

## Cultural Responsiveness Series, Module 4: Cultural Responsiveness and Conscience Protection- Personal Beliefs, Discrimination, and Conscience Protection in the Clinical Setting



1

### Speaker Disclosure



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- Financial:
  - Bilingual Speech-Language Pathologist (Spanish/English) Minneapolis Public Schools
  - Received financial compensation from ASHA
- Nonfinancial:
  - Editor of Exploring Cultural Responsiveness: Guided Scenarios for Communication Sciences and Disorders (CSD) Professionals. She was a member of the ASHA Multicultural Issues Board and is currently on the ASHA Board of Ethics.

2

## Objectives

What does culturally responsive practice look, feel and act like?

- Demonstrate how cultural competence, cultural humility and cultural responsiveness work together
- Create a complete narrative for a personal scenario

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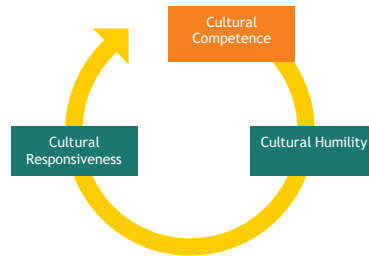


## Cultural Responsiveness and Conscience Protection- Personal Beliefs, Discrimination, and Conscience Protection in the Clinical Setting

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### Cultural Responsiveness: Putting it together

4



## Developing the Process of Self-Reflection

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Cultural self-reflection  
is a critical tool to help  
*inform and transform* one's clinical  
practice (Roysircar, 2004).

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## Cultural Competence

A provider's ability to deliver **effective** services that meet the **social**, **cultural**, and **linguistic** needs of clients (Betancourt, Green, & Carrillo, 2002).

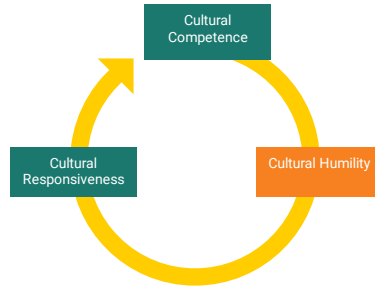
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Cultural competence in practice leads a clinician to form a

**true partnership,**

valuing the unique cultural variables in each clinical encounter.

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## Developing the Process of Self-Reflection

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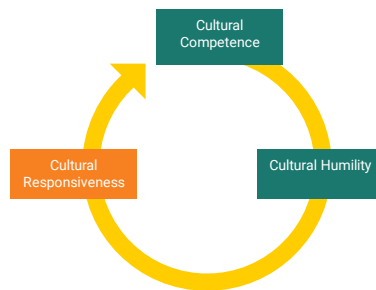
## Cultural Humility

The ability to maintain an **interpersonal** stance that is **other-oriented** in relation to aspects of cultural identity that are most important to the person  
(Hook, Davis, Owen, Worthington, & Utsey, 2013, p.354).

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Cultural humility involves a **lifelong commitment** to **self-evaluation** and **self-critique.**

11



**Developing the Process of Self-Reflection**

12

## Cultural Responsiveness

A congruous approach to cultural competence in which the provider *recognizes the importance of including the client's cultural references in **all aspects*** of their treatment and learning (Ladson-Billings, 1994).

13

## The Elements of Cultural Responsiveness



14

## Coming up next

We've explored the concept. In the *next activity*, we'll review the **guided reflection formula**



15



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### Guided Reflection Formula



16



## Guided Reflection Formula

- Prebrief
- Objectives
- Case Scenario
- Critical Thinking & Debriefing Questions
- Commentary
- Critical Thinking & Debriefing Responses
- Take Aways

17

## Coming up next



We've explored the concept and reviewed the guided reflection. The *next activities* are **your turn** to **practice** and **reflect**.

18



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### Scenario



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Scenario reading: Annie

Do fade-in text like Annie did for ASHA

Info. about reader

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20

## Case Scenario



This scenario is narrated by: Carmen Ana Ramos-Pizarro, PhD, CCC-SLP

21



## Cultural Responsiveness and Conscience Protection- Personal Beliefs, Discrimination, and Conscience Protection in the Clinical Setting

Write your reflection

22

## Just the facts

Write a narrative account of the situation. Try to make it objective.

