CLIENT AND PRACTITIONER PERCEPTIONS ON THE IMPLEMENTATION OF CULTURAL VALUES AND FAMILY ROUTINES DURING OCCUPATIONAL THERAPY SERVICES

A thesis submitted to the faculty at Stanbridge University in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy

by

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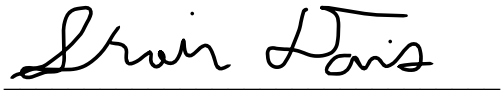
October 15, 2023

Certification of Approval

I certify that I have read *Client and Practitioner Perceptions on the Implementation of Cultural Values and Family Routines During Occupational Therapy Services* by Abigail Declines, Cassandra Ibarra, Monica Orozco-Lemus, and Penny Trieu, and in my opinion, this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.



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ABSTRACT

In today's increasingly diverse and multicultural society, understanding the intricate relationship of the implementation of cultural values is essential for the field of occupational therapy (OT). This study investigates the alignment of OT practitioner practices with client preferences regarding the integration of cultural values into therapeutic routines. Using a mixed-methods approach, we distributed surveys via Google Forms to OT clients and practitioners, ensuring participant confidentiality. Our study collected 12 responses from OT practitioners. We were unsuccessful in recruiting any client participants for our study, which limited the scope of our intended analysis. The data gathered from OT practitioners revealed that they rated their confidence of implementing cultural competency and cultural humility strategies during interventions a 4 on a 5-point Likert-scale of 1 to 5 (1 = not confident; 5 = very confident). We also gathered data through open-ended questions to collect common themes regarding specific perceptions, such as individuals' experiences with the program, their overall satisfaction, and any challenges they encountered. Although we did not receive any OT client responses to our survey, we were able to review literature focusing on client perceptions and satisfaction toward the level of cultural considerations provided during OT services. The findings underscore the importance of ongoing professional development in cultural competence and highlights the potential for improved client outcomes through culturally tailored interventions. This study contributes to the discourse on cultural competency within OT, promoting improved, culturally responsive care in the field.

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Client and Practitioner Perceptions on the Implementation of Cultural Values and Family Routines During Occupational Therapy Services

Culture and family both play a significant role in the treatment process of clients who are receiving occupational therapy (OT). Cultural values and family routines are elements that OT practitioners should consider and implement into the intervention process when working with clients. By implementing these two elements into sessions, OT practitioners can consider the unique needs and values of the individual and provide effective client-centered interventions. According to the United States Census Bureau (2021), the population has grown in racial and ethnic diversity since 2010, making it important for OT practitioners to be more culturally sensitive and competent in their practice and delivery of OT services. By doing so, OT practitioners can ensure that the services clients are receiving are catered to their unique and individual needs while including their own cultural values and beliefs.

Although not every family dynamic is the same in each household, OT practitioners should note that family members can be indirectly or directly impacted by the client's needs. For example, Parsons et al. (2020) found that parents living with a child with autism spectrum disorder from densely populated areas experience higher levels of stress and lower quality of living in comparison to the general population. The results also indicated that parents living in low densely populated areas were more likely to adopt avoidant coping mechanisms, which may be detrimental to a child's care throughout the OT process. The study shows how important it is for OT practitioners to collaborate and communicate with family members as practitioners can educate and inform family members on the status of the client. Practitioners can also give family

members the proper tools and resources they need to support clients' therapeutic goals. It is important that OT practitioners include family into the client's intervention as they can play a key role in the long-term success and functional outcomes of the client.

Significance of Cultural Considerations in Occupational Therapy

Understanding cultural values and family routines is crucial because they have a significant influence on family dynamics, client interventions, treatment plans, and an individual's values and viewpoints, making them paramount in providing client-centered care. Huang et al. (2022) emphasize the necessity for OT practitioners to recognize and consider the "unique attitudes" prevalent in Asian American cultures, as well as the importance of providing culturally sensitive resources. Additionally, Howe et al. (2019) stressed the importance of understanding the role of clients' families in the treatment process by analyzing the role of grandmothers in Latino-American families. These findings underscore the critical role of clients' families in the treatment process. According to Agner (2020), the United States is becoming increasingly multicultural. In addition, Kaihlanen et al. (2019) emphasized how healthcare professionals must adapt to provide care to culturally and linguistically diverse clients.

Moreover, it is essential for practitioners to grasp the distinction between cultural competency and cultural humility. Cultural competency, as defined by the American Occupational Therapy Association (AOTA, 2020b) involves adopting behaviors, attitudes, and policies that facilitate effective cross-cultural work. In contrast, cultural humility is an attitude and process that involves valuing and respecting clients, with a commitment to lifelong learning, self-reflection, and self-critique (AOTA, 2020b). This understanding of cultural humility is crucial in guiding practitioners to offer client-

centered care because it fosters respect for diverse perspectives and promotes effective communication and rapport-building with clients of different backgrounds.

AOTA (2020b) emphasizes that cultural understanding is fundamental to meaningful and client-centered OT practice. Future occupational therapists must be equipped to provide culturally appropriate care, because this ensures that clients receive the most effective and suitable services and treatment (Howe et al., 2019). Grenier et al. (2020) emphasizes the importance of directing OT education towards educational ethics, paradigms, and teaching outcomes that prioritize diversity and health equity. To enhance their role as socially responsible institutions, OT programs should thoroughly assess both the explicit (including fieldwork) and implicit components of their curriculum concerning diversity education.

Taking cultural beliefs into account can lead to the successful delivery of health services and family-centered interventions (Gafni-Lachter & Ben-Sasson, 2022). Wong et al. (2020) also demonstrated how sociocultural differences impact interpersonal communication and therapeutic relationships, highlighting the importance of considering these differences in client therapy. In the clinical context, the evidence from these studies underscores the significance of incorporating cultural values, practices, and beliefs into OT interventions. These insights span various practice settings, from hospitals to home health care, emphasizing the profound impact of culture on healthcare, rehabilitation, and the OT process for diverse populations.

The influence of cultural values on family routines and, by extension, OT services, is a predominant consideration in providing client-centered care. Recognizing how culture influences family routines is critical for designing culturally sensitive

interventions tailored to each client's individual needs and preferences. Jaywant et al. (2020) and Parsons et al. (2020) reveal that culturally sensitive interventions can be more effective in reducing stress and improving specific outcomes. In addition, Kaihlanen et al. (2019) explained the significance of healthcare professionals being aware of their cultural features as it can facilitate their communication with clients. These findings emphasize the importance of understanding and respecting cultural factors when developing effective interventions. The following studies highlight the role cultural beliefs play in shaping individuals' approaches to OT and their interaction with OT practitioners. The attitudes and behaviors of caregivers significantly impact children's habits and choices, emphasizing the role of family in the intervention and treatment process (Howe et al., 2019). For instance, some individuals of Asian-American descent draw on religious and spiritual beliefs to find fulfillment in caregiving roles (Huang et al. 2022), while cultural and religious factors influence interventions in the Ultraorthodox Jewish community (Golos et al., 2021). By respecting cultural beliefs and delivering culturally adapted interventions, occupational therapists can enhance family routines and bolster the client's support system and overall well-being. Furthermore, culture holds clinical significance as it influences the development of culturally competent assessments and interventions. Culture can serve as a predictor of the most appropriate OT interventions for clients from diverse cultural backgrounds.

According to the "Code of Ethics" of the World Federation of Occupational Therapists (2016), "the core purpose of OT [is] to enable people to participate in meaningful and culturally relevant occupations with choices" (p. 1). To ensure this, an OT practitioner should do their best to keep their client's cultural values and beliefs in

mind when assessing and implementing interventions into their OT sessions. There are a number of standardized assessments and tools that practitioners use with their clients throughout the therapy process, however, these assessments and tools should not be generalized to all clients considering they may come from different cultural backgrounds. Gándara-Gafo et al. (2019) conducted a study that adapted a culturally appropriate Adolescent/Adult Sensory Profile, a standardized tool often used in the OT process, for use in Spain. Gándara-Gafo et al.'s study emphasized the importance of making sure the assessment stayed true to the original purpose of the assessment while making sure the Adolescent/Adult Sensory Profile would be culturally sensitive and relevant to the Spanish population. This study helps to address the importance of how having translated versions of standardized assessments can help clients of different cultural backgrounds better understand the OT process.

A study done by Malkawi et al. (2020) looked at the effectiveness of how traditional OT services impacted those from a different cultural background, specifically those of Middle Eastern culture. Researchers discussed that OT practice in Jordan was impacted by the population's beliefs and culture, as well as the activities that clients like and are ready to participate in, indicating that it is important to keep the client at the forefront of all OT services. Additionally, Blanche et al. (2015) found that although Latino families may encounter similar issues throughout the therapy process as non-Latino families, there are a few unique challenges that they face as well, such as dealing with the stigma and isolation from their families and communities. This study stressed the importance of being able to understand the impact of culture and how OT practitioners can provide parents with the necessary resources in navigating through the entire OT

process. Both studies highlight the growing necessity to expand and translate occupational therapy's essential ideals to cater to those of different cultural backgrounds.

