abilities, and occupational demands.
- What is their occupational history/ life experiences? This question gives us a good idea of their abilities.
- What are their values and interests? This is an important to ask because we can pull this information into intervention process.
- Are their contexts hindering or supporting performance? Ask specifics pertaining to social relationships, technology, room setup, availability of supplies and tools, culture identification, gender, education, lifestyle.

Intervention

- Pull domain specific information into interventions
- Look at availability of resources for occupational demand
- Utilize person's interests and values
- Address cultural components

Interventions involve solely just the client, or due to cultural beliefs and preferences may involve family and extended family members, therefore practitioners must collaborate and create interventions that fit the client's values.

How does their culture impact their time during the day? Take into consideration schedules, roles, habits, and routines which may impact time allotted for participating in the intervention. For example, if the individual participates in praying many times during the day, it would not be appropriate to create a strict time schedule for practicing the intervention overlapping this time. Additionally, for clients who are the primary caretaker of their children and extended family members, it could be difficult to find a time to practice the intervention so it would be a conversation to have with the client if family members could be incorporated into the intervention.

Always discuss interventions with client- do they address their goals? Do their interventions coincide with their values, beliefs, interests?

Outcomes

Occupational Performance	• Improvement • Enhancement
Prevention	• Education or health prevention • Prevent onset • Reduce risk factors, diseases, injuries
Health & Wellness	• NOT a lack of disease • Balance of physical and mental health
Quality of Life	• Life satisfaction • Hope • Self-concept • Health & functioning

(AOTA, 2014)

Outcomes
Participation
Engagement
Satisfaction with expectations & culture
Role Competence
Meeting demands of roles
Well-being
Contentedness and comfortability
Health, well-being, meaning, supporting and helping others
Occupational Justice
Accessibility
Opportunities
(AOTA, 2014)

Case Study-

Cassandra is a 40 year old woman who recently has moved into a new town and began her job as a secretary at a law firm. She is experiencing extreme performance deficits in cooking, cleaning, and caring for her mother due to bilateral wrist pain and will soon undergo carpal tunnel release surgery on both wrists. Due to the recent move, her social circle is limited and family members live hours away. Her cultural values including caring and cooking for her aging mother, who lives with Cassandra and her 10 year old son. Cassandra is nervous about how to create a plan for after surgery in order to continue caring for her mother and son.

Application Time!

Next we are going to transition into a case study application of understanding a client scenario and categorizing the information provided into the PEO domains.

Case Study Application

- Separate the case study into the domains of PEO

Person:	Environment:	Occupation:
• • • • •	• • • • •	• • • • •

Case Study Application

- Next identify transactions impacting Cassandra's occupational performance.

PxO	ExP	OxE

Transitioning to our case study application, please fill out the transaction charts above with Cassandra's information. Feel free to pick any of the areas where Cassandra is currently experiencing dysfunction to her occupational performance. The purpose of this module is to understand how to separate and categorize the client information obtained into the domains and transactions of PEO. Sample transactions are provided below to check your knowledge and understanding of the PEO transactions.

PxO: decreased strength, endurance, and range of motion, occupational demands of cooking, cleaning, caretaking, roles of being a mother, daughter, and caretaker, caring for her son and mother, cultural values and beliefs

ExP: little support social support- Cassandra's son, lack of family nearby

OxE: cultural tradition of extended family living in the same home.

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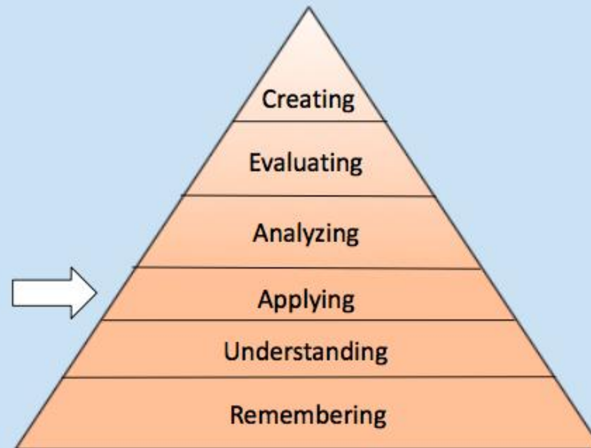
Applying Strategies and Utilizing Cultural Resources to Gather Information About the Client in the Evaluation Stage

Module 3

Bloom's Taxonomy Application



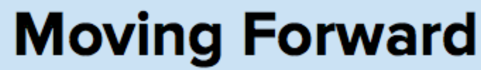
(Bloom, 1956; Anderson et al., 2001)

How this level is applied: Concepts and learning objectives in the understanding level of Bloom's Taxonomy include comprehension, grasping meaning, explaining ideas or concepts, recognize, discuss, and to describe (Bloom, 1956; Anderson et al., 2001)

Objectives

Attendees will:

- Identify 3 client factors influenced by culture that could impact occupational therapy service
- Identify 2 strategies to ask culturally relevant questions
- Access a high-quality online resource
- Apply information provided by the resource to gather information on the person



You just learned about the importance of PEO transactions and how they can be helpful to determine cultural factors that will affect occupational performance and occupational therapy delivery methods. Moving forward into this module, we are going to learn how to apply our knowledge of strategies and online resources to clinical scenarios when respectfully gathering information on the person during the process of evaluation.

Take a Moment...

Think about your own culture. Reflect on some of the values and traditions you and your family have.

Some examples to get you started may be how you celebrate holidays or certain annual family traditions.

Cultural Impacts on the Person

- Health Beliefs
- Health Customs
- Ethnic Customs

People's religions, beliefs, and ethnic rituals all affect how individuals view their health and engage in their occupations. It is necessary for occupational therapy practitioners to understand how cultures and beliefs will impact the delivery of occupational therapy services. The list on this slide consists of cultural factors that impact the person and influence interactions between them and health care practitioners (Consider Culture, Customs, and Beliefs: Tool #10, 2020).

- **Health Beliefs**: Some cultures prefer to not talk about possible negative health outcomes as they believe this could create a greater chance of it occurring. Also, in some cultures the expression of pain and how people relieve pain varies. For example, some cultures believe it is honorable and desirable to feel and tolerate pain without complaint while other cultures do not share this belief (Consider Culture, Customs, and Beliefs: Tool #10, 2020).
- **Health Customs**: In some cultures, health care decisions are a family member's decision rather than the patient themselves (Consider Culture, Customs, and Beliefs: Tool #10, 2020).
- **Ethnic Customs**: Depending on the role of men and women in a culture, this may determine who makes decisions about health care treatment. For example, the role of the woman varies in some cultures. Some women are supposed to delay important decisions and communicate through the male in the family (Consider Culture, Customs, and Beliefs: Tool #10, 2020). Some cultures view the male figure as the protector, provider, and decision-maker. Additionally, certain cultures view death and dying very differently. Depending on the culture, the experience and feelings surrounding death can greatly vary. Some examples of this can include: The amount of information shared with the patient by the medical team regarding their prognosis, how the family expresses and copes with grief, whether families choose to utilize and accept hospice care, the choice to

terminate life support systems, and many others (Health Beliefs and Practices, 2021).

