Position Statement: Diversity (2014)

The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the Association of Canadian Occupational Therapy University Programs (ACOTUP), the Canadian Association of Occupational Therapists (CAOT), the Canadian Occupational Therapy Foundation (COTF), and the Occupational Therapy Professional Alliance of Canada (PAC) agree that occupational therapy as a profession seeks to enable all people to participate to their fullest potential in the activities of everyday living. To do so requires taking into account social and cultural differences, particularly how those affect therapy encounters.

The five organizations strongly encourage practice, research, education and theory development in occupational therapy that attend to the full range of social and cultural diversity, critically examining biases embedded in the profession, power relations between clients and therapists, power relations within the profession, and connections between individual experiences and broader social structures.

Recommendations for Occupational Therapy Practitioners

1. Occupational therapists engage in continuing education, if needed, to fully understand how social and cultural diversity (including and beyond ethnicity) influence occupation, health and wellbeing for individuals, families and communities.

2. Minimally, therapists focus on self-awareness, knowledge about diverse groups, and respect for others, to optimize their work with clients, colleagues and students who differ from themselves.

3. Occupational therapists need to develop critical awareness of how 'difference' is affected by and in turn affects social power relations; change toward greater equity requires attention to power structures, as well as individual and professional biases and assumptions.

4. Therapists attend to how diversity is experienced and addressed among professional colleagues, to ensure the inclusion of 'minority' therapists, students, and therapy assistants.

5. Occupational therapists who are using innovative approaches to address issues of diversity share those innovations for broader learning.

Recommendations for Educators and Researchers

1. Educators, preceptors and mentors in occupational therapy should critically examine the approaches to diversity being conveyed to learners, to ensure they attend to biases embedded in the profession and in professional education, power relations between clients and therapists and within the profession, and connections between individual experiences and broader social power relations.

2. Educators and researchers should critically examine whether the effects of social, political and economic power relations are being reduced to 'cultural differences.'

3. Educators and researchers expand attention to diversity beyond ethnicity to examine the occupational impacts of differences in social class, race, gender identity, sexual orientation, religion, disability, etc., and the impacts of intersecting social identities.

4. Researchers increase their focus on the experiences of clients, therapists, and students from marginalized social and cultural groups.

5. Scholars and educators continue to develop research and theory concerning cultural safety, cultural humility and critical reflexivity within and for occupational therapy. Scholarly work employing cultural competence or cultural relevance approaches should acknowledge their identified limitations and enhance attention to power structures.

Recommendations for Organizational Initiatives

1. Promote continued research and theory development within the profession concerning cultural safety, cultural humility and critical reflexivity with particular attention to practice implications.

2. Document existing social and cultural diversity within the profession, to better understand inclusion/exclusion, and possible recruitment/retention needs.

3. Incorporate systematic attention to social and cultural diversity, including attention to power relations, into national accreditation standards for educational programs.

4. Ensure continuing education is available to therapists, moving toward critical awareness of social and cultural power relations, but recognizing a range of pre-existing knowledge, experiences and understandings.

Background

1. **Diversity** refers to human differences that are noticed and deemed to matter within specific social structures e.g., gender, social class, caste, age, religion, ethnicity, sexual identity, race, disability (WFOT, 2009). All of these elements co-exist and intersect. **Culture** refers to shared ideas, beliefs, systems of concepts and meanings, values, knowledge, ways of being, customs, that arise over time through the shared experiences of a social group (Hunt, 2001). It includes implicit and often unconscious assumptions, beliefs, unwritten rules, and taken-for-granted notions of what is normal. Culture is not limited to groups defined by ethnicity, and is constantly changing (Trentham et al., 2007).

2. The 2007 Canadian Joint Position Statement on Diversity called for local and national discussions about the impact of social and cultural diversity in occupational therapy, and the consequences of differing approaches to working with diversity. In 2009 the World Federation of Occupational Therapy published *Guiding Principles on Diversity & Culture*, again urging the profession to engage in discussion and debate about diversity. Since 2007 there have been close to 400 publications on diversity in occupational therapy, suggesting the discussion is well under way. Unfortunately, most of that literature reduces diversity to ethnicity.

3. Four main approaches have emerged in the occupational therapy literature, using different concepts, terms and language: cultural competence, cultural relevance, cultural safety, and cultural humility with critical reflexivity (key references below). They differ in their attention to diversity beyond ethnicity and cultural difference, in where they situate the 'problem' and thus the 'solution,' and in their attention to power relations within and beyond therapeutic encounters. These approaches have differing practice implications.