Recognizing the profound impact of cultural values on family routines and the treatment process is crucial for providing effective, client-centered care and developing culturally adapted interventions. By embracing cultural humility, occupational therapists can more effectively address the diverse needs of their clients, leading to improved treatment outcomes and increased overall satisfaction.

Literature Review

After reviewing existing literature on OT client and practitioner's perceptions on the application of cultural values and family routines during OT services, we identified three common themes.

Impact of Cultural Values and Beliefs on Services

The first common theme that we found is the impact cultural values and beliefs have on assessments, treatments, and interventions. According to Golos et al. (2021), family values may impact who is involved in the client's intervention process, due to the cultural norms and social values of each family. Chang et al. (2022) also aimed to develop an understanding of the influence culture may have when it comes to the implementation of a stroke rehabilitation intervention, strategy training, in Taiwan and in the United States. The study results demonstrate that although there are similarities amongst the therapists' perspectives with the intervention, the therapists from Taiwan discussed more on the involvement of family (Chang et al., 2022). It is important for practitioners to understand and consider the different cultural values of clients to meet the needs of each person, as cultural differences can have an impact on the treatment

provided. Howe et al. (2019) also discusses the need for OT practitioners to gather and clarify information with the families regarding their feeding practices to avoid creating stereotypes, such as how food is given to each child. Collaborating with both the client and their family can guide practitioners with understanding their needs and what interventions to implement for the client. This is also important to avoid creating biases and misinterpretation (Howe et al., 2019). Additionally, it is important for OT practitioners to understand how cultural factors have an impact on a person's ability to engage in meaningful occupations (Wray & Mortenson, 2011).

The Importance of Cultural Adaptations With Client Services

Huang et al. (2022) and Golos et al. (2021) both discuss the importance of cultural adaptations with client treatments and interventions. In addition, Huang et al. (2022) and Wong et al. (2020) emphasize the significance of providing clients and families with resources that are culturally sensitive, such as coping and community resources. Another demonstration of this is a study on culturally adaptive interventions for Latino youth with disabilities (Suarez-Balcazar et al., 2016). The goal of the study was to examine how a lifestyle program that is culturally tailored for Latino youth with disabilities and for their families could be beneficial (Suarez-Balcazar et al., 2016). Different adaptations were made, such as making activities accessible, regardless of the participants' disability (Suarez-Balcazar et al., 2016). This is important for understanding and meeting the needs of the client. Additionally, Arestad et al. (2017) address the importance of practitioners being able to conduct quality baseline assessments using culturally valid and reliable approaches effectively and efficiently. The study further discusses how cultural adaptations can aid in providing culturally competent care to ensure ideal outcomes for

clients of different cultures. Being aware of the different cultural values is important to guide practitioners in understanding how to provide the client with the best care.

The Influence of Culture when Caring for Family Members with Disabilities

The third most common theme among the articles we reviewed addressed the way families are affected by, and cope with, family members living with disabilities. According to Huang et al.'s (2022) study, Asian American families tend to care for their elderly family members. Through their study, they aimed to measure the amount of caregiver burden based on each participant's experience of providing care and coping with the circumstance (Huang et al., 2022). For this, the Burden Scale for Family Caregivers and the Spirituality Scale were used to survey the caregiver participants. The result from both questionnaires showed they experience high levels of stress and burden. This in part is due to the fact that caregivers do not seek therapy services for themselves as they view their struggles as a personal weakness. Similarly, families with a child who has autism spectrum disorder were found to have a lower quality of life than the general population as demonstrated in the study by Parsons et al. (2020). The families in this study also reported high levels of stress, especially financially. The data collection instruments used in this cross-sectional study included surveys such as the Autism Parenting Stress Index, the Brief COPE, and the World Health Organization's Quality of Life-BREF. Both Huang et al.'s (2022) and Parsons et al.'s (2020) articles demonstrate in a quantitative manner how families adapt to these lifelong situations regarding the family routines they follow. While Huang et al. (2022) focused on the impact of culture on caregivers, Parsons et al. (2020) examined the quality of life in families with a child with autism spectrum disorder. Wozniak et al. (2023) found that families, spouses of

caregivers, and friends are also impacted in their own activities of daily living when caring for a loved one. The results of the above studies suggest that as caregiver burden increases, quality of life decreases.

Along with culture, connections with family and maintaining family routines can also play an important role in the therapy process. Routines can help to provide a structure for daily life (AOTA, 2020c) and family routines can affect a client's therapy process. A study conducted by Kuhaneck et al. (2015) addresses the importance of occupational therapists taking the needs and routines of the entire family into account because of the major impacts of therapy (e.g., parental stress, self-efficacy, and coping) in both the client's and the family's everyday lives. OT practitioners can take a more family-centered intervention by looking at how their clients and families interact with one another to come up with a practical intervention process for their clients.

Remaining Gaps in Evidence

Although studies such as Huang et al. (2022) and Golos et al. (2021) address cultural values and family routines, we found that there is still a need to address various cultural elements during the assessment, intervention, and treatment processes. Learning and understanding about cultural humility is an important skill that occupational therapists, and healthcare professionals in general, should adopt. The research studies all stressed the need for targeted and client-centered interventions, however, there is little discussion dedicated to how these interventions are implemented or how to identify and incorporate client preferences toward the execution of cultural competency strategies.

According to Suarez-Balcazar et al. (2016), interventions must be matched to the cultural norms and literacy levels of the targeted group to provide the most impactful

care. Arestad et al. (2017) address how feasibility is lower in carrying out cultural adaptations in practice, largely due to a lack of proper resources (i.e., language translation, time, cost, etc.). There is also a need to study the efficacy of culturally adapted interventions and its impact on clients and caregivers of various cultural backgrounds. Results of Chang et al.'s (2022) study discussed the significance of contextual features of current rehabilitation practice in Taiwan and the United States. The researchers found that clients from Taiwan played more passive roles as clients, which led to the practitioners often deciding on which services they would receive, in comparison to clients in the United States who were more active in the services they received. Researchers also noted that there were differences in values of each cultural group: clients in the United States valued independence, autonomy, and empowerment, whereas clients from Taiwan valued family, relationships, and hierarchy. Practitioners should consider the unique attitudes, routines, and values of different cultures and how they can guide assessments, interventions, and treatment processes to be more client-centered.

As we reviewed existing literature, we also found that most research primarily focused on the pediatric population and few studies explored adult populations, indicating a potential knowledge gap in current research. This may be due to the idea that a child's family is more likely to be involved in their therapy process when compared to adults, making it easier for researchers to conduct studies and obtain data from the pediatric population. Although these studies can still be useful in understanding cultural values and family routines, it is important that we are also able to generalize the results towards the adult population as well. While using prior studies may be beneficial for research and

evidence-based practice, older adults have specific diagnoses that are not commonly seen in the pediatric population (e.g., Alzheimer's disease, arthritis, Parkinson's disease, etc.). It may be difficult to generalize results and findings from previous studies done with pediatric populations to adult client populations.

Statement of Problem

There is a lack of research on the effectiveness of implementation of cultural values and family routines during OT services on the adult population. Our research question is: does OT practitioners' integration of cultural values and family routines during treatment align with clients' preferences? We hypothesize that there will be differences between client preferences and current OT strategies for culturally competent practice.

As defined in the fourth edition of the "Occupational Therapy Practice Framework" (AOTA, 2020c), domains of a client include client factors such as values and beliefs and performance patterns such as routines, rituals, and roles. To provide the most effective and client-centered interventions, OT practitioners should be able to integrate cultural values and family routines into the client's intervention and treatment process. The problem is whether or not OT practitioners are able to integrate cultural values and family routines in their clients' treatment processes with the client's preferences and needs in mind. An example of how to implement these ideas can be seen in a study done by Wray & Mortenson (2011) that explored how occupational therapists working in early intervention programs worked toward more culturally competence in their practice. The results from the study revealed four overarching themes, one of which included family-centered partnerships. The participants emphasized the importance of

building trusting and respectful relationships with families and engaging with them in a culturally sensitive and responsive manner throughout the OT process. As a growing profession, it is important that OT concepts work towards an approach that can be generalized and applied to clients of different cultural backgrounds.

Theoretical Framework

According to the Person-Environment-Occupation-Performance (PEOP) framework (Bass et al., 2015), a person's environment can have a dynamic impact on the occupations they engage in. In the case of our thesis project, a person's environment includes the cultural and socioeconomic background from which a client and their families come from, which significantly shape their family routines and cultural values.

