

**PROVIDING CULTURALLY SENSITIVE
MEDICAL AND LEGAL SUPPORT
FOR INDIVIDUALS WITH TBI**

**CARRANZA BARRISTERS
AND SOLICITORS**

Juan F. Carranza, B.A., LL.B., M.B.A.
juan@carranza.on.ca

NEURO-REHAB SERVICES

Patricia Howell, M.B.A., B.Sc.O.T.
OT/CM, Manager, Development &
Communications
patriciah@neurorehab.ca

Ranjeet Hira, B. Ed. (Kin.), Reg OKA
Kinesiologist/Rehab Coach
ranjeeth@neurorehab.ca

**How Ethnic and Cultural Factors
are Associated with Health Care**

- We have our own unique North American Culture of Health, which includes such things as:
 - Attributing disease to individual behaviour
 - Expecting patients/clients to participate in the process
 - Regarding the individual as being responsible for his or her own decisions and for getting well
 - When faced with disability- having a goal of maximizing independence and participation

**How Ethnic and Cultural Factors are
Associated with Health Care**

- However, in non-North American cultures, the process can be different, as individuals may:
 - Have very different beliefs re: the cause of symptoms
 - Expect to play a passive role
 - Rely on others to make decisions for them
 - When faced with disability- have a goal of sheltering the individual

How Ethnic and Cultural Factors are Associated with Health Care

- When incongruent cultures “clash”, the result can be sub-optimum with respect to:
 - Patient and provider satisfaction
 - Health care outcomes

How Important is this Issue?

Source: Stats Canada 2006
Census

- Percent of the population who speak another language (other than English) at home:
 - Ontario 33%
 - Toronto, almost 50%
- Most common languages spoken in Toronto are:
 - Chinese 9.4%
(Cantonese, Mandarin, Chinese, Hakka, Taiwanese, Chaochow, Fukien, Shanghainese)
 - East Indian 8.9 %
(Bengali, Gujarati, Hindi, Punjabi, Sindhi, Urdu, Malayalam, Tamil, Telugu)

Immigrants: Common Problems

- Recent immigrants have often experienced significant losses, and are commonly faced with:
 - Learning a new language
 - Finding new jobs and supports
 - Changing even the most basic elements of their lives

Immigrants: Common Problems

- When dealing with health professionals, these individuals can experience:
 - Communication problems
 - A feeling that they are assumed to be the same as “other Canadians”
 - A feeling that they are stereotyped

Immigrants: Common Problems

- Health professionals are in a position of power, making it more difficult for these individuals to:
 - Ask questions
 - Express their beliefs
 - Ask for a second opinion or disagree with proposed treatment

Immigrants: Common Problems

- Health professionals can also report frustrations; they may perceive their clients as being non-compliant with such things as:
 - Rules and procedures
 - Treatment recommendations

Use of Interpreters

- Challenges:
 - Costly, time consuming
 - Accessibility
 - Limited/ineffective communication
 - Difficulty establishing rapport
- Individuals who do not require an interpreter but are not fully fluent in English can also experience communication and rapport problems

Strategies

In Working with Interpreters

- **INQUIRE** about their skills.
 - Cultural Interpreter Language and Interpreting Skills Assessment Tool (**CILISAT**) Certification
- **ALLOCATE** more time
- **EDUCATE** the interpreter as to the unique needs of the client
- **MAINTAIN** eye contact (health professional and client). Position the interpreter beside the client
- **CHUNK** information
- **PROBE** regarding non verbal cues

Three Key Strategies for “Cross Cultural Caring”

Source: Cross Cultural Caring, Second Ed., Waxler-Morrison et al, 2005

- Be aware of your own culture and how it effects your own attitudes and behaviour
- Be aware of the important cultural and social characteristics of other ethnic and cultural groups
- Avoid stereotyping

Providing a “Cultural Match”

- Ideally- increase the number of services offered in various languages (but difficult to do)
- More realistic- to provide a rehab coach who is a cultural match
- Coach/Client Cultural Match Case Study:
 - Brings to life the three key strategies for cross cultural caring
 - Note: these three strategies can be applied even if a cultural match is not possible

Case Study: Kapoor



Who am I?

- Rehabilitation Coach/Kinesiologist for the past three years with NRS
- Specialize in working with adults and children with TBI
- Work with clients in:
 - Home
 - School
 - Workplace
 - Local fitness club etc.

