Dr. Tedd Judd Talks About Cultural Competency And Relevance In Rehabilitation

Produced by: Victoria McDonough and Brian King
Video Link: http://www.brainline.org/content/multimedia.php?id=1422

Dr. Tedd Judd: We just talked about a whole lot of different levels of causality of an auto accident or a brain injury. At the same level there are a whole lot of different levels of causality or difficulties with regard to cultural competence and cultural accessibility of rehabilitation.

There's the individual level that we were talking about, once the person who's an ethnic minority arrives at a rehabilitation center. And there some of the obstacles have to do with the way rehabilitation is structured, the way that goals are set. And we are getting better at that. I see a lot of movement not only here but in the literature in general, at being more open to that, so that flexibility and that other point of view. Some of that has come from the results of rehabilitation, some of that has come from observing that things that are done in the clinic, or in the hospital don't generalize to home very easily. Some of it's coming from how expensive inpatient rehab is, and so we're saying we need to look out there and do rehabilitation more in the community.

There are many ways in which actually we have some models that come from the developing world, where they're already doing that much better than we are, and we can learn from rehabilitation practices in developing countries, that we can apply more appropriately in the developed world of how to do rehabilitation in the community, how to involve family members. Before we do that, we also need changes in our other structures as well, that our funding is so individually oriented, and it can be very difficult to convince funding sources that we really need to work with the family, we really need to go out and make a visit to their church, or to work with their friends, or things of that sort. And actually to interface with other parts of our society that will be doing this kind of work, and to have more of a community based rehabilitation.

If you look at things like the school system, or if you look at things like disabled student services in higher education, or disabled worker services in the larger corporations and government units and so on, that's community based rehabilitation. There you have somebody who's in a particular although somewhat artificial or constructive community, a school community, a work community, their job there is to help that person find ways to ft in so they can really be doing the kind of, we talk about two models, place and train, or train and place.

The hospital rehabilitation model is train and place. You've got somebody in the hospital, you work with them on this, this, this, or this until it's fixed enough to be able to go out and put them out there. The place and train, put them in there and train them in the location where they are to do what it is they're going to do. We're finding that we need to be doing a lot more place and train. Not exclusively, but we need to be expanding that model. And when we do that, we need to be doing, using natural helpers, schoolmates, co-workers, supervisors, and so on who can, that we can give a little bit of training to, to facilitate what they're going to do to be there day by day, to give that little indicator, that zone of recovery, queuing that's needed to allow the person to be successful.

So the obstacles are somewhat those institutional obstacles that don't let us go there

yet, though we're getting better, and those are some things that we can restructure. The kind of universalist assumption that the way we do things is the right way, we're getting better at that, we're doing more training along those lines. I think that in a sense, one of the stages of that, the stage is both progress and a barrier in our development in various rehabilitation professions is the idea that oh yes, diversity is important, and taking culture into consideration is important. So we'll have a course about it over here. And we've hired our Hispanic, or we've hired our African American to teach that course, so it's taken care of. Rather than, that's good too, because one needs to focus on what those principles are, one needs to learn them in a systematic way at some point, but it needs to be infused throughout the curriculum of training, it needs to be infused throughout the institution.

If you've got a clinic, are the signs just in English or are they in other languages? Are they, do they have graphics as well that help. What kind of materials do you have here in your waiting room? If somebody calls up on the phone what are they going to get? All those levels of, what kinds of decorations do you have? What makes people feel welcome? We look at it at all levels. So I think that we're, we are in route that way, we are making some progress towards that kind of cultural sensitivity, and the obstacles are at many levels.