The PEOP framework utilizes a top-down approach by looking at a person as a whole and considering how different elements such as their culture, environment, and socioeconomic status interact with one another during interventions, as well as how they contribute to the entirety of an individual's identity (Brown, 2019). By focusing on the cultural context of a person and their family, this framework emphasizes both the physical and social context in which their occupations are performed.

A key aspect of the PEOP framework is how it identifies barriers in an individual's environment, and how they may have an impact on occupational performance (Bass et al., 2015). These barriers may include anything from the difference between family treatment preferences versus client treatment preferences, the influence of cultural values on family routines, and many others. Occupational therapists have the power to help clients identify their own needs and goals separate from what is expected of them by their family by facilitating a client-centered approach to care. This can be

done by actively listening, promoting self-reflection, and empowering clients to make choices that support their well-being and independence.

The PEOP framework also recognizes that the environment and culture a client belongs to may have an influence on certain diagnoses or therapeutic interventions. In Blanche et al. (2015), Latino mothers recount how their cultural stigma impacted their child rearing strategies for their children diagnosed with autism, such as keeping them socially isolated from other family members who are not accepting and understanding of the diagnosis in order to protect their children from physical harm. In another example, individuals of Chinese descent maintain negative stigmas surrounding mental illness, which may deter a client from seeking mental health care for fear of being ostracized by their family and community. By acknowledging the influence of cultural values on family routines, occupational therapists can ensure their interventions align with the client's preferences and cultural background, promoting participation and engagement in daily occupations (Huang et al., 2022).

In practice, the PEOP framework may be applied by emphasizing the collaboration necessary between the therapist, the client, and their caregivers (Bass et al., 2015). For example, involving family members in the goal-setting process creates a mutual understanding of the client’s needs in the context of the family unit. It helps in promoting a culturally sensitive approach to treatment to then enhance occupational performance within the routine of the family.

The PEOP also acknowledges the influence of both extrinsic and intrinsic factors on a person’s occupational performance (Bass et al., 2015). Extrinsic factors come from the outside world such as social support, culture, socioeconomic systems, access to

technology, and the natural environment. Intrinsic factors are related to the individual such as physiological factors, cognitive abilities, psychological behaviors, and more (Bass et al., 2015). By taking both extrinsic and intrinsic factors into account, an occupational therapist can gain a better understanding of a client's occupational performance and goals in order to design their interventions accordingly.

Overall, the PEOP framework provides a substantial basis for exploring the impact cultural values have on family routines. It offers a comprehensive approach that examines how diverse factors such as the environment, a person's cultural background, and family routines impact a client's occupational performance. We can better understand exactly what impacts these factors have on occupational performance by administering surveys, which is what this study aims to do.

Methodology

Design

A mixed-methods design was used for this research study. In order to collect data, we provided participants with a survey via Google Forms. Participants were able to access the Google Form using an electronic device to scan a QR code that was embedded in our flier. The survey for OT clients consisted of 10 questions while the survey for OT practitioners had 11 questions. Advantages of this survey method include that it allowed our recruitment process to reach participants with ease as the QR code could be accessed quickly at their convenience. This method was a way to maintain participant confidentiality and anonymity by not requiring participants to provide identifying information such as their name, contact information, or date of birth in Google Forms.

Participants

The target population for the study was past or present OT clients and OT practitioners. To reach the target population for this study, we first emailed and called adult setting OT clinics in the Los Angeles and Orange County area to request to post study fliers at their location. In total we reached out to 18 clinics via email, phone calls, and/or voicemails, but did not receive approval from any. We also recruited participants through snowball sampling initiated by reaching out to professors in the Master of Science in Occupational Therapy program at Stanbridge University. We also posted our flier on the CommunOT forum on the AOTA website as well as in the 4OT Facebook group page. The inclusion criterion for OT clients was that they were 18 years of age or older and either currently receiving or have received OT services in the past 3 years. For OT practitioner participants, the inclusion criterion was that they were a currently practicing occupational therapist or have practiced in the past within any setting. The exclusion criterion for OT client and practitioner participants was not being able to access the Google Form due to lack of access to an electronic device. Additional exclusion criterion was if clients or practitioners were not fluent in English as the survey was provided in English only. The sample size goal to reach was 15 OT practitioners and 15 OT clients. However, we did not reach this goal. We received 12 OT practitioner responses and none from OT clients.

Data Collection

Data regarding OT practitioners' integration of cultural values and family routines during treatment and how they align with client's preferences was collected through the surveys. Survey QR codes and links were posted once we received Stanbridge University

Institutional Review Board approval. Each survey took participants approximately 15-20 minutes to complete. The survey consisted of Likert-scale and open-ended questions. The questions which were provided in the survey were formed by our research group to address knowledge gaps and topics identified through our literature review. Our survey questions were also formulated to gather data that would contribute to answering our research questions. The first four questions on both surveys contained multiple answer choices to collect demographic information such as age, gender, and ethnicity. Next, the participants were asked about their cultural values and family routines during OT sessions with respect to their role in the treatment, through both Likert-scale and open-ended questions. Some open-ended questions asked were “How would you define cultural competency and cultural humility?” and “What strategies do you use to involve clients' families in the treatment process?” The survey questions aided our research group in collecting data on personal experience, current knowledge on cultural humility, goals that were addressed in client treatments, and overall, how the OT practitioner and client views align.

Data Analysis

The responses from the surveys were collected from Google Forms and transferred to a Google Sheet to organize the information gathered. To display the results collected, pie charts and bar graphs were developed as needed for both open-ended and Likert-scale responses. The responses to the multiple-choice questions in the survey were analyzed in a quantitative manner using Likert-scale questions. The open-ended questions responses were analyzed manually by our research group. This allowed our research group to categorize subjective answers according to common codes and further analyze

responses to discuss results qualitatively. Next, each coding was reviewed and revised collectively by all team members to ensure intercoder reliability. Finally, we did a comparison to analyze whether or not years of OT experience as practitioners impacted the tendency to incorporate cultural values into interventions.

Results

Our study collected 12 responses from OT practitioners and no responses from OT clients. In terms of quantitative data, we received the following information. Of the practitioners surveyed, 10 were female and two were male (see Figure 1). Of the practitioners, seven identified themselves as White while five identified themselves as Asian (see Figure 2). Of the OT practitioners, seven had more than nine years of clinical experience (see Figure 3), and the most common practice setting was in outpatient clinics (see Figure 4). Of the participants, five were between the ages of 34-41, three were between the ages of 26-33, one was between the ages of 42-49, and three were over 50 years old (see Figure 5). Of the 12 participants, five reported that 50-75% of their clientele came from a different cultural background than theirs, four reported a difference of 25-50%, two reported a difference of 75-100%, and one reported a 0-25% difference (see Figure 6).

When addressing the Likert-scale questions asked, we found that seven of OT practitioners rated their confidence of implementing cultural competency and cultural humility strategies a 4 on a scale of 1 to 5 (1 = not confident; 5 = very confident). Figure 7 shows a complete summary of participant responses. In response to the Likert-scale question of how well OT practitioners felt their formal OT education prepared them in terms of addressing both cultural competency and cultural humility for clinical work, five

of the participants rated this question a 3 on a scale of 1 to 5 (1 = did not prepare me well; 5 = prepared me very well). Figure 8 shows a complete summary of participant responses.

As we analyzed the data collected, common themes were generated in reviewing the qualitative data of our study. The question asking how do you define cultural competency and cultural humility?" yielded four common themes: (1) differences in culture, (2) understanding other beliefs or cultures and respecting them, (3) awareness of one's own cultural biases, and (4) learning about other cultures (see Figure 9). One participant defined cultural competency as "seeking information and understanding that different groups are different from each other in many ways based on their culture. Culture can be determined not just by race but by location, socioeconomic status, etc.." Another participant defined cultural humility as "respecting a person's ideals and wishes even if it differs from mine and could have [...] an adverse impact on the treatment of their outcome." The participants surveyed had overall similar definitions of cultural competency and cultural humility.

When asked about strategies that practitioners used to consider client culture and preferences during OT services, four common themes were found: (1) asking questions, (2) mindfulness, (3) including the family and/or client, and (4) avoiding assumptions (see Figure 10). Examples of participants addressing the theme of *asking questions* and *mindfulness* include a participant noting "I always remind myself that everyone has different cultural context compared to mine. I always ask and learn what my patient's cultural context is so I can provide the best care." Phrases such as *asking questions* and *avoiding assumptions* were also brought up throughout multiple responses.

In response to the question "what strategies do you use to involve clients' families in the treatment process?", the two most common themes that were found were: (1) asking questions and (2) incorporating family (see Figure 11). OT practitioners stated that incorporating family included "including them in interview and training and sharing the goals and helping the family understand how to carry over treatment sessions to home." OT practitioners stated that they would ask questions to either the client or the family, specifically "asking questions about the client and family goals based on their cultural context."