Cultural Impacts on the Person (continued)

- Religious Beliefs
- Dietary Customs
- Interpersonal Customs

- **Religious Beliefs**: A person's religious beliefs may influence their willingness to seek health care and accept certain interventions or treatment.
- **Dietary Customs**: Depending on culture, a person may have specific foods they eat (or will not), as well as specific cooking methods used.
- **Interpersonal Customs**: The meaning of eye contact and physical touch can range from expected to inappropriate depending on the culture.

(Consider Culture, Customs, and Beliefs: Tool #10, 2020).

Let's Reflect

Based on what we just learned, identify 3 cultural factors from the previous slides that would be necessary to know before beginning the occupational therapy treatment planning process.

Then, identify how these 3 factors could influence occupational therapy interventions.

Examples

1. Ethnic customs (family roles)
2. Dietary customs
3. Health beliefs (pain)

Now that you have taken some time to create some examples of your own. Here are some of our examples.

- **Ethnic customs (family roles)**: Before developing a plan for occupational therapy treatment, determine who is responsible for making medical decisions. For example, if you believe implementing physical agent modalities, such as ultrasound or electrotherapeutic agents, would be beneficial in a client's treatment, it is important that you first have a conversation with whomever is responsible for making medical decisions in that client's culture.
- **Dietary customs:** What a person eats (or does not eat) and if they have preferred methods of preparing food is important information to gather before planning an intervention on meal planning and preparation. As occupational therapy practitioners, we know that many performance skills can be addressed in the kitchen. If taking your client into the kitchen to address certain performance skills is a part of your treatment plan, it is important that you identify what their cultural norms are surrounding food and meal preparation.
- **Health beliefs (pain):** A very common goal for client's in occupational therapy, is to reduce and manage pain. However, as stated in previous slides, in some cultures it is admirable to experience pain symptoms without complaints. This is a good example of why the client and their family needs to be involved in the process of identifying treatment goals. As a practitioner, you might believe the first and most important step in their treatment plan is to minimize pain as much as possible, so they can engage in their occupations more easily. However, this goal should be discussed prior with the client and family as they may not believe in this or find it necessary.

Strategies and Tips

It may sound easy to gather this information about the person. However, once you are actually in these situations, you may realize it can be extremely uncomfortable to talk about some of these cultural differences with your client. Like mentioned in module 1, it has been shown that practitioners often find it easier and more comfortable to ignore these differences altogether rather than step outside of their comfort zone and address them. However, doing this, prevents us from being as client-centered in our care as possible.

The next part of this module will consist of some strategies and "go-to" references that can assist you as you gather information about the person. It is likely as you become more experienced in cross-cultural interactions, you will develop your own strategies and methods that feel comfortable to you. These are just some tips and helpful go to's, to get you started!

Strategies

- Explore this page
  - https://www.euromedinfo.eu/doing-a-cultural-assessment.html/
    - What questions are not mentioned on this website that would be important to ask?
    - How would you phrase these questions in a respectful and open-ended manner?

Agency for Healthcare Research and Quality (2015) suggests: when addressing your client's cultural values and gathering information on "the person", do it specifically in the contexts of their health care. For example, when asking about a client's food and meal preparation preferences, clearly state that this information will assist you in planning future interventions in the kitchen when addressing goals such as meal planning and preparation. By clearly stating how the information will allow you to provide more client-centered care, it can put the client at ease as they know exactly why you are asking these questions and what you will be doing with the given information.

Take a moment to browse this page. It explains the benefits of utilizing cultural assessments and also provides some examples of questions that may be helpful to ask when gathering information on the person.

Strategies (continued)

- Exploring another resource
  - https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/1%20Therapist%20Resources/CBT+-Culturally%20Responsive%20Questions.pdf
  - Identify 3 questions that you came across that you believe would be most helpful when gathering information on the person.

Now that you have taken the time to formulate some of your own questions, here is a resource that's provides an extensive list of questions to ask your clients. Take a moment to read through this PDF. This resource provides a guide for how to ask questions related to parental decisions, gender roles, discrimination history, religious practices, spiritual beliefs, and overall views of mental health.

After exploring this page, answer the bulleted prompt below the link.

A Guide to High-Quality and Reputable Resources

WHO
Who runs the site and should you trust them?

WHAT
What is the site offering or promising?

Do they have a hidden agenda?

WHEN
When was this information researched and written?

When was it last updated?

WHERE
Where is the information coming from?

Is it backed up by science or research?

WHY
Why was this resource created?

Again, ask yourself, is there a hidden agenda?

(NCCIH, 2021).

There are many more online resources available that provide information on different cultural groups and their beliefs and values. However, it is important when taking information from an online source to ensure that it is a high quality and reputable source for information. Some resources can be inaccurate and misleading. It is important as practitioners that we know how to identity high-quality and reputable sources. The guide on this slide shows some quick and easy questions to ask yourself when accessing a resource to determine if it is a good place to gather information. (National Center for Complementary and Integrative Health, 2021).

Now that you have some tips on how to determine whether a resource is a reputable place to gather information, take a look at the website, *EthnoMed*. This is a website that provides a plethora of information on cultural backgrounds, cultural beliefs, medical information, and other issues related to health care. After exploring the site, determine whether you think this is a good place to gather information based on what you have just learned. Then explain why or why not.

Remember!

Remember, these online resources are to act as a guide. When working with individual's from varying cultures, it can feel overwhelming at first as you want to provide client-centered and culturally inclusive care. Browsing these online, high-quality resources can be helpful before an initial evaluation with the client when the practitioner is in the chart review process. These websites can provide us with some general ideas on what to ask our clients about.

Avoid stereotyping! Although these resources can be extremely helpful, it is important to remember that the best way to ensure you are aware of you client's values and expectations is to ask them.

Application Time!

First step	Second Step	Third Step	Fourth Step
Access EthnoMed and identify 3 cultures you want to explore.	Go to “Greetings and Displays of Respect.” Identify some ways these clients may prefer to be greeted at the beginning of their therapy sessions.	Go to “Mental Health.” Identify 2 differences regarding this cultures views on mental health compared to how you view it. How may this impact OT treatment in a mental health setting?	Click on “Language.” Search for how to say, “We are waiting for an interpreter” in that language.

