BIS Services

Brain Injury Support + Cognitive Rehabilitation

Challenges of Cultural Differences in Community Cognitive Rehabilitation

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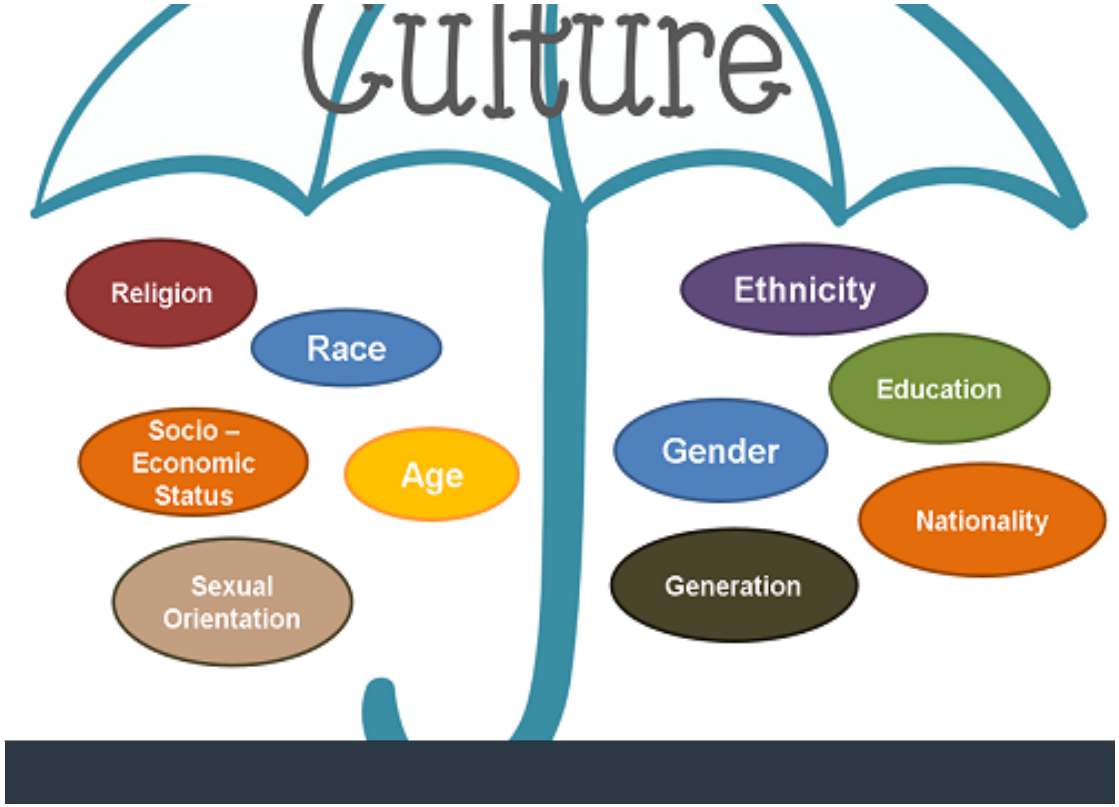
What to expect

- What is culture?
- Cognitive Rehabilitation Therapy
- Challenges
  - Matching
  - Engagement
  - Cognitive Rehabilitation impact
- BIS Case Studies
- What evidence?
- Summary

How do we define Cultural Difference?

Culture

- The 'way of life' of groups of people, meaning the way they do things. Different groups may have different cultures.
- A culture is passed on to the next generation by learning, whereas genetics are passed on by biology.
- Culture is seen in people's writing, religion, music, clothes, cooking, and in what they do.
- An integrated pattern of human knowledge, belief and behaviour.
- The outlook, attitudes, values, morals, goals and customs shared by a society.
- the integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations



What is Cognitive Rehabilitation Therapy (CRT)?

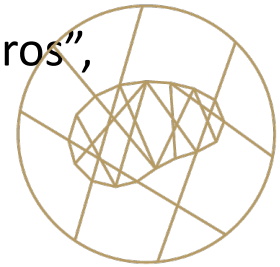
Process of relearning cognitive skills that have been lost or altered as a result of damage to brain cells/chemistry. If skills cannot be relearned, then new ones have to be taught to enable the person to compensate for their lost cognitive functions.