Throughout the course of this study, a comprehensive effort was made to gather valuable insights from OT clients regarding their experience with the implementation of cultural values and family routines into OT services they received including multiple inquiries, repeated follow ups, and revisiting social media outlets. Unfortunately, despite our best attempts and diligent outreach, no survey responses were received from the targeted OT client population.

Discussion

The goal of our study was to develop an understanding on the perspectives of OT practitioners' and OT clients' regarding the integration of cultural values and family routines during treatment. To guide us in answering this research question, our goal was to gather data from both OT practitioners and OT clients. Although we did not receive any responses from clients, we received a total of 12 OT practitioner responses, which allowed us to gather data based on their responses from the survey.

After analyzing the data from the open-ended questions, we can conclude that there are similarities regarding how OT practitioners define cultural competency and

cultural humility. There are also similarities with the strategies they use for taking clients' cultural values and preferences into consideration and involving clients' families during the OT treatment process. From the Likert-scale questions, we can also conclude that there are similarities regarding how confident OT practitioners feel with implementing cultural competency and cultural humility strategies into OT interventions as well as with how well they feel their formal OT education prepared them in terms of addressing cultural competency and cultural humility into their clinical work. In addition, the literature we reviewed demonstrates the importance of involving clients and their families into their treatment process. According to Golos et al. (2021) and Chang et al. (2022), family plays a significant role in a clients' intervention. This relates to our study as several of the OT practitioners reported utilizing the strategy of incorporating clients and their families in treatment. This is also important for OT practice as the participants from the study reported the importance of utilizing a client and family centered approach. In addition, Howe et al. (2019), discuss the importance of ensuring information is not misinterpreted when it comes to the implementation of intervention strategies for feeding. This also relates to our study as participants also shared the strategy of asking questions when it comes to considering client's cultural values and preferences. Overall, these factors are important to consider during treatment for including the client and meeting their needs.

Although we did not receive any OT client responses to our survey, literature suggests that as long as client opinions are voiced and acknowledged by practitioners throughout the OT process, then clients report high satisfaction rates with OT services. According to Chetty (2022), clients appreciated the flexibility when presented with the

opportunity of having virtual health consultations, with 96.9% of clients reporting satisfaction with their OT services. And while 82.1% of clients stated that they may have preferred in person services, both methods of administering OT services offer their own set of advantages, depending on the client and their unique background, such as their comfort with technology, accessibility to healthcare facilities, and individualized therapy goals. Many clients expressed a preference for virtual services due to reduced costs associated with virtual healthcare, such as time or travel costs, which emphasizes the importance of tailoring healthcare services to meet client preferences. Understanding and accommodating client preferences for in-person or virtual care can contribute to client-centered care and improved overall satisfaction. Zahoransky and Lape (2020) analyzed client satisfaction of home health interventions in accordance with a combination of on-site and telehealth visits. They found that to fully assess a client for healthcare, both qualitative and quantitative factors should be considered, such as individual improvement in occupational performance and client willingness to receive services. They also found that the more individualized the intervention plan was, the more involved the clients were in the intervention process, and therefore more satisfied with services. Lastly, Thyer et al. (2019) compared the perspectives of OT practitioners and OT clients in regard to the use of the Canadian Occupational Performance Measure. They found that due to the self-reported nature of the Canadian Occupational Performance Measure, clients experienced overall increased participation, satisfaction, and awareness of OT. Utilization of the Canadian Occupational Performance Measure improved collaborative decision making and goal setting, client engagement, and made therapy more meaningful for clients.

In the context of our study, the importance of tailoring healthcare services to align with each client's unique preferences is paramount. The literature we reviewed underscores the value of taking an active role in seeking, acknowledging, and incorporating client feedback into the intervention process (Thyer et al., 2019), which was the primary goal of our surveying process involving OT clients. Overall, these studies emphasize the importance of tailoring healthcare services to meet a client's unique preferences. The existing literature highlights the significance of actively soliciting and acknowledging client opinions throughout the occupational therapy process. The studies we reviewed indicate that when clients' voices are heard, their satisfaction with OT services tends to be notably high. These studies reinforce the impact of accommodating client preferences, promoting client engagement, and actively involving clients in the healthcare decision-making process (Chetty, 2022). Tailoring services in this manner not only contributes to patient-centered care but also enhances overall satisfaction with occupational therapy services. By aligning our surveying efforts with these principles, our study sought to contribute not only to the promotion of patient-centered care but also to the enhancement of overall satisfaction with OT services. Our research, rooted in the pursuit of data from OT clients and practitioners, aligns with these overarching principles, reinforcing the importance of our data collection efforts in advancing the field of occupational therapy.

Study Limitations

There were several limitations we came across during our study. One limitation was that our study consisted of having a small sample size of 12 OT practitioners. Another limitation was that we did not receive any responses from OT clients who are

currently receiving or have previously received OT services. These were limitations for our study because it hindered our ability to gather data based on client perspectives. Prior to gathering these responses, we were required to receive approval from Stanbridge University Institutional Review Board, which took longer than anticipated. This impacted our study as our time to gather data was limited. Additional limitations consisted of only providing our survey in English and online. Providing the survey in only one language was a limitation because it excluded participants who would be interested in participating but were not fluent in English, impacting our ability to gather the perspectives from additional participants. In addition, excluding those who do not have access to the internet or electronic devices was another limitation, as potential participants without access to an electronic device may still have been able to contribute to our study. Overall, the limitations we experienced had a significant impact on our study as they impacted our ability to compare the perspectives between OT practitioners and OT clients.

Ethical and Legal Considerations

As we conducted our study, we took several measures to protect the anonymity of our participants, such as ensuring that their survey responses were kept confidential. Prior to starting our study and recruiting participants, we created a separate email account, which was only used for this study and we as the researchers only have access to. During the recruitment process, we wanted to ensure that participants provided their consent prior to participating in our study. This consisted of us contacting clinics to ask for their permission to post our study flyers at their site and by providing the participants with a consent form that included a description and the requirements for our study. Participants who met our inclusion criteria had the option to either opt out of our study or

choose “I agree” at the end of the consent form prior to moving forward to the Google Form survey. According to AOTA (2020a), freedom has to do with allowing each person to be independent and have initiative. This was important to keep in mind throughout our study to ensure that each participant had the autonomy and freedom to decide whether they wanted to participate in the study without having to provide any signatures or identifiable information. In addition, it was important that we considered the dignity of each participant, which consisted of valuing and promoting how each person is unique as well as having respect for their social and cultural life experiences (AOTA, 2020a). This was also important for our study to ensure that we were providing our participants with respect and were mindful that they were going to provide different information regarding their experiences and perspectives with the OT services. To ensure the rigor of the qualitative data provided by the participants, our research group analyzed the responses manually and categorized them based on common themes that were reported. Overall, we refrained from associating stereotypes with participant’s cultural values and beliefs to ensure that information was interpreted accurately and free from bias.

Conclusion

Overall, the purpose of our study was to develop a better understanding of perspectives regarding the integration of cultural values and family routines during OT treatment by recruiting OT clients and OT practitioners. Through the survey responses we received from OT practitioners, we were able to gather data on what their perspectives are with reference to the research question: does OT practitioners’ integration of cultural values and family routines during treatment align with clients’ preferences? In addition, our research group was able to analyze the common themes

reported by the participants. Although we did not receive any responses from OT clients, there are several studies that discuss clients' experiences with services. Based on the existing literature and by continuing the research, occupational therapists can develop and implement more effective and culturally competent assessments and interventions to support clients along with their families from diverse cultural backgrounds to achieve optimal quality of life. This is important to consider for practice, to meet the needs of clients by providing them with client and family-centered care. Additionally, by recruiting OT client participants in future research, more data could be collected to guide researchers in further answering the research questions. This would allow the perspectives reported by the clients to be compared to the perspectives of the OT practitioners.