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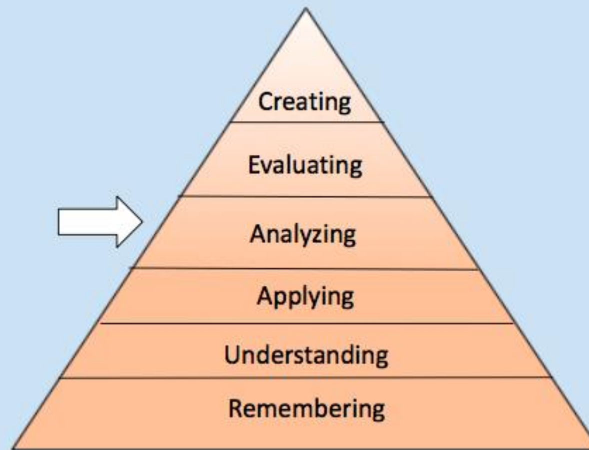
Analyzing Complex Cultural Scenarios during the Planning and Implementation of Intervention

Module 4

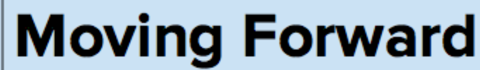


In this module the analyzing level is utilized which includes the ability to draw connection among ideas, differentiate, organize, relate, compare and contrast, distinguish, and question (Bloom, 1956; Anderson et al., 2001).

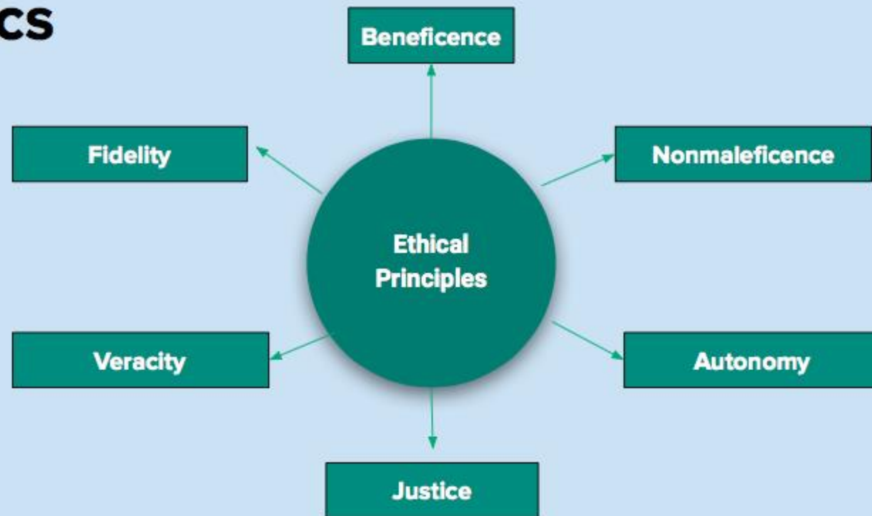
Objectives

Attendees will:

- Analyze client cultural information to select appropriate approaches to intervention
- Differentiate between appropriate and inappropriate ways to address ethical dilemmas during intervention
- Incorporate client cultural values into intervention planning and implementation



You just learned how to apply different strategies and utilize resources when gathering information about the person during the evaluation process. Moving forward into this module, we are going to analyze difficult scenarios that may arise during the planning and implementation stage of the OT process based on the information you gathered on the person. Based on their cultural beliefs and values, there may be obstacles and challenges associated with planning and implementing certain OT interventions. The hope is that this module will allow you to feel more comfortable when navigating these challenges.



Before delving into the intervention process more, first we will review the ethical principles described in greater detail in the Code of Ethics (2020). This document was created to represent the profession of occupational therapy and provide guidance for practitioners to promote inclusion, well-being, safety, while providing care to clients (AOTA, 2020). As clinicians, ethical dilemmas may arise when working with clients and it is our duty and responsibility to ensure they are safe and prevent any harm. Utilizing the ethical principles during intervention ensures our clients are not put into harm's way and help us ensure we are following ethical guidelines while providing care.

Ethical Interventions

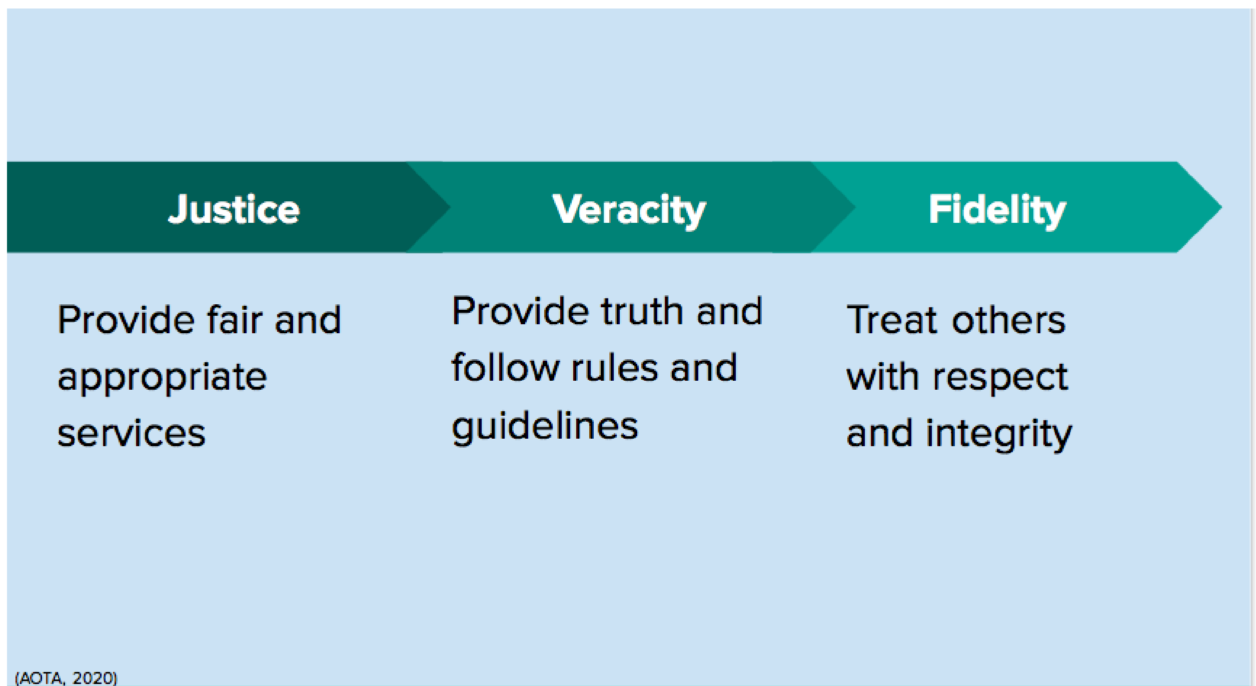
Beneficence	Nonmaleficence	Autonomy
Concern for safety and well-being	Do not cause harm	Practitioners should respect confidentiality

(AOTA, 2020)

Beneficence: Intervention plans should be specific to each client and promote good and prevent harm. Additionally, intervention plans should follow the client's values and beliefs as well as what is important to them. This could entail incorporating interventions that align with their views and fit within their cultural perspective. Example: interventions that do not pertain to the client's goals or fit their cultural views such as providing the client with pork-based meals when their cultural dietary meals do not consist of this item would violate the ethical principle of beneficence.

