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Chapter 8
Developing Cultural Competence in an Occupational Therapy Program in a Border Institution in South Texas

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ABSTRACT

While strong consensus exists for preparing culturally competent occupational therapists as the national minority population grows, scholarship in this area continues to evolve. Conversations and explorations of best practices and perspectives add the practical component related to this phenomenon. Perspectives will be shared for leveraging culture to promote respect within communities from asset-based ideologies from the vantage point of a Latino clinician in a predominately Latino underserved community. The authors provide a brief review of the related literature, unpack the definitions of cultural competence, and discuss the pedagogical approach used by an occupational therapist educator. Framing the conversation from an asset-based pedagogical perspective, the use of culture as resources will be depicted. By honoring community values, beliefs, and assets for developing cultural competence, the authors explore the use of culturally relevant pedagogical approaches in a Hispanic-serving university graduate program situated in the border region of South Texas.

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INTRODUCTION

This chapter's goal is to add to the discourse of culturally competent and responsive professionals in the field of occupational therapy (OT). The growing population of ethnic and racial minority groups in the country creates an impetus for developing culturally competent occupational therapists as this remains a focused component of the larger professional vision. As an essential element in the standard of care, cultural competence is an important educational objective included in the occupational therapy practice framework (AOTA), which is becoming a highly visible aspiration. Building a diverse workforce continues to be a driving force for sustaining and strengthening the profession for overall improved public health care. Much of today's discussions highlight the critical role that culture plays in matters of quality healthcare since researchers find that occupational therapists who share the same race, ethnicity, and language as their clients provide better and more relevant interpersonal care (Taff & Blash, 2017).

Although there is strong agreement in the need to diversify the workforce and to deliver culturally relevant client care, the failure to translate this into widespread, actionable policies or practice persists today. Taff and Blash (2017) have challenged professionals to go beyond awareness to action. As noted in their exploration of cultural models, these researchers nudge occupational therapists to rethink professional practice and change the way of teaching in occupational therapy programs. Creating safe spaces to promote thinking and talking about the influence of identity, culture, and race on practice are highly encouraged to begin moving the needle toward authentic, culturally responsive practice.

The chapter's overarching objective is to contribute to the exploration of building cultural competence by promoting different thinking about this phenomena. The chapter is organized by beginning with a broad discussion of the role of culture in occupational therapy, and the unpacking of definitions and types of cultural competence needed in the health professions. In the next section, there is examination of current issues complicating diversifying the profession and developing culturally competent occupational therapists. Alarmingly, as the U.S. minority population grows, existing health and professional disparities among ethnic and racial groups persist. Other challenges in developing culturally responsive occupational therapists in the profession include the practicality of translating aspirational cultural models into pedagogical practice, but there are some empowering pedagogies and strategies that hold promise. As a practical response and contribution to this significant discussion, through his perspective, a Latino clinical assistant professor demonstrates how to leverage ethnicity, race, and culture for building cultural competence in a Hispanic-serving institution program situated in a unique U.S.-Mexico border region. Finally, the chapter concludes with future research directions of this critical topic.

BACKGROUND: STATUS OF THE PROFESSION AND THE ROLE OF CULTURE IN OCCUPATIONAL THERAPY

Deliberations of diversifying the occupational therapy profession continue to permeate conversations, initiatives, and the literature. In an official capacity, the American Occupational Therapy Association (AOTA) supports advancement in the area of making the profession more inclusive and diverse (AOTA, 2016). For the scope and discussion of the chapter, the scholarly work of Taff and Blash (2017) best describe the terms of inclusion and diversity. They use the distinct definition of inclusion to refer to creating safe spaces that intentionally encourage participation and acceptance of all individual's unique backgrounds, views, beliefs, and abilities, which is consistent with definitions from Bleich, MacWilliams,

and Schmidt (2015). Moreover, in terms of diversity, Taff and Blash (2017) best capture the operational definition as "engagement across racial and ethnic lines comprised of a broad and varied set of activities and initiatives" (as cited in Milem, Chang, & Antonio, 2005, p. 4). Commonly, in the profession, diversity is understood as differences in gender, race, ethnicity, disability, sexual orientation, religion, and the inherent impact these have on the types and quality of services yielded to produce positive healthcare outcomes. It cannot be overstated that cultural values and norms drive relevant definitions of health, activities, and lifestyle in health care. In the practice of occupational therapy, client care that is sensitive to individual beliefs, preferences, and priorities shape the type of services that are most beneficial. In other words, the key to delivering a quality standard of care centers on a deep understanding of the client, along with the client's health and illness. Unfortunately, too often, the use of the dominant biomedical's narrow definitions of health and illness are used with little consideration to the intricacies that culture and other related factors have on client care.

As for definitions of culture and its relationship to occupational therapy care, some researchers have defined culture as observable behavior and as a system of rules for that behavior (Murden, Norman, Ross, Sturdivant, Kedia, & Shah, 2008); thereby, it is essential to understanding effective treatment and the delivery of relevant occupation-based services. Therapists who can understand this important connection are considered to have a degree of cultural competence. Although the concept of cultural competence is complex, it has been referred to as a set of academic and interpersonal skills needed to understand cultural factors as they influence health care practice (Warda, 2000). Cultural competence has been vastly explored but fails to offer one clear definition that is widely accepted by healthcare practitioners because it continues to evolve. Some researchers have defined the concept as having respect for differences and understanding and adapting services to focus on culture-specific competency. In other words, to know the specific culture of the client, intercultural or transcultural competency is needed to work effectively with clients from cultures other than one's own; having general cultural competency refers to having respect for different cultures, appreciating cultural differences, and continuing to expand one's cultural knowledge (Murden, Norman, Ross, Sturdivant, Kedia, & Shah, 2008; Trentham, Cockburn, Cameron, & Iwama, 2007).