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Figure 1

Gender of Participants

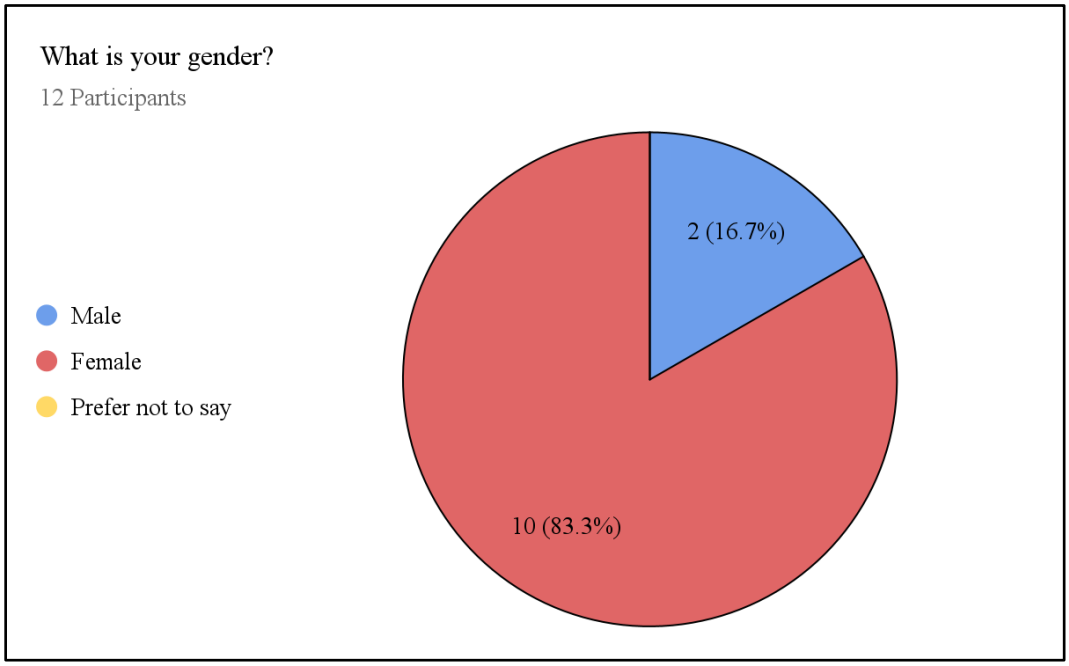


Figure 2

Participants' Racial Identity

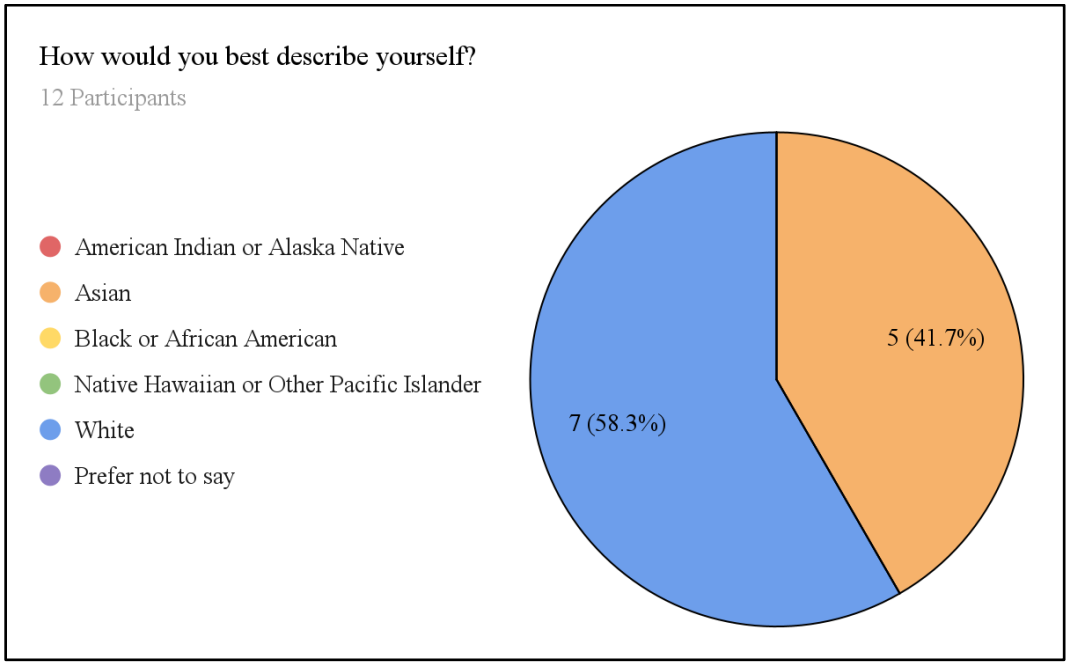


Figure 3

Participants' Years of Clinical Experience

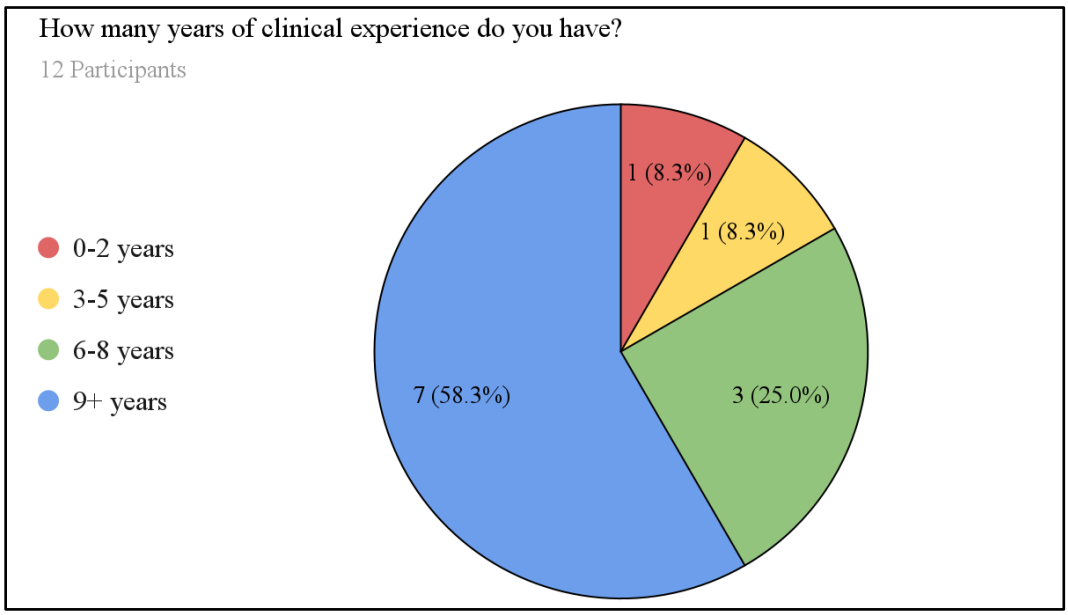


Figure 4

Participants' Clinical Setting(s) of Practice

Participant	Setting
1	Outpatient hand therapy, industrial rehabilitation, and home health
2	Pediatric private practice
3	Outpatient hand therapy and acute care
4	Academic fieldwork coordinator for OTA program
5	Academia, mental health, pediatrics, and school setting
6	Outpatient, inpatient, home health, community, and private practice
7	Academia
8	Adult outpatient and acute inpatient
9	Hospital, neurology outpatient, and home health
10	Acute care, outpatient, pediatric outpatient, and skilled nursing facility
11	Outpatient
12	Outpatient hand therapy, industrial rehabilitation, and home therapy