Nonmaleficence: Interventions should not cause the client any harm or put them in harm's way. This could propose ensuring the client does not push past pain when completing home exercise plans. From a cultural standpoint, as practitioners we want to value and acknowledge participating in interventions does not disrupt their roles and routines or cause harm. Example: Completing interventions that are contraindicated due to their diagnosis would violate the ethical principle of nonmaleficence.

Autonomy: This principle encompasses confidentiality and self-determination of allowing our clients to make their own choices. We must accept if they wish to terminate specific interventions due to any reason even if poor outcomes will result from termination. Our clients have the right to make decisions regarding their care and we must respect that. When planning and implementing interventions, we must consider their cultural norms and expectations. Example: OT practitioner strongly suggests the client would benefit from continued services or a specific intervention that goes against their cultural beliefs would not violate the ethical principle of autonomy.



Justice: Treatment should be fair, and appropriate for all clients. Laws and rules should be followed accordingly. Interventions must be appropriate for clients in terms of evidence-based practice and addressing any barriers to occupational therapy services. This could entail advocating for our clients to get them the resources they need in order to participate in their desired occupations. Services must be nondiscriminatory. Example: OT practitioner refusing to provide resources or specific interventions to populations or individuals who come from different cultural backgrounds or fail to mention interventions to clients due to the assumption they could not afford or understand the implications would violate the ethical principle of justice.

Veracity: Interventions, documentation, and services should be done in a timely manner and follow rules and guidelines including ethical care. Practitioners must be trained and educated in areas of intervention provided to their clients. If clients seek out additional interventions that align with their culture, it would be appropriate for the practitioner to acknowledge lack of training in that area and willingness to learn more or provide resources for that opportunity. Example: A client brings up a potential intervention she would like to be incorporated into her treatment plan that aligns with her values and beliefs, the OT practitioner is not familiar with this method but agrees to "attempt" it the following session. This example would violate the ethical principle of veracity.

Fidelity: Treating others with fairness and respect includes following up with commitments made to clients which could entail the client asking you to look into other interventions or resources. It is your duty as a practitioner to follow up with your word and always treat clients, coworkers, and others with respect and integrity. Example: An OT practitioner is providing home health services to a client who insists the practitioner stays for dinner following the session due to their cultural beliefs of kindness and repayment with foods would not follow the ethical principle of fidelity.

Warm Up!

Now we are going to warm up with a scenario where a client was discriminated upon due to her physical appearance. As you read the case study, be sure to analyze the details as we will be answering questions following the scenario.

Scenario

During a session, your client, a Native American woman speaks of an unpleasant interaction she had with her last provider. She describes how she was perceived as unintelligent where the provider spoke to her in broken English and used simplified terms when completing her evaluation.

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Discussion Time!

Now that you have read over the client scenario, we will take time to cover a variety of discussion questions. The purpose of this discussion is to help you analyze the violations of ethical principles, the behavior of the provider, and how you can pull in resources and skills to prevent this situation from reoccurring.

Case Study Questions

- Identify 3 ethical principles that are most relevant to the scenario.
- Compare and contrast the ethical principles of veracity and justice.
- Analyze the assumptions made by the provider.
- Discuss resources and knowledge obtained from previous activities to ensure the client feels comfortable and understood.

Application to Occupational Therapy

- Large emphasis on collaboration
- Therapeutic outcomes
- Cultural understanding

Taking time to learn more about our clients can build rapport and strengthen the therapeutic relationship between practitioner and client. It is important for our clients to feel understood which can impact therapeutic outcomes. As practitioners we must take the time and opportunities to learn the most about our clients so we can always ensure our care is culturally appropriate and aligns with their values and beliefs. The therapeutic outcomes will likely be hindered due to misunderstandings between therapist and client, so it is crucial we are providing interventions that follow their beliefs, values, and culture. It is likely if interventions do not align with their values or beliefs, the client would not feel motivated or validated, which could impact follow through and outcomes.

Intervention Planning

Now we will transition into intervention planning including the types of interventions and intervention approaches.

Let's review the various types of interventions utilized in occupational therapy practice. These are all outlined and described in more detail in the Occupational Therapy Practice Framework (AOTA, 2020).

Intervention Approaches

As previously mentioned, it is not only important to consider what type of intervention aligns best with what your client would like to gain from their therapy experience, but it is critical to consider the approaches to interventions as well. As cited in the OTPF (2020), intervention approaches consist of create/ promote, establish/restore, maintain, modify, and prevent. During the intervention planning portion of the OT process, the practitioner must work collaboratively to determine how they would achieve outcomes and meet goals through the various approaches to interventions. We must collaborate with our clients to ensure they are receiving interventions that meet their standards, perceptions, and values of their therapy experiences especially determining the approach to intervention. For clients who value their independence and strive to fully rehabilitate their strength, endurance, range of motion, it would be appropriate to consider occupations and preparatory methods and tasks in more of an independent session. Clients who value their family and other's presence due to cultural beliefs would likely participate well in a group setting which can consist of other clients as well or solely family members. Considering culture is important in all steps of the occupational therapy process but creating and implementing interventions is where we can pull client specific information through the most to ensure our care is client centered and culturally relevant. In some cultures, roles vary, which is important to note and address with your client to understand what they expect of their own abilities and how others around them do as well. For example, it would not be appropriate to disregard client and family values of rehabilitation after a stroke if they believed culturally it was the responsibilities and duties of loved ones to take over difficult tasks.

PEO Intervention Integration

- Aim: facilitate the best occupational fit
- Remember holistic care
- Person: consider roles, culture, personal values and beliefs
- Environment: contexts, group vs individual
- Occupation: occupational demands, traditions

Focus on the fit between the domains where occupational performance is being impacted

Holistic care encompasses all aspects of the person. It is important to consider all factors of the person, environment, and occupation when planning and implementing interventions.

Person: consider all aspects of the person including their roles, culture, personal values and beliefs, as well as their skills and abilities. When planning and implementing interventions, it is important to consider and emphasize person aspects (ex. including cognition (I.e. alzheimer's, dementia, stroke, TBI, etc), disability, illness (MS), or orthopedic related surgeries or injuries). These person aspects are likely to impact occupational performance and may impact the intervention approach you choose. Considering their beliefs and values, as well as cultural expectations will enable more successful client outcomes because intervention is aligning with their perspectives and routines.