In an extensive inspection by Henderson, Horne, Hills, and Kendall (2018) on defining the attributes of cultural competence, they assert that these tend to include respecting and tailoring care and providing equitable and ethical care. The therapist's understanding, sensitivity, and practice of ethical quality care remain integral to the concept of cultural competence. While it becomes evident that an individual's morality is related to this concept, more research on the role of moral reasoning as an antecedent in the development of cultural competence is needed (Henderson et al., 2018). To promote a client-centered approach, it is imperative to clarify the term cultural competence in definition and operation. To provide sensitivity to cultural differences, therapists must begin with a level of awareness and understanding of their cultural values as they intersect with those of the client. To reach such a level, culturally competent educators need to communicate the significance of how culturally learned values and customs affect people's health beliefs. Aside from heightened awareness, therapists must understand the relationship between meaningful occupations, interventions, and the role of culture.

A Closer Look at the Disparate Landscape

With vast attention on diversifying the profession to both strengthen and sustain it, wide-scale change remains elusive. Before diving into discussions regarding developing cultural competence of occupa-

tional therapists, it is important to consider the broader context and think of who holds the professional influence and capital on this topic. In this country, as the Latino population grows considerably, little progress in the area of diversifying the profession has been made. Across the country, in higher education institutions, 76% of all full-time faculty are White while 3% are Black and Latino (U.S. Department of Education, 2019). In the field of occupational therapy, faculty ethnicity was reported as 89% White, 3% Black, and 2% Latino (Taff & Blash, 2017). The landscape across institutions of higher education is changing as more and more students of various races, backgrounds, cultures, and abilities enter classrooms (Smith, Wessel, & Polacek, 2017). Yet, the faculty remain White suggesting in very visible ways that little progress has been made in diversifying the profession.

Another concerning statistic that adds to the narrative of this phenomena are the existing disparities in access and quality of healthcare for the Latino population. Latinos represent a high number of the client population who are more likely to face trials in accessing quality healthcare. As the largest ethnic minority group, Latinos continue to experience forms of discrimination that negatively impact health outcomes. Specifically, the professional literature has explored the intersecting role of culture and health for this ethnic group, and it demonstrates that Latinos face several barriers in seeking health care and continue being underserved (Findling, Bleich, Casey, Blendon, Benson, Sayde & Miller, 2019; Warda, 2000; Shorkey, Windsor, & Spence, 2009). Some of the obstacles identified relate to the lack of bilingual and bicultural clinicians, discrimination, and the general lack of culturally competent care (Shorkey, Windsor, & Spence, 2009; Warda, 2000). As a repeated finding in the literature, clinicians offer better care and support when there is a strong understanding of the client's culture and when they share the same language and culture as the client (Findling et al., 2019), but fully understanding how to do this remains a question. Froehlich and Nesbit (2004) challenge educators to create spaces for mediating controversial and critical discussions of ethnicity, race, and culture. Educators have opportunities to offer students the use of various lenses for examining these issues including delving into their journeys that have shaped their views, biases, and assumptions.

Cultural Models and General Pedagogy

The traditional approach toward developing cultural competence in occupational therapist consists of cultural and education models in the professional health literature. The challenge of exploring best practices is that although the models offer theoretical frameworks for developing cultural competence in general terms, translating this in concrete, specific pedagogical approaches and strategies in occupational therapy education remains obscure. The literature shows a broad conceptual view of cultural models to shed light on issues of diversity in institutions of higher education. Plaut (2002) described four cultural models of diversity and inclusion as general approaches used by institutions of higher education. These included fundamental assumptions of assimilation in two of the models: the sameness model and the common identity model. The sameness model asserted that all people are similar and equal, while the common identity model proclaimed that group members have similar goals and values. The remaining two models recognize that differences should be valued and included. For example, the value-added model ascertained the viewpoint that differences are strengths and should be viewed as resources, while the mutual accommodation model recognized the differences and advocates for creating changes that are respectful, and that it is important to recognize that all cultures' experiences hold value (Plaut, 2002).

In a thorough review of the literature, Munoz (2007) identified cultural competency models in the field of occupational therapy. Munoz found that several models have been developed in occupational therapy

and that they are interdisciplinary, having originated from other fields such as education, sociology, and anthropology. Using multicultural education and sociological perspectives, one education model developed by Wells and Black (2000) explained critical areas of study such as self-appraisal, which is a knowledge base and a set of skills for developing cultural competence. Another inquiry-centered approach defined culture as active, thereby changing nature, focusing on its interactions with context (Munoz, 2007) for developing skills for cross-cultural interactions and experiences to build cultural competency in programs. Munoz (2007) helped examined conceptual models of cultural competency in occupational therapy further by interrogating clinicians' cultural conceptualizations in practice. He studied practitioners' use of culture in their interactions with clients to provide culturally responsive care. The study resulted in five constructs for better informing these experiences: building cultural awareness, generating cultural knowledge, applying skills, engaging others, and exploring multiculturalism as a lifelong commitment. As suggested by the researcher, the constructs complement the models of cultural competency (2007).

Recently, Taff and Blash, (2017) reexamined cultural models to provide specific strategies and actions. They proposed an integrated model that adopted aspects from Plaut's (2002) model by focusing efforts on the value-added and mutual accommodation models of diversity. They nudged institutions to focus on concepts of mutual accommodation and on actions that require risk-taking if real systemic changes are to occur. Through the new, integrated model, Taff and Blash (2017) outlined examples of actions that may be adopted at different levels and contexts. Specifically, the researchers created an integrated model to guide specific actions at personal, programmatic, and professional levels at institutions of higher education. At each level, contributions may be made to advance diversity and inclusion in a practical course of action. For example, in operationalizing the mutual accommodation model, suggestions at the personal level, individuals engage in critical self-appraisal with deep reflections about personal bias and engaging in authentic dialogue regarding the status of the profession, institutions, and society to openly explore disparities. At a program level, this may include covering diversity topics in the curriculum along with intentionally placing occupational therapy students in underserved communities for fieldwork to increase awareness. Through these small steps, the profession can begin to advance the profession's goal of developing culturally competent therapists.