Figure 5

Participants' Age Range

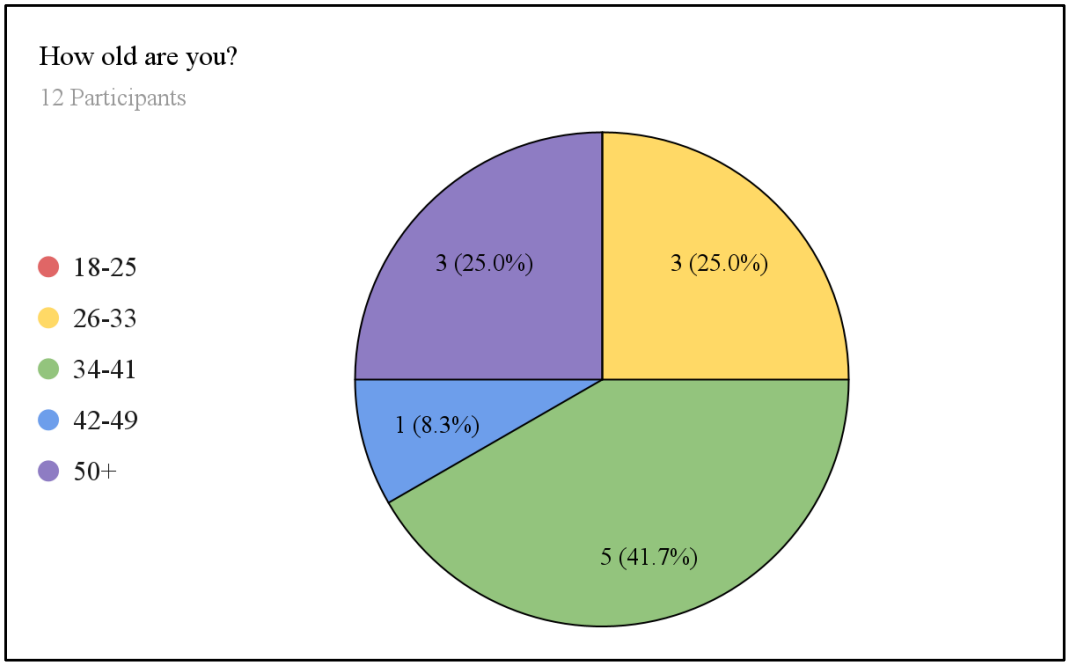


Figure 6

Participants Clientele Background

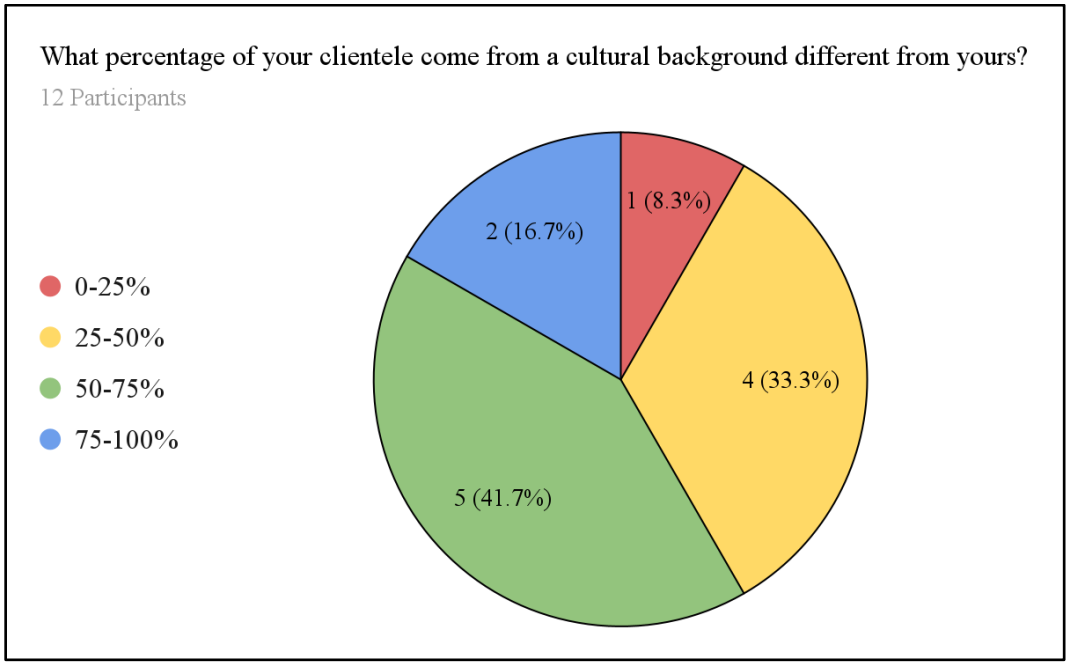


Figure 7

Participants' Confidence in Implementing Cultural Competency & Humility Strategies

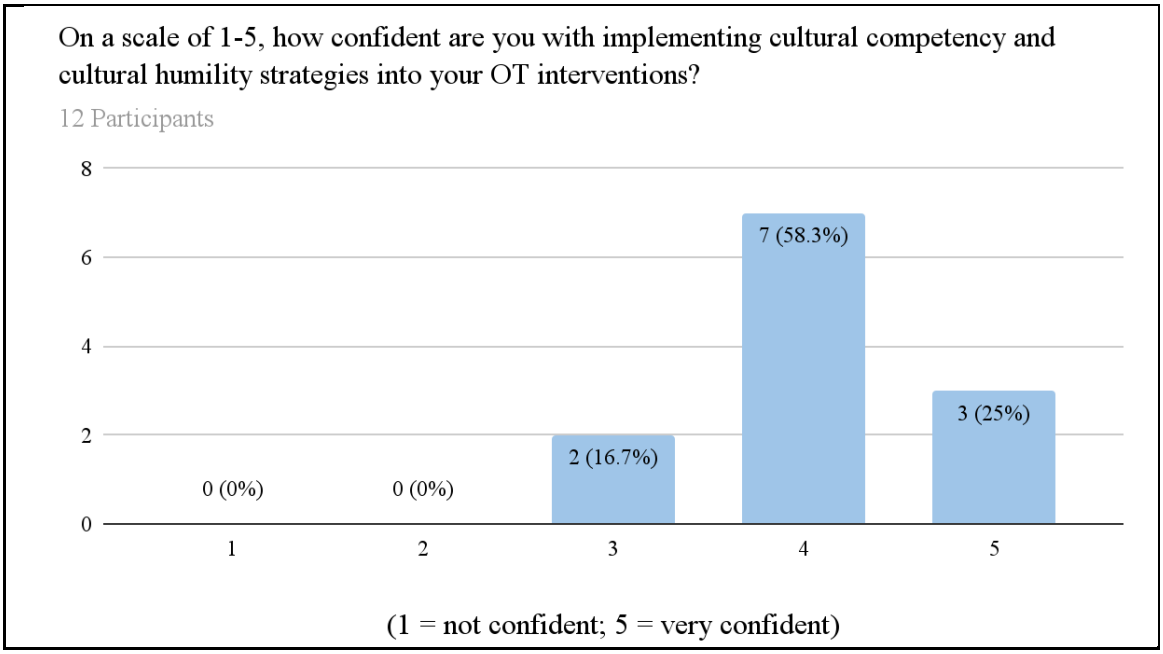


Figure 8

Participants' Confidence in Education on Cultural Competency & Humility

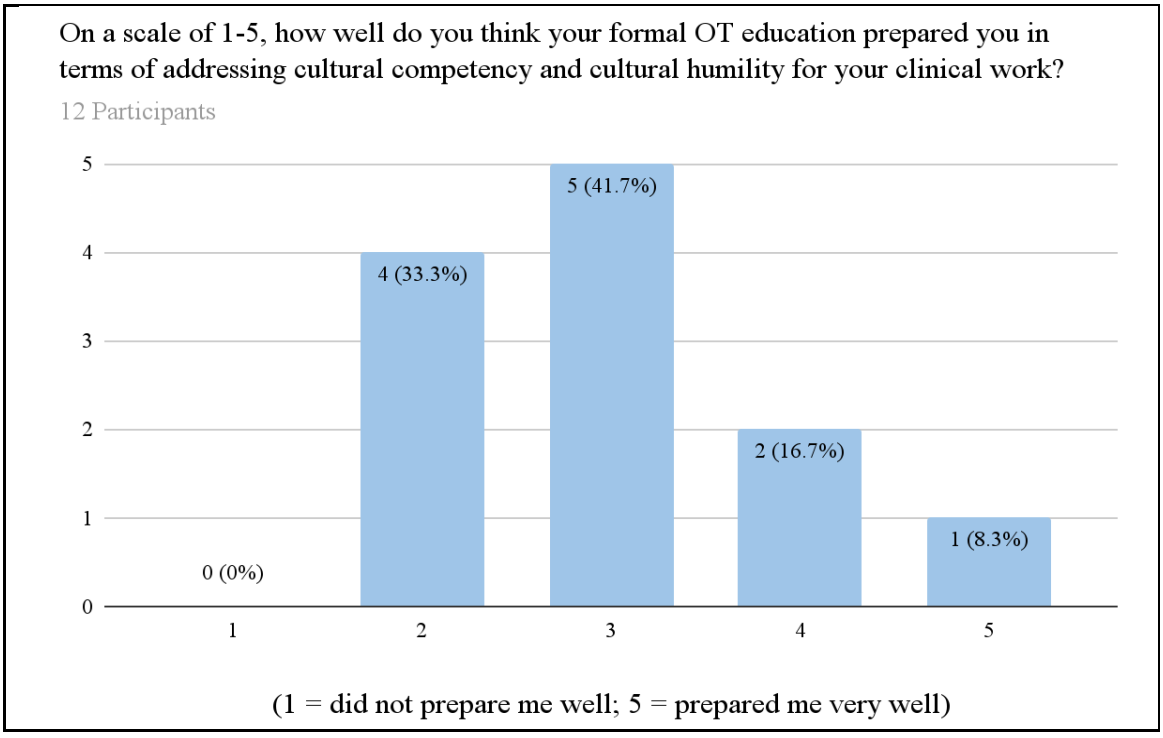


Figure 9

Themes in Participants' Definition(s) of Cultural Competency and Cultural Humility

Theme	Participant Responses
Different	*Humility - respecting a person's ideals and wishes even if it differs from mine, and could have, what I believe, is an adverse impact on their treatment outcome.* *Being mindful of your own perceptions, thoughts, words, and actions while interacting with people with different cultures.* *Seeking information and understanding that different groups are different from each other in many ways based on their culture.* *Respectfully mindful of different and same cultures/backgrounds/perspectives and open-minded to diversity.* *Learning how to provide care in a way that is respectful of people's different backgrounds.*
Understanding other beliefs/cultures and respecting others' cultures.	*Respecting a person's ideals and wishes.* *Understanding how culture and ethnic background impact interactions.* *Understanding your own beliefs are not the same as others.* *Respectfully mindful of different and same cultures/backgrounds/perspectives and open-minded to diversity.* *Being respectful of other cultures and learning how to provide care in a way that is respectful of people's different backgrounds.*
Awareness of one's cultural biases.	*Being aware and sensitive to cultural bias and specific traditions has on one's judgements and decisions in life.* *Being mindful of your own perceptions, thoughts, words, and actions while interacting with people with different cultures.* *Actively not presuming your own culture or the dominant culture is right or accurate or superior.* *Awareness of people's different backgrounds, norms, and values.* *Be aware of how your culture and the dominant culture are embedded in healthcare, therapy expectations, goals, education, assessments, etc.*

	Being aware and respectful of other cultures, values, beliefs, and being self-aware of your own and how this impacts your professional and personal interactions.
Learning/doing research on other cultures.	*Taking time to learn about a culture as it relates to the injury I'm treating.* *Learning about other cultures.* *Requires asking questions and doing research about the cultures of the patients.* *Allowing others to teach/inform about their culture's practices and beliefs.*

Figure 10

Themes in Participant Response to "What strategies do you use to take a client's cultural values and preferences into consideration during OT services?"