Kapoor: Background

- Background: Sikh Punjabi
- At the time of the accident, 31 years old :
 - Resided with wife and two sons (aged 5 and 9) in the basement of in-laws' home
 - Had worked in construction, as grinder, and most recently as order picker at grocery store
 - One month prior to MVA:
 - Hospitalized for 2 weeks- Diagnosis: Bipolar Disorder
 - Meds effective – planned to return to order picker job

Injuries

- March 2006 - MVA
- Diagnoses:
 - TBI – depressed skull fracture - GCS 3 – CAT
 - Fractured mandible

Impairments

- Cognitive:
 - Memory, concentration
- Physical:
 - Balance, strength, endurance, back pain
- Communication:
 - Slurred speech, expressive language difficulties
- Visual:
 - Left side neglect
- Psychosocial/behaviour:
 - Labile mood, depression, anger management issues, aggressive, violent behaviour

Inpatient Programming

- Sunnybrook & Women's College Health Science Centre:
 - 4 surgeries
- TRI Inpatient Rehab (TBI Program):
 - 2 months
- Trillium Health Centre (Dual Diagnosis Program):
 - 2 months
- Whitby Mental Health Centre :
 - 9 months
 - Discharged home October 2007

Community Supports

- Occupational Therapist
- Physiotherapist
- Social Worker
- Speech Language Pathologist
- Kinesiologist
- Rehabilitation Coach

Rehab Coach Program

- From December 2007 to Present
- Developed with input from:
 - OT
 - PT
 - Client and family
- Schedule:
 - 5 hours per day, 5 days per week

OT Goals

- LTG:
 - To follow a daily routine consisting of personal care, homemaking, community and leisure activities
- STG:
 - To carry out his morning personal care with minimal cuing
 - To participate in 1 to 3 community activities

PT Goals

- LT Goal:
 - To increase Kapoor's strength, endurance, flexibility, and reduce his back pain such that he can be independent in his ADLs
- ST Goal:
 - To work in the local gym facility 2-3 times per week under the supervision of the Rehabilitation Coach

Be aware of your own culture & how it affects your attitudes & behaviour

- Second Generation Background: Hindu Punjabi
- North American upbringing but understanding of traditional Indian Culture through my extended family
- Culturally sensitive due to my experience:
 - As a member of a minority group
 - Working with clients from India and other countries in their homes and communities
- Work to be aware of my biases/assumptions:
 - E.g. in this case, inaccurately assumed he would not be interested in cooking

Be aware of cultural and social characteristics of other ethnic and cultural Groups

- In traditional Indian Culture:
 - Family:
 - Marriages- arranged, divorce non-existent
 - Mother- nurturing, homemaker
 - Father- disciplinarian, breadwinner
 - Extended family- close, often live together
 - Customs:
 - Music (bhangra/bajins), dances, movies (Bollywood actors/actresses), food, holidays
 - Gestures- take shoes off before entering house
 - Signs- Satsrekal (Sikh Punjabi)/Namaste (Hindu Punjabi)

Differences Between Sikh and Hindi Punjabi

- Appearance – Head Covering: (Daily Living)
 - Turban – Sikh
 - Head Covering in Temple only – Hindu
- Prayers (Helpful Words When Under Tension)
 - Waheguru – Sikh
 - Om Bhur Swava ...- Hindu

Avoiding Stereotyping

- Cues of his traditional customs/values:
 - Language- Punjabi spoken in house
 - Social Style- traditional greeting, gestures
 - Spiritual Guidance- Guraji (mentor), prayers
 - Appearance- turban
 - Diet- vegetarian
 - Living Arrangements- extended, supportive family
 - Pre-accident role in family- disciplinarian, provider

Avoiding Stereotyping Cont'd

- Cues of some NA Influences:
 - 15 years in Canada
 - Fluent in spoken English – limited writing skills
 - Pre-injury - wife worked outside of home
 - Occasionally eats meat outside of home

Activities

- Home:
 - Organizational Skills- Blackberry, calendar
 - Household chores- laundry for family, making lunch for self
 - Car maintenance- changing bulb
 - Exercise program/ TENS Machine/Heat
- Community:
 - Shopping
 - Social Outings e.g. playing pool
 - Temple
 - Fitness Club

Adaptations To Ensure Culturally Sensitive Programming

- Home:
 - Showed respect for customs e.g. took shoes off, used traditional greetings (although therapy happened in English)
 - Incorporated Indian Yoga CD as a relaxation/exercise program
 - Educated client that he could use Punjabi script with PDA

Adaptations Cont'd

- When discouraged, stressed or having headaches, encouraged him to:
 - Find inspiration through a picture of his God
 - Listen to an Indian prayer
 - Drink Indian Chi and eat Indian biscuits
 - Danced with Rehab Coach to Indian songs

Adaptations Cont'd

- Community:
 - When driving him to outings, played Indian CDs in car
 - Visited Kapoor's Guraji at home: wore bandana/head covering
 - Assisted client with wrapping turban in gym
 - Visited Indian grocery and music stores
 - Helped him to take out Indian CDs from library

Outcomes

- TRUST/Rapport Physical:
 - Improved strength and endurance
 - Can now carry out a 1 – 2 hour fitness session and is more efficient in completing ADLs
- Psychosocial:
 - Calmer, aggressive outbursts rare
 - Enhanced motivation towards rehab
 - Improved relationship with family (e.g. affection)
 - Avoided long term institutional care
- Independence
 - Packs gym bag, makes own lunch
 - Assists with chores: family laundry