Environment: consider and incorporate their environmental context into intervention when considering what space they have available, consider if they will be completing intervention in a group or individual setting. For example, if the client lives with extended family members because that is their cultural norm, collaborate with the individual and family members on interventions being completed in a group setting.

Occupation: when planning and implementing interventions, consider what the occupational demands consist of, the routines of participating in the occupations, traditions, etc. For example, a client has recently suffered from a left hemiplegic stroke and participates in the tradition of baking a cultural dish each year around Christmas with her grandchildren. Design interventions that will promote occupational performance in

this desired task.

This diagram consists of data gathered by the occupational therapy practitioner utilizing PEO to directly outline and categorize domain specific information, which can be implemented into interventions. It is important to consider and collaborate with the client on incorporating all of these factors into their interventions. As mentioned previously implementing our clients' personal interests, adhering to their values and beliefs, and acknowledging and understanding their culture during intervention will likely improve outcomes.

Analyzing Client Information

Joseph   59 year old male   right carpal tunnel release

Occupational History: runs family pizza business, enjoys building model airplanes, lives at home with wife and has custody of his young grandchildren. Attends bingo night on Wednesdays with friends at the VFW and church every Sunday.

Goals for therapy: "continue running the business and play with my grandchildren"

Joseph has been provided 5 therapy sessions due to his high insurance co pay and is unable to afford additional sessions. As his OT practitioner you believe he should receive at least 5 more sessions in order to gain maximal therapeutic potential while receiving skilled interventions.

Analyze Joseph's roles, contexts, and occupations to inform your selection of appropriate intervention approaches.

Consider the following approaches from the OTPF: create/ promote, establish/restore, maintain, modify, and prevent.

Considering the limited sessions that are available for Joseph's therapy and the cultural information provided, what interventions approaches may be appropriate? Provide rationale.

Identify interventions ideas that incorporate Joseph's values and culture.

Identify ethical principles that would be violated by providing services outside of Joseph's allowed visits.

Brainstorm possible solutions to work through the ethical dilemma that is present. Which of these solutions are appropriate? Which of these solutions are not appropriate?

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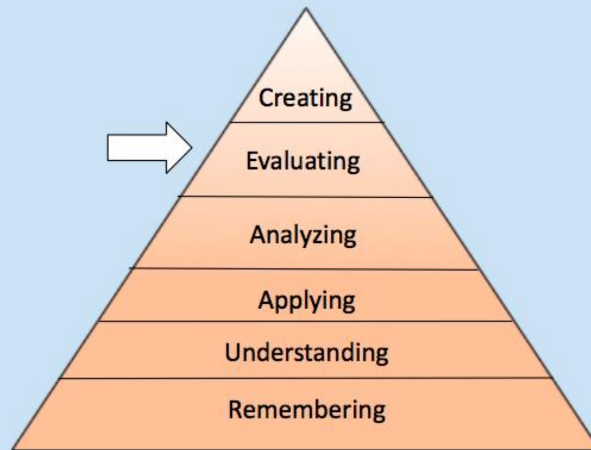
Evaluating Outcomes: Reflecting on the Occupational Therapy Process

Module 5

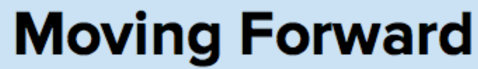


How this level is applied: The level of "evaluating" is achieved when a person is able to correct and critique the given information (Bloom, 1956; Anderson et al., 2001).

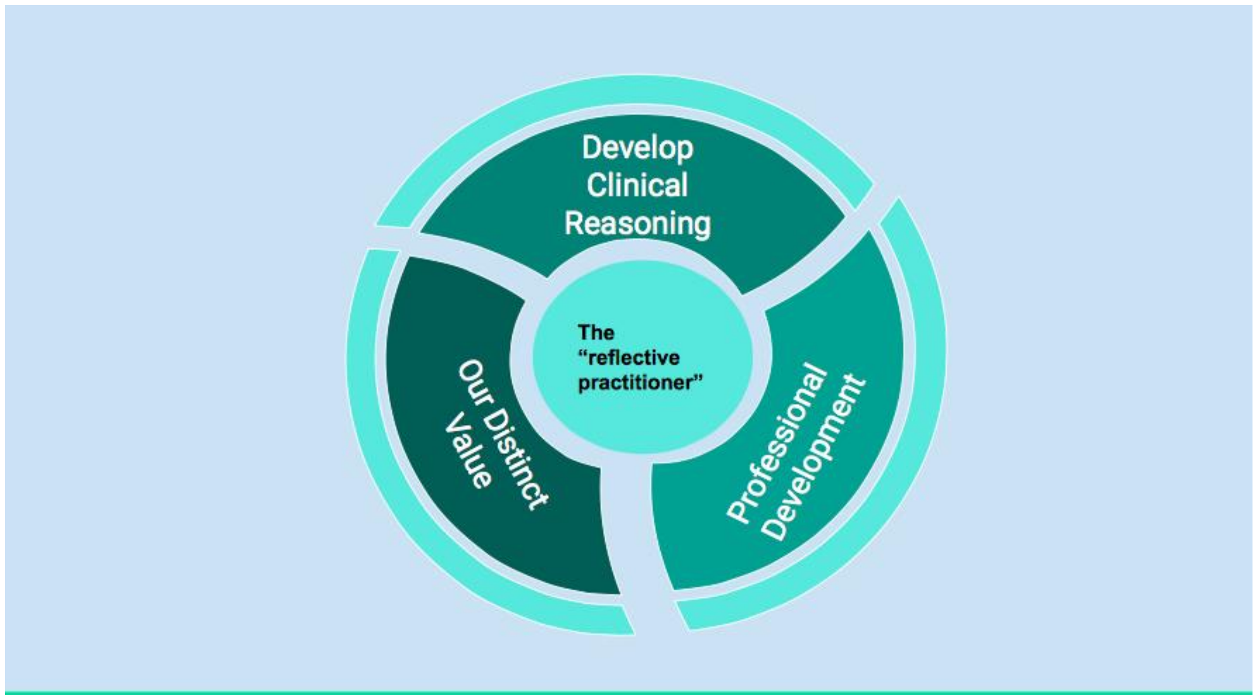
Objectives

Attendees will:

- Understand the concept of being a “reflective practitioner”
- Define the steps of reflection
- Identify the 3 factors to consider when reflecting on cultural and ethical dilemmas
- Evaluate a situation of their own by utilizing the templates provided



In module four, you learned all about how to consider information gathered on the P,E, and O when planning and implementing intervention. Moving forward, we are going to discuss how to evaluate the clinical decisions that you made throughout the OT process and how these impacted overall outcomes.