Theme	Participant Responses
Asking questions	*Inquire and incorporate into patient goals.* *Being open to differences of opinions, asking questions.* *I ask questions.* *I always ask and learn what my patient's cultural context is so I can provide the best care.* *Generally asking the client what preferences they have surrounding their care.* *Asking open-ended questions, asking for permission.* *I like to not assume. Instead, I ask questions. For example, is it important for you to be independent with cooking or putting on your own socks? What are your goals for therapy?* *When goal setting, I always ask what is important to the patient. What are they having trouble accomplishing?*
Mindfulness	*Mindfulness — I always remind myself that everyone has a different cultural context compared to mine.* *I try to be aware of my own assumptions and make sure my questions are more neutral (not starting with questions that assume White middle-class ways of being).* *Being aware of my own bias that may affect care.*
Including family/patient	*Including other family members in the process of therapy.* *Client-centered approach.* *Include the patient and family into goal setting and plan of care.*
Avoid assumptions	*Some cultures value independence more and others value group participation more — so not assuming independence is the holy grail of goals.*

Avoiding assumptions
I like to not assume, instead I ask questions.

Figure 11

Themes in Participant Response to "What strategies do you use to involve clients' families in the treatment process?"

Theme	Participant Responses
Asking questions	*Asking open-ended questions. Probing how difficulties are addressed.* *Always be mindful of what I say, do, or when I ask the client any questions.* *Ask questions first. Then build from there with what they are comfortable with and the roles that that person plays based on their culture.* *Simply asking questions about the client and family goals based on their cultural context.* *I invite them into evaluations. I ask them to share their perspectives, thoughts, greetings, goals. Ask them if they think the goals and interventions are doable on track for their goals, trying to elicit feedback if I've accidentally started assuming from my own paradigm.* *Ask family about their concerns.* *Always see if they have any questions or concerns.*
Incorporating family	*Talking directly with them if I have permission.* *Incorporating family into caregiver training, but only with permission from the patient.* *Including them in the interview and asking them and the client if they want to be involved.* *Finding out what is meaningful to the patient and having families assist with setting up these activities.* *Always offer translation and include them in training. For example, with home exercise programs, they can support the patient at home with the exercises.* *With patient's permission, sharing the goals and helping the family understand how to carry over treatment sessions to home.*

Appendix A

Institutional Review Board Approval Letter

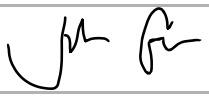
09/07/2023

Re: IRB APPROVED INFORMED CONSENT FORMS - IRB Application

#05MSOT012

Dear Dr. Shain Davis and Students,

The Stanbridge University Institutional Review Board has completed the review of your application entitled "Client and Practitioner Perceptions on the Application of Cultural Values and Family Routines during Occupational Therapy Services." Your application (#05MSOT012) is approved and categorized as Exempt.

IRB Application Number	#05MSOT012
Date	09/07/2023
Level of Review	**Exempt**
Application Approved	X
Conditional Approval	
Disapproved	
Comments	The requested Minor changes have been reviewed and confirmed as completed by the IRB. (09/07/2023)
Signature of IRB Chair	

Please note that any anticipated changes to this approved protocol requires submission of an IRB Modification application with IRB approval confirmed prior to their implementation.

Sincerely,
Julie Grace, M.S., M.A.
IRB Chair

Appendix B

OT Practitioner Survey Questions

1. How old are you?

- 18-25
- 26-33
- 34-41
- 42-49
- 50+

2. What is your gender?

- Male
- Female
- Prefer not to say

3. How would you best describe yourself?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (Please specify)
- Prefer not to say

4. How many years of clinical experience do you have?

- 0-2 years
- 3-5 years

- 6-8 years
- 9+ years

5. What setting(s) do you currently practice in or have practiced in?

6. How would you define cultural competency and cultural humility?

7. What strategies do you use to take a client's cultural values and preferences into consideration during OT services?

8. On a scale from 1-5, how confident are you with implementing cultural competency and cultural humility strategies into your OT interventions?

9. What strategies do you use to involve client's families in the treatment process?

10. On a scale from 1-5, how well do you think your formal OT education prepared you in terms of addressing cultural competency and cultural humility for your clinical work?

11. What percentage of your clientele come from a cultural background different from yours?

- 0-25%
- 25-50%
- 50-75%
- 75-100%

Appendix C

OT Client Survey Questions

1. How old are you?

- 18-25
- 26-33
- 34-41
- 42-49
- 50+

2. What is your gender?

- Male
- Female
- Prefer not to say

3. How would you best describe yourself?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (Please specify)
- Prefer not to say

4. Have you received OT services within the past 3 years?

- Yes
- No

5. What are some of the goals you worked on during OT services?

6. On a scale from 1-5, what is your overall satisfaction level with the OT services you have received or are currently receiving?

7. On a scale from 1-5, how well do you feel OT services addressed your cultural values and/or family routines?

8. During services do you feel that the OT considered your cultural background?

- Yes
- No

9. On a scale from 1-5, how important is it for your family to be involved in your treatment process?

10. On a scale from 1-5, how well do you feel that the OT integrated your family into your treatment process?

Appendix D

OT Client Consent Form

CONSENT TO PARTICIPATE IN RESEARCH
Stanbridge University

Title of Study: Client and Practitioner Perceptions on the Application of Cultural Values and Family Routines during Occupational Therapy Services.

Participant's Rights
You are being asked to participate in a research study. Your participation is voluntary. You may choose not to participate at any stage of the study. You may choose not to answer any questions/not to participate in any procedures that may make you feel uncomfortable, without penalty or any effect on the compensation (if applicable). Your identity will be kept confidential. If you do not understand anything, please ask questions.

What is the purpose of this study?
The purpose of this research study is to learn more about how clients of occupational therapy (OT) perspectives vs. OT practitioner perspectives on cultural values and family routines compare/contrast during the administration of OT services.

Research question:
Does OT practitioners' integration of cultural values and family routines during treatment align with client's preferences?

Are there any benefits from participating in this study?
There are no physical, social, legal, or economic benefits to participants in this study. Psychological benefits may include undergoing self-reflection and gaining a better self-understanding on the relation between culture and occupational therapy.

What are the risks involved if I participate in this study?
The risks in our study are minimized to potential psychological (including potential recollection of an unpleasant experience during occupational therapy services) risks. Our study aims to advance the understanding of how cultural values and family routines are implemented into the practice of occupational therapy and to fill the research gap in the field. We plan on addressing potential risks by informing participants that all responses collected will be kept anonymous and will not include any identifiable information or signatures to participate in the study. To maintain participants' privacy and confidentiality, all responses will be kept confidential and will not be shared with their occupational therapy provider, patient, or employer.

What does this study involve? (Time commitment, the duration of study)
The survey will be administered through Google Forms and will take about 15-20 minutes for both OT clients and OT practitioners to complete. The first few questions on both surveys will consist of multiple-choice questions to collect demographics. The

remaining questions will contain different open and closed-ended questions for OT clients and OT practitioners.

Withdrawal from the study
Participants have the autonomy to decide whether they would like to participate in the study. In addition, participants have the right to stop participating in the study at any time with no effects. If the participants decide they are no longer interested in continuing the study, they have the right to discontinue participation at any given time and there will be no penalty or loss of benefits for doing so. Participants also have the right to skip any questions they do not wish to respond to or feel uncomfortable answering with no penalty or loss of benefits.

Compensation for participation:
There will be no compensation for participating in the study.

Confidentiality:
To maintain the confidentiality of the participants, the Google Forms will be anonymous and will not collect any identifying information from the participants.

Who should you call with questions or concerns about this study?
Please contact the principal investigator if you have any questions about this research study.