Some educators have made the leap from presenting a theoretical framework to actual classroom practice. However, there is limited research on effective pedagogical methods for cultivating culturally competent therapists who are prepared to deal with the complexities of cultural dimensions that impact their services. Xu (2009) described two pedagogical approaches used to build cultural competence in professional health programs. Programs that adopt the threaded or integrated approach include the content of cultural competence throughout the curriculum and program of study, while the one-course approach, referred to as the "high-dose" approach includes a specially designed course on cultural competence (Xu, 2009). Each of these methods has both advantages and disadvantages. For example, using the integrated approach requires several faculty with a high level of knowledge of cultural competence along with activities for developing it across the program while the one-course way of teaching appears to give an impression that the content is to be taught in isolation as part of meeting professional standards, but not as an embedded theme across the program (Xu, 2009).

Aside from general pedagogical approaches, other research has directly addressed ways of promoting various aspects of cultural competence in occupational therapy for guiding occupational therapist educators in practical ways. For example, some studies have investigated the occupational therapy student's level of cultural awareness (Murden, Norman, Ross, Sturdivant, Kedia, & Shah, 2008), while another has examined the use of service-learning to promote practicing in multicultural environments (Talero,

Kern, & Tupe, 2015). Others have also addressed clinicians and their use of cultural understandings in their practice (Munoz, 2007).

Related to this line of research, some studies have explored valuable considerations when teaching entry-level professionals in academia. In a study by Murden, Norman, Ross, Sturdivant, Kedia, and Shah (2008) close investigation into occupational therapy students' perceptions of cultural awareness and the level of cultural competence were examined to find that while students graduated with some understanding of diversity and the relationship to practice, participants believed that the exposure to cultural issues in the coursework was not sufficient (Murden et al., 2008, p. 191).

DISRUPTING THE PAROCHIAL NARRATIVE

Exploring a variety of educator perspectives holds great promise as a prelude to developing culturally competent programming in PK-12 settings. It is well-known that culturally competent educators play critical roles of reversing the underachievement of minority and marginalized student populations in school systems opening opportunities for upward social mobility and safe spaces for tackling issues of social inequality (Green, 2020). While most of the professional literature examines developing cultural competence from the standpoint of White faculty preparing future professionals in occupational therapy, delving into local contexts where minorities are the majority to examine pedagogical practices may contribute significantly to this discourse. By examining the pedagogical approach of a Latino occupational therapist educator who employs culturally relevant teaching for developing culture-specific competence, the parochial narrative may be disrupted.

Culturally Relevant Teaching in Occupational Therapy

Despite the intricate connection between health and culture, countless future occupational therapists learn about issues of diversity superficially. Unfortunately, too often, health professionals and educators adopt generic cultural models of diversity as general frameworks to guide curriculum development, resulting in the superficial, decontextualized treatment of diversity issues. For instance, numerous programs offer one-time diversity training or sporadic diversity workshops to "cover" the topic instead of diving deeply into the complicated issues of personal and familial cultures and how these relate to matters of health. As practitioners and educators explore effective ways to develop cultural competence in occupational therapy, the power in using pedagogy as a vehicle for navigating the complicated issue remains promising. One Latino occupation therapy educator, by employing a constructivist teaching philosophy and practice, along with culturally relevant teaching, rewrote the narrative on how to embed developing cultural competence in the teaching of the discipline.

To adopt a constructivist teaching philosophy and practice makes sense in the discipline. Hunter and Krantz (2010) identified constructivist learning theory as an appropriate conceptual framework for a cultural diversity for healthcare professionals in a graduate program. In a study they conducted, they found that an educational experience based on constructivist pedagogy can positively influence cultural competence (2010). Notably, according to constructivist learning theory, students bring their personal experiences to the learning environment that help frame new understandings. Constructivist teachers believe in the fundamental pedagogical power of capitalizing on a student's background knowledge and

experiences as they serve as a source for connecting and building new knowledge. As students develop cultural competence, their own culture and experiences will frame learnings about other cultures.

When the constructivist teacher is a member of a minority group and teaching predominately minority students, another pedagogical consideration that may influence the positive development of culture competence is the use of asset-based theory. Originating in teacher education literature, asset-based pedagogy describes diversity in thought, culture, and traits as positive assets to build on (Lopez, 2017). Asset-based pedagogy refers to teaching traditionally marginalized students by building on their cultural strengths and drawing from their experiences to teach effectively and with relevance (Lopez, 2017). In these classrooms, teachers act as "cultural brokers" (Gay, 2010) meaning that they have a deep awareness of the role that culture plays in the learning environment, in learning material and promoting effective practices for interacting with diverse communities. The use of culture as a "strength" empowers students and serves to flip traditional, mainstream discussions of race, ethnicity, linguistic diversity and culture from a deficit perspective. The author, as a Latino educator, immerses students in positive messaging of leveraging being bilingual and a native of the community. As an educator, the author models his own cultural awareness by explicitly discussing his personal and professional experiences in the bilingual community in the border region. Gay (2010) refers to this as serving as a "cultural mediator." With an understanding of the relationship between teacher expectations and student achievement, a long line of teacher expectancy research supports this type of pedagogy for producing positive student learning outcomes.

As a culturally relevant pedagogist and an occupational therapy educator, the author recognizes not only ways to disrupt the narrative but to transform the student learning experience. Culturally relevant teaching allows teachers to set high academic standards, use pedagogy to empower students while offer opportunities to model and develop cultural competence. Through deep study of historic educational philosophers, this type of pedagogical approach has surfaced as one way to level the "playing field" for many minority students in classrooms. Rooted in the historic work of Paulo Freire (1972), philosophical ideals regarding the transformative nature of education and pedagogy are at the heart of culturally relevant teaching. Freire (1972) critiqued the traditional teacher and student relationship as one of narration, meaning that the teacher stood as a "narrator" of the curriculum and the students were passive recipients of the information without "dissecting" and truly understanding it. Freire (1972) characterized education as the "act of depositing" also referencing this as the "banking" concept of education meaning that students are passive recipients of knowledge.