Being a "reflective practitioner" is a concept that has been around for several decades. In 1993, Osterman and Kottkamp stated that being a reflective practitioner was "a means by which practitioners can develop a greater level of self-awareness about the nature and impact of their performance" (Osterman and Kottkamp, 1993, p. 19).

Rigby et al. (2012) states that reflection is essential as both an occupational therapy student and practitioner, despite the fact that many believe it is not as necessary after graduation. It helps to develop our clinical reasoning and is vital to professional development. It allows us to keep our skills and knowledge up to date to ensure safety and effectiveness (Rigby et al., 2012).

Implementing reflection into clinical practice has the potential to empower occupational therapy practitioners to be more thoughtful and meaningful in their practice (Kinsella, 1998). Although the idea of being a "reflective practitioner" is an older concept, it is becoming even more important as we continue to respond to an increasingly complex world (Kinsella, 2001).

Reflection on practice provides us with a deeper understanding of the contexts of our clients' lives, the contexts of our practices, and the systemic factors that influence both of these. Insights that are gained through deep reflection provide practitioners with a foundation for their actions, as they provide care and advocate for their clients (Kinsella, 2001).

Our ability to reflect throughout our careers and lived experiences show our distinct values as occupational therapy practitioners (Kinsella, 2001).

What to reflect on?

Patient Progress

How was patient progress impacted by your professional reasoning with providing culturally relevant care?

How did your attention to the client (P,E, and O) positively influence their outcomes?

How did your inattention to the client (P,E, and O) negatively influence their outcomes?

Ethics

Did you face any ethical dilemmas along the way?

How were they dealt with?

How could they have been dealt with better?

Self

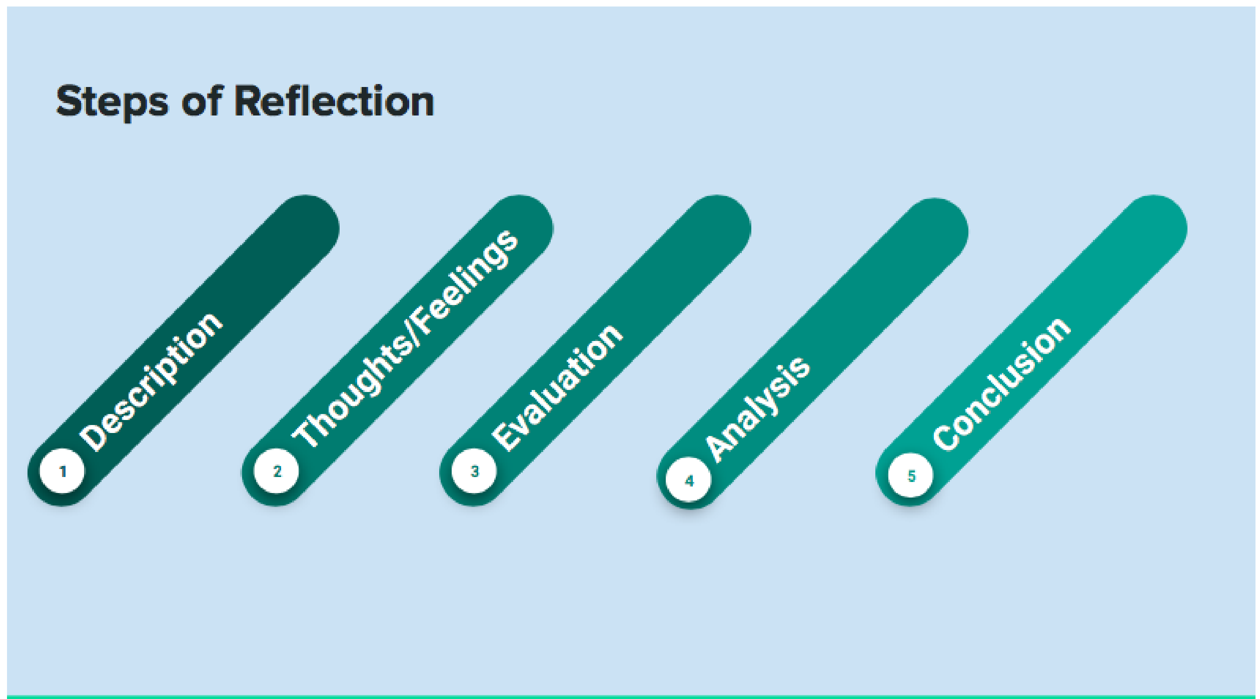
What personal biases did you experience throughout the entire OT process?

How did your personal assumptions influence the care provided and client outcomes?

What resources did you utilize to ensure culturally relevant and client-centered care? Did these resources positively impact your decisions made throughout the OT process? If so, how?

There are many factors to consider when reflecting on decisions that were made throughout the entire OT process. We have identified 3 factors that should be evaluated in the cultural context after the OT process has occurred. These are patient progress, ethics, and the self (as a practitioner).

Reflecting on these areas allows therapists to learn from their experiences, think about various contexts of practice, explore assumptions, and determine what clinical reasoning skills they need to further develop (Kinsella, 2001).

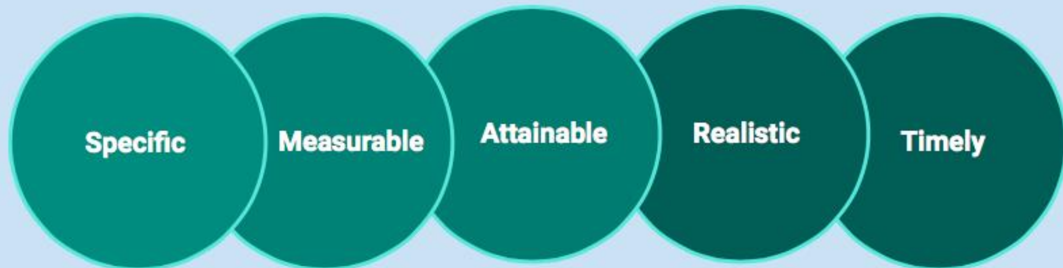


This slide shows the steps to follow when engaging in reflection. This template can be a useful guide when reflecting on any of the factors stated in the last slide (Jasper, 2013).

- **Description:** Describe the situation you are reflecting on.
- **Thoughts/feelings:** How did the situation make you feel?
- **Evaluation:** What worked? What didn't work?
- **Analysis:** What sense can you make of the situation? What are some alternative routes you could have taken?
- **Conclusion:** Did you make the correct decisions? What more could you have done? What would you have done differently?