Consider:

Who is involved in the case?

What is the central problem or conflict?

What is the goal of the resolution of the problem/conflict?

23

## Identify Cultural Influences

What cultures are involved?

- Consider the following factors: race, ethnicity, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

Consider the cultural beliefs and values of the client, the professional and the family. You may need to research general cultural practices for more information.

24

## Identify Feelings & Emotions

Consider the key players in the scenario. List them and write their observed emotional reactions as referenced by their comments, actions or other objective data.

Next, consider your own feelings or reactions evoked by the scenario.

25

## Add Evidence & Resources

Review all of your previous data. Look for key words or themes through your reflection and search reliable sources (ASHA and others) to provide more information on approaches on how to move forward or ways to increase your cultural knowledge.

26

## Practice

Write a narrative of clinical situation where there may have been cultural misunderstandings. Start with the facts, add culture, reflect on the emotions and then compile evidence and resources.

27



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### Completing the Guided Reflection

28

## Prebrief

- General overview of the concepts presented in the scenario
- Primes reader for topic

This case study highlights the differences between conscience protection, which protects an individual from performing or participating in specific medical services that interfere with a particular religious belief or practice, and discrimination that is based on another's perceived set of beliefs or expression.

29

## Objectives

- Frames scenario
- Guides learner to the main ideas
- Tool for self-evaluation after completing scenario exercise

- ❖ Understand how the ASHA Code of Ethics guides professional practice
- ❖ Reference the final conscience rule and other antidiscrimination laws
- ❖ Reflect on your personal beliefs and professional responsibilities and how their relationship can impact your service delivery

30

## Case Scenario

- Narrative format
- The Details
- Take notes

WHO:

WHAT:

WHY:

HOW:

31

## Scenario Details

WHO:

- ❖ Sofia, Dani, Professor Stevens

WHAT:

- ❖ Sofia is avoiding therapy with Dani/missing scheduled sessions

WHY:

- ❖ Sofia shared that due to her personal beliefs and practices she cannot work with Dani

HOW:

- ❖ Dani identifies as a transgender female and seeks service to feminize her voice while learning healthy vocal habits

32



## Critical Thinking & Debriefing Questions

- Debrief scenario
  - How to approach future situations.
  - Engage emotional responses and the impacts of bias.
- ❖ If a student clinician has clinical skills to provide a service, is it discriminatory for that clinician to refuse provisions of those services to a client?
  - ❖ Have you and a client ever had different beliefs? Did/how did this impact your work?
  - ❖ In a clinical setting, are clinicians required to treat all clients who come to them, regardless of the clinician's beliefs?

33

## Commentary

- Analysis of the scenario
  - Cultural competence and cultural responsiveness context
  - Cites useful research
  - Provides alternative perspectives
- ❖ The Code of Ethics and legislation for healthcare providers protect both clients and practitioners.
  - ❖ Training programs have a responsibility to ensure students are meeting competencies and are communicating their unique learning needs, preferably before an issue arises.

34

## Critical Thinking & Debriefing Responses

- Experts respond to questions and expand upon the scenario
  - Incorporates research, prevalent practices, and clinical expertise
  - Responses are not the only approach!
- ❖ Conscience protection laws allow a practitioner to decline a service if it goes against a personal belief.
  - ❖ If a clinician is declining service, another appropriate referral must be made.
  - ❖ Refusal of care should never compromise a client's health. Ultimately clients should be able to access care without judgement or discrimination.

35

## Takeaways

- Underscore main points
  - Provide an opportunity for the reader to self-assess for mastery of objectives
- ❖ The ASHA Code of Ethics guides our practice
  - ❖ SLPs are uniquely qualified to provide sensitive, skilled care to individuals who are seeking a more authentic voice to match their gender identity.
  - ❖ SLPs may exercise their right to conscience protection, and they must identify qualified referral sources to provide the needed service to the client seeking it.

36

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## LEARNING ASSESSMENT

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Spend 5 minutes to complete your learning assessment in the ASHA Learning Center.

You'll have access to a certificate of completion immediately after you complete and submit your assessment.