Ladson-Billings (1995) developed the theory of culturally relevant pedagogy which focuses on teachers teaching academic achievement, cultural competence and the development of sociopolitical consciousness of students. The basic premise is that for students to succeed, a teacher must have a clear understanding of their students' cultures while understanding their own identity and its impacts on classroom interactions. Aligned to these ideals, Gay (2010) defined culturally responsive teaching as using prior experiences, culture, frames of references of minority students to make learning experiences more relevant. Gay (2010) wrote about the empowering nature of this type of practice by explaining that culturally responsive teaching may bolster student morale and confidence. Culturally responsive teachers set high student academic achievement goals with supports, while understanding that these are difficult, necessary learning journeys that create a culture of high standard of achievement and perseverance.

Pedagogical practices have the potential to strengthen the faculty and student relationship. These teaching methods can foster learning about the occupational therapy profession and highlight the significance of developing a strong therapeutic relationship with clients. Immersion into these types of

classrooms allows future therapists a space for discussing critical issues relating to the intersections of identity, culture, health and evidenced-based clinical practice.

Need for Understanding Culture-Specific Competence

The relationship between culture and care is critical to occupational therapists as practitioners; however, more studies and analyses of clinical practices are needed to scrutinize this further to avoid oversimplifying the complexity of the concept. Practitioners will agree that to deliver effective therapy services, cultural competence is necessary. Still, how to develop this set of skills seems daunting. Practitioners contend with the fact that there are many layers to this complex concept of cultural competence. As a result, there may be a propensity to generalize and stereotype. For example, the term Latino encompasses a diverse group of people. Too often, discussions regarding Latinos fail to consider the diversity of this group and instead, references appear rather generic, bordering on blatant stereotypes. To grasp the concept of cultural competence, therapists must fully understanding their clients and apply culture-specific competence.

For occupational therapist educators and students living along the U.S.-Mexico border, an intimate understanding of the bicultural community is essential for delivering relevant care in these regions. Borderland areas provide a rich intersection of two cultures; thus, the exploration of the Mexican American culture in this region was closely examined. Most of the residents are bilingual, speaking both Spanish and English while at times combining both languages in an informal form, which is referred to as "Tex-Mex." While the larger part of the population are born in the United States, others are born in Mexico. It is commonplace to find that residents from this part of the country have families residing in both the U.S. and Mexico. Especially among older members of the community, cultural values and traditions are predominately rooted in Mexican culture who have strong Catholic religion connections.

Future therapists of this region must understand the Mexican American culture intimately. A review of the professional literature shows that some studies in health care have offered insights about the Mexican American culture from the vantage point of clients. Mexican American perceptions of cultural care were described by Warda (2000). Through focus group interviews of clients, indicators of what constituted as "culturally competent care" were collected to find the predominance of four distinct themes surfacing as important concepts such as respect, care, understanding, and patience when receiving healthcare services. Other findings suggested that participants believed that positive experiences with health care professionals included exchanges that elicited a sense of value, of cultural comprehension, and of *personalismo* "friendliness" (Warda, 2000). When receiving health care, Mexican Americans described ideal interactions between healthcare professionals and the client as being based on trust, *confianza,* a Spanish word meaning trust (Shorkey, Windsor, & Spence, 2009).

Other studies confirm these findings as well. For instance, in Mexican American culture, there is a strong emphasis on rapport with health care professionals that is based on trust and positivity. Communication between the health care provider and the client is of great cultural significance. Researchers concluded that there is a strong appreciation of communication that is personal and sympathetic, or *simpatia*, when discussing issues of health and illness with clinicians from the view of Mexican American clients (Shorkey, Windsor, & Spence, 2009). Different types of cultural identities were examined and resulted in two constructs: personal and cultural self. These discern the difference between an individual's beliefs and values versus that of the cultural group. In terms of cultural self, these broad themes emerged of critical significance: family, spirituality, communication, and health care practices (Shorkey

et al., 2009). Mexican Americans' perceptions of culturally competent care revolved around these big ideas with participants believing that in general, they affirmed that family is expected to have a sense of obligation and be involved when it comes to the health care needs of other family members. Another view that surfaced as cultural self was spirituality and religious beliefs such as faith, use of prayer, and *fatalism* (Shorkey et al. 2009). Fatalism refers to the expectation that the outcomes of situations result from one's behavior or are controlled by external forces, such as chance (Shorkey et al., 2009). In terms of health beliefs and practices, it was discovered that the use of folk healing practices and the use of unprescribed medication were expressed by those without adequate medical care as being a general practice among the cultural group (Shorkey, et al., 2009).

Additional health care studies have explored other aspects of Mexican American culture to gain a better understanding of this specific cultural group. Krause and Bastida (2009) found that older Mexican Americans connect religion in their reactions to pain and suffering in their lives; however, it was found that due to the complexity of these views, additional research was necessary. In a different study, Sobralske (2006) closely studied how Mexican American culture influences men's gender roles and identity in relation to health and illness. For example, in traditional Mexican American culture, the man's role is rooted in ideas of *machismo*, a Spanish word meaning manliness, and in many families represent the head of the household. In the traditional gender role, men are socialized to be strong, reliable, and wise (Sobralske, 2006).

Although the research specific to Mexican American culture is still growing, the types of understandings yielded by this body of literature offers a good start for those practitioners in regions with high concentrations of Latinos of Mexican decent.