   Cultural competence – clearly the dominant approach in the profession, it tends to identify the 'problem' as being the way clients from minority groups pose challenges to practice. Competence relies on attitudes, knowledge and skills to work effectively with clients unlike oneself. Some authors also emphasize therapist self-awareness concerning their own biases and assumptions.

   Cultural relevance – sees the problem as the embedding of Western cultural assumptions (such as autonomy and independence) in the profession's theories and practice frameworks, reducing relevance to non-Western clients. Change rests on an open interviewing approach that invites client values and priorities to emerge.

   Cultural safety – well-established in Australia and New Zealand, it has taken hold in Canada regarding Aboriginal health. Suggests what is often seen as 'cultural difference' is actually the result of colonialism and chronic poverty. Focus is on social, economic and political power relations, attention to power in therapeutic encounters, and community collaborations. Client, therapist and the profession itself are all subject to cultural influences.

   Cultural humility & critical reflexivity – very new concept in the profession. It sees all individual actions/inactions in therapeutic encounters as influenced by broader social power relations, but also holding the potential to maintain or change power relations. Requires constant questioning of how one's own actions/inactions are shaped by, contribute to, and/or challenge social power structures. Therapist and profession are understood to be as much affected by diversity as clients.

   Other fields such as social work and education have advanced valuable alternative approaches such as anti-oppressive practice and emancipatory practice (Baines, 2011; Friere, 1970; Rancière, 1991). These have not yet been taken up in the occupational therapy literature.

4. The four approaches evident in occupational therapy all demand self-awareness, knowledge about diverse groups, and respect for others. They differ in where they situate the 'problem' and thus the 'solution.' They do not all appear equally applicable to aspects of diversity beyond ethnicity. They do not all attend to how the profession itself enacts culturally-biased assumptions; how power between therapist and client is negotiated; how power may be wielded within the profession; and how therapy is affected by and in turn affects socially structured power relations (Balcazar et al., 2009; Black & Wells, 2007; Boggis, 2012; Kirmayer, 2012; Kumas-Tan et al., 2007; Pooremamali, Persson & Eklund, 2011; Trentham et al., 2007).

5. It is important to critically question how the approach to diversity
   - defines the 'problem' (is 'client difference' the main concern?)
   - allows identification of culturally-biased assumptions built into theory and practice
   - recognizes power relations between therapist and client
   - relates individual experiences (own and client's) to broader social power relations
   - accounts for aspects of diversity beyond ethnicity

6. While most established, the dominant **cultural competence approach** typically falls short in its lack of attention to cultural assumptions in the profession itself, and lack of attention to issues of power (Carpenter-Song et al., 2007; Kumas-Tan et al., 2007). The reduction of racism, poverty, colonialism, and ethnocentrism to 'cultural difference' is problematic. The other three approaches attend to power between therapist and client, and the cultural biases in the profession, but only cultural safety and cultural humility make broader social power structures central, with a goal of altering participation in oppressive relations. Cultural safety has been highly focused on Aboriginal health, and has been critiqued for its focus on vulnerability rather than strengths (Kirmayer, 2012).

7. There has been alarmingly little attention to poverty or other aspects of social class, racism or ethnocentrism, gender/gender identity, sexual orientation, religion, or ableism (Beagan, 2013). In practice, discussions of social and cultural diversity almost always get reduced to ethnicity, and sometimes race. Yet other social factors such as class have just as much impact on people's values, assumptions, resources, experiences, opportunities, beliefs and so on. These factors are under-explored in occupational therapy.

8. Inadequate attention has been paid to client experiences of diversity in the therapy context. The vast majority of existing literature examines educational efforts or therapist and student experiences with 'diverse' clients. We know too little about how 'culturally competent' practice is experienced by clients (Martin, 2007). There is equally scarce attention to the experiences of 'minority' therapists and students (Beagan & Chacala, 2012; Chacala et al., 2013). This is of significant concern with rising numbers of internationally-trained therapists (CIHI, 2012). Attention to these experiences should help clarify where culturally-biased assumptions have been built into occupational therapy theory and models of practice (Hammell, 2006; 2011).

9. There are various ways of incorporating attention to diversity within educational curricula, from single courses to integration across courses. Educators should critically examine the strengths and limitations of the approaches they use, ensuring clarity regarding the rationale. Power relations between educators and students, as well as between researchers and participants, should be taken into account, as they complicate socio-cultural differences.