Principal Investigator: Dr. Shain Davis, OTR/L
Email: sdavis@stanbridge.edu

If you have any concerns about this research and how it is conducted, please contact our institutional officer-in-charge:
Stanbridge University VP of Instruction/Independent **Contact**:
VP.instruction@stanbridge.edu

Does it cost me anything to participate in this study?
There will be no financial cost to participate in the study. However, a time commitment of 15-20 minutes will be required for each participant to complete the survey.

Statement of Consent
I have read the above information and have received answers to any questions I may have asked.

1. I am 18 years or older.
2. My participation is voluntary.
3. I may withdraw from this study at any point.
4. I consent to take part in the study.

Abigail Declines, Cassandra Ibarra, Monica Orozco-Lemus, and Penny Trieu, graduate students in the Master of Occupational Therapy Program at Stanbridge University, are conducting a research study to identify how client perspectives and OT practitioner

perspectives on cultural values and family routines compare/contrast during the administration of OT services. You are being asked to complete this survey if you are a client who is currently receiving occupational therapy services or have received occupational therapy services within the past 3 years in any clinical setting.

The survey will be administered through a Google Doc Form and will take 15-20 minutes for each participant to complete. To participate in the study, individuals must be 18 years of age or older and clients who are currently or have received occupational therapy services within the past 3 years.

The risks in our study are minimized to potential psychological (including potential recollection of an unpleasant experience during occupational therapy services) risks. Our study aims to advance the understanding of how cultural values and family routines are implemented into the practice of occupational therapy and to fill the research gap in the field. The study does not include any physical, psychological, social, legal, or economic risks to the participants.

This study does not offer therapeutic benefits, as participants are not anticipated to benefit directly from any occupational therapy interventions by participating in the study. There are no physical, social, legal, or economic benefits to participants in this study. Psychological benefits may include undergoing self-reflection and gaining a better self-understanding on the relation between culture and occupational therapy.

If the participants decide they are no longer interested in continuing the study, they have the right to discontinue participation at any given time and there will be no penalty or loss of benefits for doing so. Participants also have the right to skip any questions they do not wish to respond to or feel uncomfortable answering with no penalty or loss of benefits.

To maintain the confidentiality of the participants, the Google Forms will be anonymous and will not collect any identifying information or signatures from the participants. All responses will be kept confidential and will not be shared with their occupational therapy provider, patient, or employer.

If you have any questions, feel free to contact the student investigators and principal investigator listed below:

Student Investigators:
Abigail Declines (abigail.declines@my.stanbridge.edu)
Cassandra Ibarra (cassandra.ibarra@my.stanbridge.edu)
Monica Orozco-Lemus (monica.orozco-lemus@my.stanbridge.edu)
Penny Trieu (penny.trieu@my.stanbridge.edu)

Principal Investigator:
Dr. Shain Davis, OTD, OTR/L (sdavis@stanbridge.edu)

If you have questions about your rights as a research participant, you may contact the Stanbridge University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. Please call the IRB Office at 949-794-9090 or via email at irb@stanbridge.edu.

If you would prefer not to participate, please do not fill out a survey.
If you consent to participate, please complete the survey.

Appendix E

OT Practitioners Consent Form

CONSENT TO PARTICIPATE IN RESEARCH
Stanbridge University

Title of Study: Client and Practitioner Perceptions on the Application of Cultural Values and Family Routines during Occupational Therapy Services.

Participant's Rights
You are being asked to participate in a research study. Your participation is voluntary. You may choose not to participate at any stage of the study. You may choose not to answer any questions/not to participate in any procedures that may make you feel uncomfortable, without penalty or any effect on the compensation (if applicable). Your identity will be kept confidential. If you do not understand anything, please ask questions.

What is the purpose of this study?
The purpose of this research study is to learn more about how clients of occupational therapy (OT) perspectives vs. OT practitioner perspectives on cultural values and family routines compare/contrast during the administration of OT services.

Research question:
Does OT practitioners' integration of cultural values and family routines during treatment align with client's preferences?

Are there any benefits from participating in this study?
There are no physical, social, legal, or economic benefits to participants in this study. Psychological benefits may include undergoing self-reflection and gaining a better self-understanding on the relation between culture and occupational therapy.

What are the risks involved if I participate in this study?
The risks in our study are minimized to potential psychological (including potential recollection of an unpleasant experience during occupational therapy services) risks. Our study aims to advance the understanding of how cultural values and family routines are implemented into the practice of occupational therapy and to fill the research gap in the field. We plan on addressing potential risks by informing participants that all responses collected will be kept anonymous and will not include any identifiable information or signatures to participate in the study. To maintain participants' privacy and confidentiality, all responses will be kept confidential and will not be shared with their occupational therapy provider, patient, or employer.

What does this study involve? (Time commitment, the duration of study)
The survey will be administered through Google Forms and will take about 15-20 minutes for both OT clients and OT practitioners to complete. The first few questions on both surveys will consist of multiple-choice questions to collect demographics. The

remaining questions will contain different open and closed-ended questions for OT clients and OT practitioners.

Withdrawal from the study
Participants have the autonomy to decide whether they would like to participate in the study. In addition, participants have the right to stop participating in the study at any time with no effects. If the participants decide they are no longer interested in continuing the study, they have the right to discontinue participation at any given time and there will be no penalty or loss of benefits for doing so. Participants also have the right to skip any questions they do not wish to respond to or feel uncomfortable answering with no penalty or loss of benefits.

Compensation for participation:
There will be no compensation for participating in the study.

Confidentiality:
To maintain the confidentiality of the participants, the Google Forms will be anonymous and will not collect any identifying information from the participants.

Who should you call with questions or concerns about this study?
Please contact the principal investigator if you have any questions about this research study.

Principal Investigator: Dr. Shain Davis, OTR/L
Email: sdavis@stanbridge.edu

If you have any concerns about this research and how it is conducted, please contact our institutional officer-in-charge:
Stanbridge University VP of Instruction/Independent **Contact**:
VP.instruction@stanbridge.edu

Does it cost me anything to participate in this study?
There will be no financial cost to participate in the study. However, a time commitment of 15-20 minutes will be required for each participant to complete the survey.

Statement of Consent
I have read the above information and have received answers to any questions I may have asked.

1. I am 18 years or older.
2. My participation is voluntary.
3. I may withdraw from this study at any point.
4. I consent to take part in the study.

Abigail Declines, Cassandra Ibarra, Monica Orozco-Lemus, and Penny Trieu, graduate students in the Master of Occupational Therapy Program at Stanbridge University, are conducting a research study to identify how client perspectives and OT practitioner

perspectives on cultural values and family routines compare/contrast during the administration of OT services. You are being asked to complete this survey if you are an occupational therapy practitioner who is currently practicing in any setting.

The survey will be administered through a Google Doc Form and will take 15-20 minutes for each participant to complete. To participate in the study, individuals must be 18 years of age or older and an occupational therapy practitioner who is currently practicing in any setting.

The risks in our study are minimized to potential psychological (including potential recollection of an unpleasant experience during occupational therapy services) risks. Our study aims to advance the understanding of how cultural values and family routines are implemented into the practice of occupational therapy and to fill the research gap in the field. The study does not include any physical, psychological, social, legal, or economic risks to the participants.

This study does not offer therapeutic benefits, as participants are not anticipated to benefit directly from any occupational therapy interventions by participating in the study. There are no physical, social, legal, or economic benefits to participants in this study. Psychological benefits may include undergoing self-reflection and gaining a better self-understanding on the relation between culture and occupational therapy.

If the participants decide they are no longer interested in continuing the study, they have the right to discontinue participation at any given time and there will be no penalty or loss of benefits for doing so. Participants also have the right to skip any questions they do not wish to respond to or feel uncomfortable answering with no penalty or loss of benefits.

To maintain the confidentiality of the participants, the Google forms will be anonymous and will not collect any identifying information or signatures from the participants. To maintain participants' privacy and confidentiality, all responses will be kept confidential and will not be shared with their occupational therapy provider, patient, or employer.

If you have any questions, feel free to contact the student investigators and principal investigator listed below:

Student Investigators:
Abigail Declines (abigail.declines@my.stanbridge.edu)
Cassandra Ibarra (cassandra.ibarra@my.stanbridge.edu)
Monica Orozco-Lemus (monica.orozco-lemus@my.stanbridge.edu)
Penny Trieu (penny.trieu@my.stanbridge.edu)

Principal Investigator:
Dr. Shain Davis, OTD, OTR/L (sdavis@stanbridge.edu)

If you have questions about your rights as a research participant, you may contact the Stanbridge University Institutional Review Board (IRB), which is concerned with the

protection of volunteers in research projects. Please call the IRB Office at 949-794-9090 or via email at irb@stanbridge.edu.

If you would prefer not to participate, please do not fill out a survey.
If you consent to participate, please complete the survey.