SOLUTIONS AND RECOMMENDATIONS

Culturally competent educators use practices that begin with students as resources in the learning process. By using constructivist, asset-based pedagogies and understanding culture-specific regions as context, educators have the potential to empower future occupational therapists with cultural tools that they may possess to provide culturally sensitive care. The authors resolve to offer a concrete practical guide for educators as one specific example for building cultural competence through pedagogy. Looking at the intersections amongst identity, race, ethnicity, and culture, culturally responsive care may be better illuminated by capturing and documenting local contexts. This viewpoint is presented from the perspective of an occupational therapy educator who leverages his multiple identities of being a native-born community member of the U.S.-Mexico border region, Mexican American, an occupational therapist, and an educator for developing culturally competent future occupational therapists in a predominately Mexican American underserved community. Through critical discourse and empowering pedagogies, entry-level occupational therapist students investigate issues of ethnicity, race, and culture to heighten their cultural awareness and build their capacity to leverage culture as a basis for designing relevant interventions and culturally responsive treatments. As Gay (2010) affirms the power of culturally responsive pedagogy to empower ethnically diverse students, the teaching practice described in this section captures the four foundational pillars of practice: teacher attitude and expectations, cultural communication in the classroom, culturally diverse content in the curriculum and culturally compatible instructional strategies (2010).

Leveraging Culture as Strength for Building Cultural Competence: A Pedagogical Approach

Negating a colorblind approach, the following pedagogical approach embraces the use culture in creating a positive learning environment, setting high expectations of students, and incorporating discussions about race, ethnicity and culture along with using culturally relevant instructional strategies. This section provides a better understanding of how one therapist educator builds cultural competence by using pedagogies in entry-level coursework as one unique example that may contribute an additional perspective on this important phenomenon.

To understand the students and the community, a close view of the region is necessary. A new university as of 2015, the University of Texas Rio Grande Valley, a multi-campus institution located in south Texas is one of the largest Hispanic Serving Institutions (HSI) in the country with an 89% Latino student population. Geographically, the area is unique in that there is an intersection of two cultures (American and Mexican) and is defined as a bicultural and bilingual community. Despite that, the location is also special in that there is a strong presence of Mexican culture unlike other bilingual areas in the country. Occupational therapists practicing in the Rio Grande Valley (RGV) are well acquainted with the social and cultural complexities of working in this environment characterized by high levels of poverty and vast healthcare needs. The social, cultural, economic, and geographic context provides the ideal setting for deep discussion regarding the delicate intricacies among standards of care, culture, and culturally relevant occupation-based therapies to prepare students for fieldwork and for working in diverse, high-need communities. With a fast-growing population of 1,357,910, the area continues to grow, which stems from a combination of high birth rates and (documented and undocumented) immigration (Rio Grande Valley Lead, n.d.). Over 90% of residents in the area are Latino with a median age of 34 years, younger than state and national statistics (Rio Grande Valley Lead, n.d.). The region has one of the highest poverty rates in the nation due to various factors, such as low educational levels. Occupational therapists are a targeted profession in demand in this area according to the RGV Lead Labor Market Report (Rio Grande Valley Lead, n.d.).

Although there has been a gradual transition from an agricultural-based economy to an economy based on services including health care, historically, the Rio Grande Valley has been described as both isolated and rural, and as having a high percentage of *colonias*. *Colonias* are settlements characterized by impoverished conditions and lack basic services such as infrastructure for water, sewage, electricity, and even paved roads, or street lighting (Messias, Sharpe, Del Castillo-Gonzalez, Trevino, & Medina, 2017). Characterized as underserved and economically disadvantaged communities lacking necessary resources such as infrastructure, *colonias* tend to be populated by individuals who have higher rates of obesity, other chronic diseases, and poor access to health care (Mier, Lee, Smith, Wang, Irizarry, Avila-Rodriguez, Trevino, & Orgy, 2013). Confounding the situation for community members is the health disparities that exist in this region. For instance, while diabetes remains a concern for Latinos across the country, in this border region, it remains more widespread with approximately 50% more than in other parts of the country (Wehrly, Mier, Ory, Prochaska, Hora, Wendel, & St. John, 2010). Another disparity in this region is the low educational attainment of the population in the Rio Grande Valley area. With lower levels of educational attainment, less income, and lack of insurance, many residents have difficulty managing illnesses and receiving appropriate health care.

With a mission of preparing "competent, caring members of the health care community," the nationally accredited Master of Science (MS) in Occupational Therapy program intentionally admits small

cohorts of about 22-28 students per year (The University of Texas Rio Grande Valley, n.d.). Using holistic admission criteria, the program strives to consider a variety of factors when admitting new students. The program strongly promotes scholarly inquiry along with a strong commitment to health service to the community. Most of the students entering the program are from the Rio Grande Valley area with the majority being Latino. The program consists of 59-semester credit hours along with 12 semester credit hours in field studies and a 10-week practicum. Faculty consists of six full-time faculty members of which four are Latino, one is Black, one is White along with two part-time faculty of which one is Latino and the other is Black.

The next section explores an innovative approach for fostering inclusive and forward-thinking in developing cultural competence by using research-based practices in the form of culturally relevant teaching stemming from constructivist and asset-based pedagogies for leveraging community-specific cultural factors for teaching and practicing in a predominately Mexican American community in a graduate program located near the Mexican border. Although the best practices shared are not intended to serve as a cultural model but instead, showcase what some programs are doing for building cultural competence that meets the need of a specific community. The basic premise is that by using culture and diversity as sources of strength and capital, future therapists may begin developing culture-specific care. The purpose of presenting this pedagogical perspective on developing cultural competence is twofold. First, it promotes how to support more Latino/Hispanic students in diversifying the profession. Second, it highlights a case for using culture as a strength and force to build cultural competence.