1. Education
2. Process Training
3. Strategy Training
4. Functional Activities Training

Culture impacts every component

Challenges faced

- How do different cultures view brain injury and rehabilitation?
  - What does it mean to others?
  - The role of family and external assistance
  - Translation of terminology- Examples of translation errors- there is no word for cognition.
  - What is Brain injury
  - Understanding of roles
- Traditional remedies v medicine- some examples
  - Prayer, fate, wound healing, turmeric, Qi-jong, St Johns Wort, “curanderos”, fasting



UKO

- Uko is Nigerian and follows the Christian religion.
- Low education level, worked for Nigerian Air as a baggage handler before coming to UK to marry
- Diagnosed with Schizophrenia after the breakdown of his marriage Psychiatric unit detention which led to an episode which resulted in TBI and amputation
- Engagement was heavily focused on building rapport with older male
- Long term education program regarding BI and consequences.
- Simple strategy implementation
- Level of vulnerability due to family in Nigeria perceiving him as ‘rich’ and his cultural desire to provide for family.
- Preference of client female- first insight into his cultural norms and values
- Issues with sexuality and desires, boundaries and clarity of role.
- Support with relationships and vulnerability

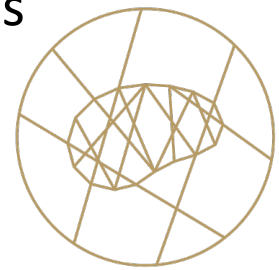

MAD
DANGEROUS
SOCIAL EXCLUSION
HARMFUL
PUNISHMENT
CONTAGIOUS
GODS WILL
FAMILY SHAME
LOSS OF STATUS
SHAME
CURSED OR EVIL SPIRIT

EMMA

- Grew up in abusive household, left school at 15 with no formal qualifications, social service involvement.
- Had her child at 17 and second 6 weeks ago.
- Severe TBI as passenger in car in 2009
- Daily package of support with large team.
- Challenges in engagement- working week and rewards
- Staff matching- boxes
- Risky behaviors, vulnerability, abuse, pre existing attachment disorder driving behaviors
- Family culture of chaotic behaviors, risk taking, poor decision making, impulsively.
- Lack of understanding of family of injury and consequences.
- Current relationship and challenges of maintaining relationships
- Impact on rehabilitation team

TOM

- Ex policeman, barrister, and security expert.
- Involved in motorbike collision in 2017
- Higher level cognitive deficits
- Classic CRT program
  - High level of education allows for more formal BI education program
- Insight and awareness focus
- Relationship difficulties due to loss of role, socio economic status reduction, loss of sense of excellence. Partner ex solicitor.



Towards Improved Rehabilitation Services for Ethnically Diverse Survivors of TBI

Niemeier et al (2007) justify the importance of cultural sensitivity in everyday provider interactions with minority clients and their families.

- Their primary aim was to raise rehabilitation providers awareness of the unique difficulties faced by ethnically and racially diverse persons with TBI.
- Secondly, to offer practical recommendations for rehabilitation professionals who desire to improve the health outcomes of individuals from a minority living with a TBI.

Disparities

1. Mistrust and perceived racism
2. Provider-patient relationship
3. Cultural variables
4. Acculturation
5. Language Barriers
6. Socioeconomic status

The plan for the rehabilitation providers

1. Knowledge of culture and self
2. Improve sensitivity and behavior of providers
3. Preservice education and mentoring
4. Reduce rehabilitation health and mental health disparities
5. Advocacy
6. Research

The Influence of Cultural Background on Motivation for and participation in Rehabilitation.

- Helen Saltapidas & Jennie Ponsford (2007) - it has been suggested that many rehabilitation models are not generally adapted to adequately meet the needs of patients from culturally and linguistically diverse backgrounds.
- Their aim was to compare motivation for and participation in rehabilitation, outcome and distress over role changes in persons with TBI from similar SES status and who had equitable access to rehabilitation using

1. A Brief Acculturation Scale
2. Motivation for Traumatic Brain Injury Rehabilitation Questionnaire – reflects attitudes for rehabilitation and motivation for post acute rehabilitation
3. Craig Handicap Assessment reporting technique – quantify limitations following TBI
4. The TBI Rehabilitation and Outcome Attitude Rating scale – assessing changes to life roles

- 2 groups, 38 participants Australian-born with English speaking background (ESB) and 32 participants overseas-born from a minority culturally and linguistically background (CALD).
- Results – CALD showed poorer outcomes on

1. Post injury employment status
2. Cognitive independence
3. Mobility and social integration

Furthermore, showed GREATER distress about changes in ability to perform certain life roles

Concluding challenges and summary

STAFF CULTURE AND CHALLENGES

- The challenges we face in supervision where staff are conflicted regarding client cultures v their own
  - The importance of cultural competency
  - Impacts on functional transfer and feedback
  - Supporting minority workers
  - Training

RECOMMENDATIONS FOR PROVIDERS

- Right RA and Client matching
- Empowerment
- CURIOUSITY rather than JUDGEMENTAL
- Active listening
- SELF- KNOWLEDGE particularly personal biases is perhaps a more important
- EDUCATION GOAL for rehabilitation providers. We are called 'ETHICAL' as providers if we recognize our own specific prejudges in order to manage them appropriately and avoid potential negative impact on client care.
- More cultural competency – education and raising awareness
- Collaborative working with family