10. Developing aptitude for working effectively in the context of social and cultural diversity is an ongoing, lifelong process (e.g., Black & Wells, 2007; Muñoz, 2007; Suarez-Balcazar & Rodakowski, 2007; Trentham et al., 2007; WFOT, 2009). People start from different places, and are never finished learning and developing. Recognizing that this work can be difficult, and that language and understandings are constantly evolving, the occupational therapy profession in Canada must ensure opportunities are available for individuals and institutions to continue to learn, develop and grow, whatever their starting point.

Key references
Cultural Competence

Awaad T. (2003). Culture, cultural competency and occupational therapy: A review of the literature. *British Journal of Occupational Therapy, 66*(8), 356-362.

Balcazar F, Suarez-Balcazar Y, Taylor-Ritzler T. (2009). Cultural competence: Development of a conceptual framework. *Disability and Rehabilitation, 31*(14), 1153-1160.

Black RM, Wells SA. (2007). *Culture and occupation: A model for empowerment in occupational therapy.* Bethesda, MD: American Occupational Therapy Association.

Bonder B, Martin L, Miracle A. (2004). Culture emergent in occupation. *American Journal of Occupational Therapy, 58*(2), 159-168.

Muňoz JP. (2007). Culturally responsive caring in occupational therapy. *Occupational Therapy International, 14*, 256-280.

Suarez-Balcazar Y, Rodakowski J. (2007). Becoming a culturally competent occupational therapy practitioner. levels of cultural competence among occupational therapy practitioners. *OT Practice*, Sept 24, 2007, 14-17.

World Federation of Occupational Therapists. (2009). Guiding principles on diversity and culture. Retrieved from http://www.wfot.org

Culturally Relevant/Responsive

Hammell KW. (2009). Sacred texts: A sceptical exploration of the assumptions underpinning theories of occupation. *Canadian Journal of Occupational Therapy, 76*, 6-13.

Hammell KW. (2011). Resisting theoretical imperialism in the disciplines of occupational science and occupational therapy. *British Journal of Occupational Therapy, 74*, 27-33.

Hammell KW. (2013a). Client-centred practice in occupational therapy: Critical reflections. *Scandinavian Journal of Occupational Therapy, 20*, 174-181.

Iwama MK. (2003). Toward culturally relevant epistemologies in occupational therapy. *American Journal of Occupational Therapy, 57*(5), 582-88.

Iwama MK. (2005). The Kawa (river) model: nature, life flow, and the power of culturally relevant occupational therapy. In: F Kronenberg, SS Algado, N Pollard, eds. *Occupational therapy without borders.* Edinburgh: Churchill Livingstone Elsevier, 213-27.

Iwama MK. (2006). *The Kawa Model: Culturally relevant occupational therapy.* Edinburgh: Churchill Livingstone Elsevier.

Iwama MK, Thompson NA, MacDonald RM. (2009). The Kawa model: The power of culturally responsive occupational therapy. *Disability and Rehabilitation, 31*(14), 1125-1135.

Nelson A. (2007). Seeing white: A critical exploration of occupational therapy with Indigenous Australian people. *Occupational Therapy International, 14*, 237-255.

Wada M. (2011). Strengthening the Kawa model: Japanese perspectives on person, occupation, and environment. *Canadian Journal of Occupational Therapy, 78*, 230-236.

Cultural Safety

Gerlach AJ. (2012). A critical reflection on the concept of cultural safety. *Canadian Journal of Occupational Therapy, 79*, 151-158.

Gray M, McPherson K. (2005). Cultural safety and professional practice in occupational therapy: A New Zealand perspective. *Australian Occupational Therapy Journal, 52*, 34-42.

Jull JE, Giles AR. (2012). Health equity, Aboriginal peoples and occupational therapy. *Canadian Journal of Occupational Therapy, 79*, 70-76.

Nelson A. (2009). Learning from the past, looking to the future: Exploring our place with Indigenous Australians. *Australian Occupational Therapy Journal, 56*, 97-102

Papps E. (2005). Cultural safety: Daring to be different. In D. Wepa (Ed.), *Cultural safety in Aotearoa New Zealand* (pp. 20-29). Auckland, NZ: Pearson Education New Zealand.

Papps E, Ramsden I. (1996). Cultural safety in nursing: The New Zealand experience. *International Journal for Quality in Health Care, 8*, 491-497.