In this section, the therapist educator's detailed pedagogical approach is presented by sharing how the author frames the conversation and creates a learning environment that encourages critical dialogue regarding cultural competence care. Next, this section includes a discussion of culturally relevant case-based learning used to address multiple course objectives. Specific cases are described as used by the author in teaching and in developing cultural competence as preparation for fieldwork in the program.

Pedagogy in Action

The pedagogical approach rooted in constructivist learning theory includes vital components relies heavily on capitalizing on the student's background knowledge for framing classroom learning experiences. The educator embraces a constructivist teaching philosophy, an appropriate theoretical approach as the students' background experiences and cultural identities serve to connect students to fieldwork in the program. Described as pedagogy in action, in this next section, the authors present the operation of the four fundamental pillars of culturally relevant teaching practice beginning with the teacher attitude and expectations that set up the learning environment.

Setting up the Culturally Relevant Learning Environment: Teacher Attitude, Expectations and Communication

As noted by Gay (2010), foundational to culturally relevant teaching is the teacher attitude and expectations. In implicit and explicit ways, the occupational therapy educator takes time to get to know the students and more importantly, that they understand his teaching philosophy, and experiences highlighting his extensive clinical experience in the region. During the first couple of weeks of two entry-level courses, *Foundations of Occupational Therapy* and *Human Occupation*, a great amount of class time is devoted to establishing rapport with students and becoming acquainted with one another. The clinical

assistant professor establishes a productive learning environment by setting high standards of professional behavior and high learning expectations for future therapists. During this time, the professor discusses both his personal, academic, and professional background as a basis for understanding his methods of constructivist and asset-based pedagogy in the teaching methodologies while highlighting his extensive clinical experience in the region by offering concrete examples of how he translates his knowledge base into application in the form of clinical practices.

Through a lens of a native-born Mexican American member of the community with strong cultural ties to the Rio Grande Valley, the therapist educator emphasizes the intersection between personal and professional identity. As part of this conversation, he discusses the leverage of speaking conversational Spanish, "Tex-Mex" known as a type of regional informal language. Knowing that this form of Spanish is often discussed as a "deficit", the strategy is to flip the conversation and use this form of language as a point of cultural strength because it allows the clinician to be accessible to clients and to demonstrate the cultural respect that they yearn in interactions of clinical practice. As the professor explains to his students, using the language of the Valley is what allows your clients to know that you are one of them and care about them. That goes a long way in the profession. "We have an advantage as a Mexican American living in the borderlands. We have two of everything. The best of both worlds and the gray in between!", the professor exclaims. Through intentional framing of the conversation from the perspective that culture will be leveraged as a strength, the students are exposed to these types of messages regularly. The focus centers on the importance of valuing the client's culture and community.

Creating a space for discussing issues that plague the profession is necessary if there is authentic engagement in critical dialogue. The clinical assistant professor delves into issues of professional ethics as it relates to various facets of practice with careful attention to both personal and cultural contexts to discuss types of occupation as they relate to clients. By explicitly stating the intersections between identity, race, ethnicity, and culture in terms of developing as a therapist, the professor encourages critical dialogue about diversity, cultural awareness, and sensitivity. "Reflect on your own biases and let's talk about ways to create scripts to counter those views and more importantly why we have to if we're to become effective therapists and develop therapeutic relationships." In this space, communication and ongoing discussions about the historical and philosophical roots of the profession become a part of the lecture, and it creates a safe space to talk about the lack of diversity in the field of occupational therapy and the societal and professional implications. Through this critical dialogue, entry-level students are challenged to raise serious questions that arise during these class discussions. By putting students on a quest to critically challenge current understandings and continuously ask "why," his students recognize early in class that these peripheral discussions are integral to learning about the profession and advocating for clients. Future therapists are encouraged to reflect on their own culture, values, religion, and biases to acknowledge how these may interfere with professional practice. In the following segment, the use of culturally diverse and compatible instructional strategies will be detailed.

Use of Discussion Lecture with Culturally Relevant Case-Based Learning

Aligned to constructivist teaching pedagogy, the use of case-based learning, a learner-centered method of engaging students in examples of real-world cases, vignettes of clients allow for students to engage in analytical and evidence-based thinking. An essential set of skills required of occupational therapists entails the application of evidenced-based practice (EBP) to inform and justify clinical decision making in practice (Daly & DeAngelis, 2017). To connect content in meaningful ways, the use of lecture

discussion lessons is used for introducing and working through case-based learning. Lecture discussion is an interactive teaching strategy that combines short periods of teacher presentation with extensive, guided teacher-student interaction. During the guided interaction, the educator uses various strategies to explicitly model a culturally relevant teacher mindset and the application of using cultural competence to approach case-based learning. The basic structure includes introducing cases by drawing on student's background knowledge, the teacher's experiences and modeling some appropriate cultural connections during this process. The basic steps in lecture discussion lessons includes a focused-introduction, presentation of content, comprehension monitoring of student connections, integration of content to other learning (i.e., cultural competence) and closure (Kauchak & Eggen, 2012).

The cases of clients were constructed to familiarize students with some cultural components to consider when developing a therapeutic relationship in the unique border region. By supplying examples similar and representative of real clients from the area, the professor both explicitly and implicitly models a cultural-appropriate disposition along with decision-making skills when introducing this approach in class. As the professor introduces this method, he unpacks the scenario through a metacognitive instructional process called a *think-aloud* to make explicit his client-centered framing and thinking to explore appropriate assessments and effective interventions. During the presentation of the case, the educator familiarizes the students with culture-specific components of the clients along with modeling evidence-based thinking to systematically approach client cases. As the cases are dissected, the educator pauses strategically to guide interaction with students by asking key information and relating some concepts that surface to related content discussed in the course. To promote active learning during this phase, students are encouraged to use metacognitive skills as they consolidate or create new understandings. Metacognitive strategies, or thinking about one's thinking, include self-questioning used during and after reading the cases. Examples of questions include:

- What do I know about my client's values?
- How do I feel about my client's values that are different than mine?
- Am I including my client in planning interventions?
- Am I communicating objectively?
- Am I supporting the client's needs?
- What are my inherent biases relating to this client?
- Am I using cultural resources to support care?
- What are some cultural-based occupations to include?