After reflecting, it is important to develop an action plan of how you want to develop and grow as a practitioner. This way, if a similar situation occurs again, you are better equipped to handle the situation and can put this plan into action. This includes writing down how the situation challenged you on a professional and personal level and creating goals for yourself on how to develop the areas it challenged (Jasper, 2013). The main questions that should be answered throughout this phase are “what new learning occurred?” and “what have you learned that will be useful for the future?” (Jasper, 2013).

SMART Goals



(Doran, Miller, & Cunningham, 1981)

The first step in initiating an action plan is to determine what goals you are trying to meet by engaging in the plan. Writing your goals in the format of SMART goals can ensure that all of the necessary information is included within your goals to make them objective and measurable. Here is what is included in a SMART goal.

Specific- what are you trying to achieve? Who is going to be there? Where does this need to occur?
Measurable- How will you measure?
Attainable- Can you reach your goal with tools and resources you possess?
Realistic- Is this goal within your control? Is it possible to meet this goal?
Timely- What is the timeline?
(Doran, Miller, & Cunningham, 1981)

Time to Evaluate!

Take a moment to think of a time you encountered a challenging situation as an occupational therapy practitioner due to a client's cultural values and beliefs.

Now, using the information presented in slide 6, consisting of questions to ask yourself when reflecting on patient progress, ethics, and the self - Go through each step of the reflection process to dissect the situation that occurred.

Although you are only reflecting on one situation, you will write a separate reflection for each factor that was presented: patient progress, ethics, and the self. Use the example questions underneath each factor to prompt your thinking and use the steps of reflection to guide the process.

Once you have written down your reflections, you will create an action plan for yourself based on your evaluation of the situation. First, identify a personal and professional goal based on what areas were challenged throughout the given situation. Use the SMART goal format that was presented to assist you in writing these goals. Once you have determined all factors within the SMART goal format, identify your action plan by writing down the steps you need to take and follow through with in order to achieve your goals. A template of a goal setting table can be found on the next slide.

Goal Setting Template

Name:
Date Established:
Date Revised:

Goals	Strategies to meet your goal.	How will you measure your success or failure?	Progress - Identify when goal has been met.

While creating your goals and plans, it is helpful to possess structure and organization in order to document progress and notice changes. Here a goal setting template has been provided in order to clearly organize your goals, the strategies used to meet your goal, how you will measure both success or failure, and how to identify when the goal has been met. This template is an example of how to keep track and document these details relating to goal setting, however, feel free to format this information how you please.

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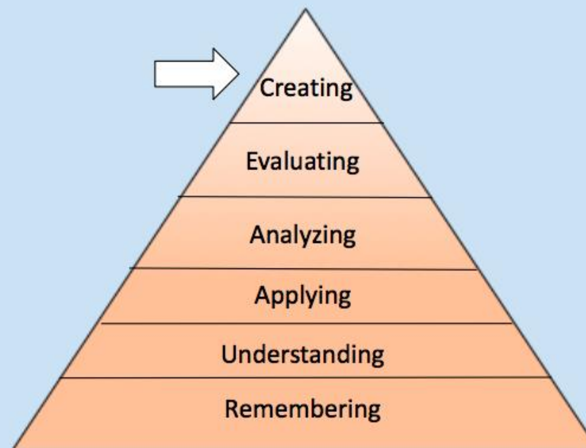
Creating a Plan to Achieve Goals as a Practitioner

Module 6

Bloom's Taxonomy Application



(Bloom, 1956; Anderson et al., 2001)

Lastly we have reached our highest application of learning of the Bloom's Taxonomy pyramid which is creating (Bloom, 1956; Anderson et al., 2001). The tip of the pyramid "creating" entails the creating or the production of new or original work that consists of constructing, designing, and assembling a product (Bloom, 1956; Anderson et al., 2001)

Review!

We have taken a journey through the previous levels of Bloom's Taxonomy beginning at lower complexity and now reaching full maximal learning potential during the create level (Bloom, 1956; Anderson et al., 2001). From gathering basic knowledge pertaining to PEO, Bloom's Taxonomy, the occupational therapy process, and cultural awareness in module 1, to viewing culture through the lens of PEO in module 2, then applying strategies and utilizing cultural resources to gather information about the client in the evaluation stage in module 3, we analyzed complex cultural scenarios during the planning and implementation of intervention in module 4, then transitioned to evaluating outcomes: reflecting on the occupational therapy process in module 5. We are now in our highest level of application and will be creating a plan to increase cultural implementation as a clinician.

Objectives

Attendees will:

- Construct a culturally educational goal they would like to achieve as a practitioner
- Create a cultural competency plan to ensure culturally appropriate care is provided throughout the OT process
- Develop an advocacy plan to promote professional development as a practitioner

In module 5 you created a personal and professional goal; these could be brought in during this module to build off of. While creating an advocacy plan, this plan will incorporate both personal and professional goals in order to grow as an OT practitioner in your place of work.

Reflect!

In module 5 while reflecting on the occupational therapy process during the evaluation of outcomes, you discussed the 6 levels of reflection to increase self-awareness and identify an area/areas of growth. You then developed an action plan of how you want to develop and grow as a practitioner by creating personal and professional goals. In this module you will utilize and incorporate the area/areas you identified as potential areas of growth into a cultural competency plan. Take time to think about your own practice and think of any ways you would like to improve your skills to ensure you are providing ethical, client centered, and culturally appropriate care while utilizing all aspects of the person and incorporating that into the OT process. To get started, begin with reflecting on the evaluation process used at your facility. Think about the process currently used and how it can be improved to ensure greater culturally appropriate care. Continue this process with the intervention process and discharge planning process.

Growing as a Practitioner

- Increases skills to better serve clients
- Demonstrates willingness to grow

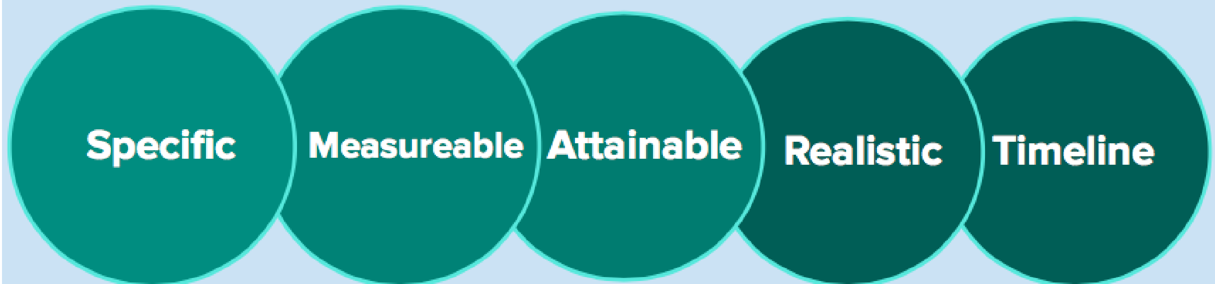
While society has undergone many changes, the field of occupational therapy has been able to adapt and cater to the needs of their clients, OT practitioners must do the same. Building skills and competence in areas that may be lacking is an action of a highly skilled and knowledgeable practitioner. Practitioners must be flexible, adaptable, and self-aware of their biases to ensure they are always providing care that is holistic and client centered. Setting goals as a practitioner can promote them to work towards increasing their cultural awareness and competency skills while treating clients.