Ramsden I. (1993). Kawa Whakaruruhau: Cultural safety in nursing education in Aotearoa (New Zealand). *Nursing Praxis in New Zealand, 8*(3), 4-10.

Ramsden I. (1990). *Kawa Whakaruruhau: Cultural Safety in New Zealand*. Wellington, New Zealand: Ministry of Education.

Thomas Y. (2008). Inspiration: Moving forward when you do not see the steps. *New Zealand Journal of Occupational Therapy, 56*(1), 12-18.

Thomas Y, Gray M, McGinty S. (2011). Occupational therapy at the 'cultural interface': Lessons from research with Aboriginal and Torres Strait Islander Australians. *Australian Occupational Therapy Journal 58*, 11-16.

Cultural Humility & Critical Reflexivity

Beagan BL, Chacala A. (2012). Culture and diversity among occupational therapists in Ireland: When the occupational therapist is the 'diverse' one. *British Journal of Occupational Therapy, 75*, 144-151.

D'Cruz H, Gillingham P, Melendez S. (2007). Reflexivity, its meanings and relevance for social work: A critical review of the literature. *British Journal of Social Work, 37*, 73-90

Hammell KW. (2013b). Occupation, well-being, and culture: Theory and cultural humility. *Canadian Journal of Occupational Therapy, 80*(4), 224-234.

Hammell KW, Iwama MK. (2012). Well-being and occupational rights: An imperative for critical occupational therapy. *Scandinavian Journal of Occupational Therapy, 19*, 385-394.

Hunt LM. (2001). Beyond cultural competence: applying humility to clinical settings. *The Park Ridge Center Bulletin, 24*(3-4). Available at: http://www.parkridgecenter.org/Page1882.html Accessed 18.03.11.

Kirsh B, Trentham B, Cole S. (2006). Diversity in occupational therapy: Experiences of consumers who identify themselves as minority group members. *Australian Occupational Therapy Journal, 53*, 302-313.

Kondrat ME. (1999). Who is the self in self-aware: Professional self-awareness from a critical theory perspective. *Social Service Review, 73*(4), 451-477.

Tervalon M, Murray-Garcia J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care of the Poor and Underserved, 9*(2), 117-25.

Trentham B, Cockburn L, Cameron D, Iwama M. (2007). Diversity and inclusion within an occupational therapy curriculum. *Australian Occupational Therapy Journal, 54*, S49-S57.

Other references cited

Baines D. (Ed.) (2011). *Doing anti-oppressive practice: Social justice social work* (2nd ed.). Halifax: Fernwood.

Beagan BL. (2013). *Background paper for the working group on diversity: Analysis of OT literature 2007-2013*. Unpublished manuscript.

Boggis DT. (2012). Effectiveness of a developmental curricular design to graduate culturally competent health practitioners. *Journal of Allied Health, 41*(3), 140-146.

Canadian Institute for Health Information. (2012). Occupational therapist workforce 2012. http://www.cihi.ca/CIHI-ext-portal/internet/EN/Theme/spending+and+health+workforce/cihi010658

Carpenter-Song EA, Schwallie MN, Longhofer J. (2007). Cultural competence reexamined: Critique and directions for the future. *Psychiatric Services, 58*(10), 1362-1365.

Chacala A, MacCormack C, Collins B, Beagan BL. (2013). "My view that disability is okay sometimes clashes": Experiences of two disabled occupational therapists. *Scandinavian Journal of Occupational Therapy*, early online, 1-9.

Freire P. (1970). *The pedagogy of the oppressed*. New York: The Continuum International Publishing Group.

Hammell KW. (2006). *Perspectives on disability and rehabilitation: Contesting assumptions, challenging practice*. Philadelphia: Churchill Livingstone.

Kirmayer L. (2012). Rethinking cultural competence. *Transcultural Psychiatry 49*(2), 149-164.

Kumas-Tan ZO, Beagan BL, Loppie C, MacLeod A, Frank B. (2007). Measuring cultural competence: Examining hidden assumptions in instruments. Academic Medicine, 82(6), 548-557. Martin PM. (2007). Cultural competence in occupational therapy: The client experience. Unpublished PhD dissertation, University of Minnesota.

Pooremamali P, Persson D, Eklund M. (2011). Occupational therapists' experience of working with immigrant clients in mental health care. *Scandinavian Journal of Occupational Therapy, 18*, 109-121.

Rancière J. (1991). *The ignorant schoolmaster: Five lessons in intellectual emancipation*. (K. Ross, trans.) Stanford, CA: Stanford University Press.