As described previously, the three cases presented to students offer opportunities to model analytical thinking, clinical reasoning, and appropriate culturally-competence care through lecture discussion delivery. In the next section, three general cases are shared to demonstrate the culture-specific competence in action as part of preparing the students for program fieldwork.

Case 1: Carlos

On a scorching summer afternoon with temperatures well above a hundred degrees, inside a cool fast-food restaurant in Palmview, Carlos, a 19-year-old high school graduate met his occupational therapist for a session. Carlos, who has a moderate intellectual disability, struggles with basic living skills so the primary goal for the day's therapeutic session was to focus on building social and money-management

skills. Raised by his Mexican grandparents, Carlos's upbringing has not been an easy one. As an infant, he was abandoned by his unwed teenage mother. His grandparents assumed care for their grandson despite their impoverished living conditions and failing health.

Since Carlos's high school graduation, Elda, his diabetic 74-year-old grandmother, grows concerned for her grandson's future. She welcomes the therapist's assistance as she worries about Carlos's dependence. The grandparents subsidize their modest income by selling fruit at *la pulga*, a flea market. With her deteriorating health, Elda shares her fears regarding the future of her grandson. If she dies or if something were to happen to her, she's fully aware that her husband, Carlos's grandfather, a 76-year-old uneducated laborer, would return to Mexico while Carlos would need to take care of himself in the states. At a minimum, the grandmother explained that she would hope her grandson would come to understand how to count money so he can continue the family's fruit booth business at the local flea market.

Although not a traditional setting for a therapeutic session, the therapist, with his knowledge of the family and client's needs, decided that meeting at the fast-food restaurant allowed Carlos to practice both social and math skills in an authentic setting since he often visits this restaurant with his family. It's not uncommon to find many patrons at this restaurant during the summertime, even if only to take refuge from the hot and humid weather. Many residents in the Valley live in impoverished conditions without basic amenities, thereby spending days in air-conditioned facilities makes sense. In this session, he is learning independent skills by placing his order clearly and confidently while paying for the meal with cash. Nervously, Carlos stands in line as his therapist stands beside him while his grandparents watch from across the room. Capitalizing on the opportunity to model cultural competence, as the professor reads the case-based scenario, he interjects a positive, caring commentary regarding the selection of the restaurant. He reminds the class that while it may not appear as an ideal place for meeting, it represents a naturalistic environment for the client, but more importantly, the client's favorite restaurant. As he describes the goals with his client, the therapist uses both Spanish and English "Tex Mex" in his communication with Carlos. During this discussion, the professor interjects commentary regarding the cultural strength of navigating two languages. Described as translanguaging, or using different linguistic and cognitive resources to make meaning, the clinician taps on the various forms of language to create a necessary connection with the client. He explains to his class of future therapists that how the therapist talks to his client, the language used, and the generally positive nature of the exchange solidify the therapeutic relationship.

Case 2: Saul

Deep in a *colonia,* north of the city of Mission, Saul, a rumbustious 10-year-old, lives in a small wooden-framed home. Saul's mother, a former drug addict, is currently incarcerated, so Saul's grandmother has been raising him. Clinical services outlined for Saul address cognitive goals as he has attention-deficit-hyperactive disorder with delayed physiological development. As the therapist's slowly moving car travels down a winding, unpaved street leading up to the home's driveway, clouds of dirt announce his arrival. With peering interest, family members congregate at the doorway with curiosity. The household is comprised of Saul's grandmother, his 45-year old uncle, college-age cousin, and her boyfriend. The therapist makes his way to the front door by climbing a small wooden deck of steps to reach the front screen door as he smiles, and is greeted by a stern stare from Saul's uncle, the man of the house per se. With a firm handshake and without breaking eye contact, the therapist begins with a friendly *Como esta?* to show his respect for the man of the house.

The official welcome allows the therapist to enter the home with ease as he greets the rest of the family. Saul's grandmother excuses herself briefly as she enters the kitchen, which is close to the entryway, and swiftly offers the therapist a freshly made tortilla, reminding him it is lunchtime. Although the therapist's first inclination is to deny the offer, he quickly realizes the opportunity in front of him. As Saul happens to be a new client, this is one way to continue to build trust with the family, so he takes the tortilla as a gesture of appreciation and with a smile takes a bite. The therapist offers a joke regarding how refreshing it is to eat homemade tortillas instead of store-bought ones at home while laughter ensues throughout the small home. Taking advantage of the high spirits in the room, Saul takes the opportunity and pleads with the therapist to have his treatment session in the therapist's company car. "Andale sir. Ayi con el air-condition. Tambien con el radio prendido," requests the child enthusiastically. The air-conditioned car with a radio appeals to the child as he does not come across these "luxuries" in his daily life. To the therapist, these surface as incentives to get Saul to participate fully in the session.

At this point, the clinical assistant professor interjects commentary to his class on the cultural significance in Mexican American households. It is important to greet the man of the house first out of respect since traditionally, he is considered the head of the household. Just as significant is maintaining eye contact and firmly shaking hands to greet all family members. The rapport built with members of the family is essential in developing a therapeutic relationship in Mexican American households. Building trust takes time and part of that is breaking bread with the family. The family unit is extremely important in Mexican American culture. Clinicians need to recognize and acknowledge the critical role that family plays in health care services, especially in cases of pediatric care. "And yes, even in a car!" exclaimed the professor. As the professor continues reviewing this case, several students look puzzled and one finally asks, "You mean you conducted the evaluation in your car?" This is the prime opportunity to probe student thinking. The professor poses the question back to the class as a moment to reflect, "Yes, I did. Now, think carefully about this: which factors do you think would compromise the intended outcome? What do you believe is gained in the therapeutic relationship by agreeing to conduct it there?" After a brief exchange, the professor connects the concept of culturally relevant care in the context of the scenario to continue to probe the complex concept into an operational form of reference.