Conclusion

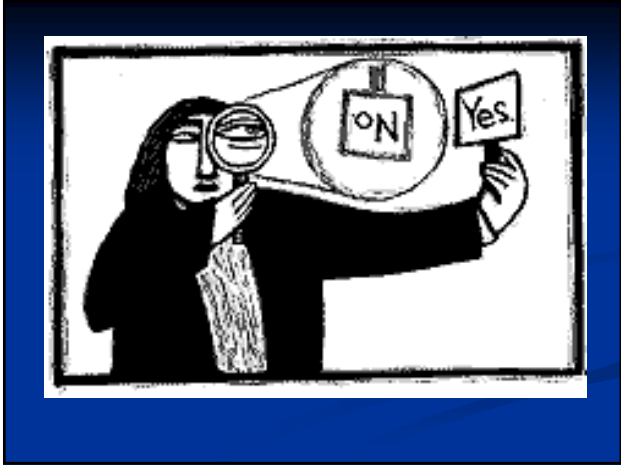
- Cultural matches produce optimum outcomes
- When a match is not possible, positive outcomes can still be achieved using 3 strategies:
 - Be aware of your own culture and how it affects your own attitudes and behaviour
 - Be aware of the important cultural and social characteristics of other ethnic and cultural groups
 - Avoid stereotyping

LOST IN TRANSLATION

Carranza Barristers
1280 Finch Ave. W. Ste.200
Toronto M3J 3K6

Common Issues in newcomer cases

- No Family Doctor
- Poor communication with police, physicians, therapists, lawyers, etc.
- Viewed with suspicion by insurance, health care workers, lawyers, etc.
 - “Malingering”
 - Perceptions of lesser/reduced entitlement



Consequences?

Inability to grasp the complexity of the person's problems.

- Client is unable to have a meaningful participation in the process
- Inability to provide effective representation
- Inferior results
- Denial of justice

How do we avoid getting lost in translation?

- By speaking your client/patients' language, or
- Having culturally competent interpreters,
but most importantly
- By delivering client-centered culturally sensitive services

Actual cases

- L.G. (TBI and failed Ref. Claim)
- N.R. (TBI newcomer w/exceptional credentials)
- Leamington Farmer (TBI temporary worker)

LG (TBI from MVA) (failed Ref. Claim)

- Minor w family failed refugee claimants from S. America
- Moderate TBI with significant cognitive impairments.
- LG “at fault” as per police reconstructionist
- No insurance of their own
- Insurer denied TBI treatments said cognitive & speech problems due to ESL difficulties

Actions in LG case

- Challenged police assumptions & questioned all non-English speaking witnesses
- Assembled culturally sensitive team:
 - Spanish speaking neuropsychologist, psychologist, speech therapist and counsellor
- Tackled tort law and immigration issues simultaneously

Results

- Deportation postponed and subsequent Landing on Humanitarian and Compassionate grounds
- Strong rehabilitation outcomes
- Good reintegration into school/community
- All treatments paid and got judgment 3X greater than the insurance policy limits

N.R. 1 week in Canada

- Newcomer to Canada starting first job for minimum wage at call centre
- MVA: Mild TBI and serious orthopaedic injuries
- Was top graduate in MBA program in an internationally recognized University
- Insurer insisted N.R. would have only earned minimum wage in Canada for the rest of her life

Action Taken

- Obtained all academic and employment records from native home
- Retained culturally sensitive team:
 - OT, Family Dr., neurosurgeon and vocational expert
- Retained an international head hunter with experience placing executives from Asia

Results for N.R.

- Comprehensive rehabilitation in all areas of need
- Compensation obtained based on potential earnings in Canada using Fair Market assessment of her foreign credentials as the basis for income calculation

Temporary Farm Worker

- Father of four on agricultural work permit. Limited immigration status. Serious MVA
- Serious facial, orthopaedic, and mild TBI
- Imm/Employer sought to return him to native country
- Insurance says client malingering
- Police determined he was at fault for MVA
- Insurer denied liability and threatened to sue for legal costs if claim made

Actions Taken

- Questioned assumptions & obtained independent accident reconstructionist
- Assembled culturally sensitive rehab team:
 - Physician, case manager, speech therapist, cognitive rehabilitation worker, etc.
- Extended immigration status to permit rehab in Toronto

Results

- Allowed to stay in Canada and complete rehabilitation and language retraining
- Successful Accident Benefits claim, all treatment paid, prosthetics, attendant care, etc.
- Made successful recovery and RTW
- Obtained a significant settlement to use with his family back home

Key Success Factors

- Language specific services
- Culturally sensitive approach
- Comprehensive approach to legal problems
 - Immigration
 - Litigation
 - Rehabilitation
 - Insurance

Take-aways

- Use culturally sensitive approach/team
- Question assumptions
- Do not accept conclusions of others when patient/client's version has not been properly explored
- Be willing to give your patient/client the benefit of the doubt

Opportunities

- To keep vulnerable people from falling through the cracks.
- To provide more complete solutions to patients complex problems
- For greater and positive integration of new Canadians

References

- Cross Cultural Caring, Waxler-Morrison, Anderson J, Richardson E., Chambers N.
- Ethno-racial Inequality in The City of Toronto, Ornstein, M.
- Centre for Spanish Speaking Peoples
- Statistics Canada

GRACIAS

Merci

MABUTI

DANKE

Arigato

Thanks y'all

Grazie

Obrigado

THANK YOU!

Carranza Barristers