Examples

- Cultural awareness plan
- Advocacy plan
- Journaling
- Weekly round table

There are numerous ways we can grow as practitioners but may require help and guidance in order to improve ourselves and grow both personally and professionally. Now we will explore many examples of plans that can be created to improve our skills and meet goals.

- A cultural awareness plan strictly pertains to growing in skills related to providing client centered care that is both holistic and culturally appropriate. Many of our modules have been centered around this topic and is an area we strongly recommend that practitioners develop. Creating a cultural awareness plan will promote professional growth in providing culturally sensitive and appropriate services where clients will feel understood and treated properly.
- Creating an advocacy plan is beneficial for practitioners to show the ways they would like to become more involved on an advocacy level. We will later go into more depth on numerous ways where OT practitioners can advocate for their clients on more individual and legislative ways. As a general definition in occupational therapy, advocacy is providing and obtaining services and resources that will benefit clients regardless of their race, gender, socioeconomic status, culture, etc. (AOTA, 2020).
- Journaling has been found to contain many benefits as a clinician and practitioner. Fakude and Bruce (2003) describe the benefits of journaling as a clinician to promote and develop critical thinking, while reflective journal writing can help develop these skills by allowing the individual to reflect on their knowledge, abilities, strengths, and areas of improvement in order to become a better clinician.
- Weekly round table or in-services are great tools where current research is explored and presented to fellow coworkers.



As mentioned in module 5, utilizing the SMART goals format ensures goals are attainable and consist of specifics strategies to reach goals. While working with our clients we follow this format to ensure goals are specific and measurable but are also realistic and attainable. As we create personal and professional goals we may choose to follow the same format or explore other formats that work well with personal and professional development. While constructing your plan, it is important to remember to utilize a format, SMART goals for example will make goal attainment possible. While creating treatment plans with our client, we do not write an overwhelming amount of goals because that is unreasonable, and sessions would not be effective due to the vast focus on a variety of goals. We want to do the same for ourselves and stick to only a few goals in order to gain the best outcomes.

Example of Addressing Culture

Action Step	Timeline	Measures
• Develop culturally inclusive questions for evaluation stage • Research culturally relevant articles	• I will complete this action once a week for 1 month	Reflection on progress prior to beginning action step and each week to document goal progress

Goal:
In order to increase cultural competency skills, I will gather client culturally relevant information during the evaluation stage by asking at least 2 culturally specific questions by 6 months.

For this goal mentioned above, the practitioner has identified an area they would like to improve on- implementing cultural awareness into their practice more, specifically in the evaluation stage while creating the occupational profile and gathering client data. The action step contains steps and ideas of actions the practitioner can take in order to reach their goal. It is important to note this area of the plan can change as the practitioner demonstrates progress while increasing their skills and reaching their goal. In the measures portion, this is an indicator of how progress will be documented in order to determine the effectiveness of efforts make by the practitioner. As we work with our clients, daily notes and progress reports are completed to document progress made pertaining to goals, it is easy to view the measures portion as similar.

Advocacy Plan

As mentioned in module 1 there are various ways you can advocate for your clients. These include serving on boards, contacting legislators to change policies in order to be more accommodating to certain individuals, or simply offering support. As Bloom's Taxonomy increases, the level of learning becomes more complex. Advocacy is a similar concept. In our OT education we learn the importance of advocating for our clients, but higher complexity forms of advocacy exist. Advocacy can be done on an individual level or a national level serving on legislative boards. AOTA contains advocacy resources for OTs who would like to become more involved.

Take time and visit AOTA's website under the advocacy and policy tab where you can learn more about congressional affairs, state policies, and federal regulatory affairs. Clicking on the advocacy and policy tab you can then explore congressional affairs including taking action which consists of various ways you can increase your advocacy within OT. While researching these tabs, choose an area of advocacy you would like to achieve and create an advocacy plan utilizing SMART goals.

The Coalition of Occupational Therapy Advocates for Diversity (COTAD) is a nonprofit organization that addresses various issues impacting clients access and quality of care including systemic racism and oppression, healthcare equity, occupational injustice, and more. This is a great resource practitioners can use to increase their advocacy in promoting diversity and inclusion in the workforce and serving diverse populations.

Time to Create!

Now that we have covered ideas and examples of cultural competency plans and advocacy plans, take time to think of a goal that follows the SMART format. While thinking of your goals, create an outline of each type of plan and format in what way you desire. Be sure the format includes actions steps, your timelines, and details about how you will measure your goal. While creating these plans keep in mind that goals and plans are modifiable just as we modify client goals and treatment plans. These plans are your tools and resources to build your skills. Following your plan shows your desire to increase professional and personal skills that will benefit both you and your clients. The following slide is a template that can be used for goal setting. Feel free to also modify to meet your needs.

Goal Setting Template

Name:
Date Established:
Date Revised:

Goals	Strategies to meet your goal.	How will you measure your success or failure?	Progress - Identify when goal has been met.

While creating your goals and plans, it is helpful to possess structure and organization in order to document progress and notice changes. Here a goal setting template has been provided in order to clearly organize your goals, the strategies used to meet your goal, how you will measure both success or failure, and how to identify when the goal has been met. This template is an example of how to keep track and document these details relating to goal setting, however, feel free to format this information how you please. Now you have been provided with examples of advocacy and cultural awareness plans, tips on creating goals that follow the SMART format, and a goal setting template, get creative and start making plans that cater to your development as an OT practitioner!

References

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ADDRESSING CULTURE THROUGHOUT THE OT PROCESS: BEYOND THE BASICS

Pre and Post Survey

Full name: ____________________

Please rate the following questions based on your current confidence level.

1 - Not confident, 3 - Somewhat confident, 5 - Very confident

Rate your confidence with integrating client culture into the occupational therapy process:

1 2 3 4 5

Rate your confidence in utilizing PEO transactions to better understand your clients:

1 2 3 4 5

Rate your confidence in asking your clients questions regarding their cultural beliefs and values:

1 2 3 4 5

Rate your confidence in locating high-quality online resources:

1 2 3 4 5

Rate your confidence in advocating for inclusion of your client's cultural values and beliefs within the health care they receive:

1 2 3 4 5

Rate your confidence in setting professional development SMART goals for yourself as a practitioner:

1 2 3 4 5

Additional Comments

(what parts of the workshop you enjoyed, what areas you think could be improved)