Case 3: Lydia

In the city of Penitas, Lydia, a 74-year old Mexican woman lives alone. She has a severe case of diabetes and hypertension. Recently, she suffered a moderate stroke and now relies more heavily on assistance from her niece, who is her health care provider. Family members often assume health care provider roles in Mexican American families. In her home, as *ranchera* music blares, Lydia is reminded of her younger days when she was not confounded to a wheelchair but instead shuffled her feet to the beat of this music. One of the most difficult realities for this client is the reliance on others as she ages and as her health deteriorates. In her prime, Lydia, a self-sufficient independent woman, enjoyed life to the fullest. Her active lifestyle included shopping, dancing, and gardening. These fading memories bring her resentment, which results in a negative attitude directed to her new clinician since his presence is a reminder of her current condition. For months now, the therapist has been trying to teach Lydia basic sitting, balancing skills to ease dressing, and transferring in and out of bed because she has a below-the-knee left leg amputation as a result of diabetic complications. Lydia won't have it. Relentlessly, the therapist continues to attempt building rapport with Lydia despite her quick temper and refusal to partake in the sessions. One day, as the *ranchera* music fills her house, the therapist challenges Lydia by asking her to stand to

practice wheelchair transfers. Quickly, she barters, "The only way that I'll stand is if you dance with me." With that, the therapist stands in front of her and obliges as he sees the window of opportunity to practice mobility skills. This was the pivotal point of the therapeutic relationship.

After this breakthrough, clinical interactions became more productive and positive. As Lydia's level of comfort and trust with the therapist grew, on a scheduled visit, she cheerfully offered the clinician to participate in her birthday celebration by offering him a piece of vanilla cake. For her birthday, she was promised a full day outing of shopping and dining with her niece and neighbor. Before they departed, the therapist reminds Lydia how important it is that she continues to work on her strengthening if she's planning these full-day escapades.

Deconstructing Practice

Cultural competence means navigating the intricacies of the clinical experiences in ways to respect the home, people, their customs, beliefs, and values as they translate to daily occupations. By focusing on culture as capital, and honoring the individual's occupations as strengths, the therapist has the potential to develop a positive therapeutic relationship as foundational to providing effective culturally relevant care. To introduce various content in the case studies, additional information may be added depending on concepts and skills being taught.

Culturally relevant teaching practices begin with the educator's attitude, expectations and communication. At a practical level, the educator's pedagogical approach was described as beginning with setting up a positive learning environment by building a relationship with students and creating a space for modeling the culturally relevant teaching mindset. Another significant component is providing culturally diverse content, and this was demonstrated through the careful construction of cases and use of instructional strategies to promote EBP in systematically reading and lecture discussions during case-based learning. Through a close examination of the client, appropriate culturally relevant interventions may be designed. Just as important, during this process, critical discussions are held regarding the role that culture plays in client care with deep dives into the region's specific Mexican American culture. To iterate, the occupational therapy educator includes cases representative of actual clients in the community. The use of case-based learning allows for multiple opportunities to contextualize culturally relevant practices in developing culture-specific competence, observe the modeling of the mindset to affirm the role of culture in effective treatment of clients, and learn ways to apply clinical reasoning.

FUTURE RESEARCH DIRECTIONS

Taff and Blash (2017) examine the state of the profession in terms of diversity and inclusion, and they call to create change and more action. New approaches in learning more about cultural competence and ways to develop it must continue to be examined if the goal in the profession is to move away from mere awareness to forms of action. The knowledge base to support cultural competence preparation in occupational therapist education is still evolving. Through explorations and discussions of ways to operationalize culturally relevant care and cultural competence in local contexts, the discourse may gain traction and real momentum. Discussing the practice used by one therapist educator in a program highlights a pedagogy that promotes cultural competence in one program but does not represent a scaled approach supported by empirical evidence. Research in the effective preparation of culturally competent

occupational therapists is needed. More specifically, as the Latino generation grows, studies examining how to best prepare future occupational therapists to practice culturally competent care with this population is warranted.

CONCLUSION

Therapists recognize that establishing a relationship with a client inherently includes an appreciation of how culturally learned values and customs affect people's health and habits. Culturally responsive therapists must be aware of and sensitive to cultural differences if they are to provide clients with meaningful activities and occupation-based therapies.

The authors provide a local context-focused contribution to the discussion of developing culturally competent and responsive therapists. By highlighting a culturally relevant asset-based pedagogical approach at one of the largest Hispanic-Serving Institutions in the country that is situated on the Mexican-U.S. border, which is one of the poorest regions in the country, the use of culture serves as capital in serving clients in the community. While the viability of creating models that have both therapist and client sharing the same language, race, ethnicity, and culture may not be possible, these serve as examples to shed light on possible ways to be innovative and forward-thinking to create a counter-narrative in describing minority cultures.

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KEY TERMS AND DEFINITIONS

Asset-Based Pedagogy: Using methods for teaching using the student's cultural differences as a strength.

Borderland: The region between two countries.

Case-Based Learning: Approach for engaging students in the discussion of specific scenarios having real-world examples.

Colonias: Impoverished and underdeveloped rural areas.

Confianza: Means 'trust' in Mexican culture.

Constructivism: Learner-centered methods of teaching.

Culturally Responsive: Sensitive to an individual's cultural identity.

Fatalismo: The idea that one's destiny is determined by fate or one's actions.

Machismo: In Mexican culture meaning manliness.

Pedagogy: The practice of teaching.

Personalismo: Means 'relatable' in Mexican culture.

Simpatia: Personable.

Translanguaging: The use of Spanish and English to make meaning.