

Dr. Tedd Judd Talks About Incorporating Cultural Background Into Treatment

Produced by: Victoria McDonough and Brian King

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Dr. Tedd Judd: There are certain senses, and broad theoretical senses in which cultural differences don't make a big difference in how I teach rehab to home kinds of things, in the sense of certain principles. The sort of thing of the zone of recovery that I talked about before, the idea that we're working on the person gradually learning how to do things. Some cultures and some families are more readily oriented to that sort of thing than others, and we may have to go back to first principles and explain and work that through with people earlier for more time. And also people from certain cultures will have different explanations or different ideas as to what might have caused this problem and what's going to be helpful. And so we have to spend a lot of time first learning about the culture in general that the person is coming from, and then understanding where that person and their family is with respect to that culture of origin, because many such people are immigrants in our country, and they're in a process, they're somewhere from in between their culture of origin and our host culture here. And where they are, and what their goals are in terms of their process of being here is very different from one family to another, even within families.

You know, you may have a very common kind of thing for instance is that the parents have come too late to learn English very well, but the kids are picking up English quite easily, and so they're in two different positions with regard to their language, and their acculturation, and their understanding of how we do things here, and so on, and maybe even in their own goals. So we try to find that out about each family member, and where they are, so that what we do can be respectful of that, and respectful of their understanding.

Then we take that to see what their goals are going to be, and where they want to, where, what they're looking for in rehabilitation, and try to tailor what we know how to do to help them arrive at what they want to arrive at. There are times when we might have to nudge that or massage that a bit to say, to participate in that process of acculturation, to say well yeah we could do it this way, but that's not gonna work here very well. So we may to some small extent be agents of cultural change when that is kind of part of the overall process of helping towards their goals that they may not be aware of. But that's not our job overall, only as it pertains to our rehabilitation calls.

Certainly we want to try to not just be respectful or tolerant of other cultures or perspectives, but to make use of and include and celebrate that in what we do.

So it's important for us to understand what are the community organizations, what are the activities that are really important to someone, and to work with them towards their goals of reincorporating into that. Now that may include not only what they do to be able to fit in, but how they can understand how they fit there. And it may well include reaching out to that community in a certain sort of way so that that setting, that can make a place for the person, and allow them to function there. It may involve making a visit to the church, having a gathering of friends, going to the person's home, and bringing other people around.

Let me tell a story. I was doing, I was working in the national rehabilitation hospital in Costa Rica, and we had a woman in the hospital who had had an episode of anoxia, loss of

oxygen, and she had five children, one of whom was a baby. And she had returned home, she had a severe amnesia, and she had a severe lack of initiation, she just couldn't get herself going at things, which is certain parts of the brain, damage to certain part of the brain can produce that. It wasn't depression, it wasn't that she didn't want to, it's that the starter was broken in the brain. It's like a battery, it's like a car with a dead battery. And what you can do with them is you can roll start them if you've got a standard transmission, you know, put it in gear, push it a little and then pop the clutch, and you get going. And that's the metaphor we often use for doing that. It's a kind of hard thing to grasp.

We made a trip from the hospital. Hospital bus, whole rehab team, four hour drive to her home, twice across the continental divide, and arrived at the home. And it was a kind of semi-rural neighborhood. Of course they knew we were coming. When we got there, there's also a small rehab facility in the local town, we brought them over cause they were gonna do follow-up. And so there were about fifteen or twenty of us professionals, and then the family and the neighbors started showing up, we had thirty people come, all squeezed into this living room. Everybody was part of the action, the extended family came from more of a distance, and all the neighbors who were going to be around. And we gave explanations about this initiation and so on, and talked about what they could do to facilitate her being more active. And quite reasonably in such a circumstance they had hired someone to help out in the home.

And the person who was hired to help out in the home was on the model of you know, I'm a domestic servant, I'm here to do as much of the cooking and cleaning as I can to relieve her, and we had to explain you know, the more you can get her to do, the better. Which is very much away from the model of what she thought she was hired to do. But of course her husband, and the older kids were going to come in on this, and the other family members had to know that we were talking about that so that they didn't think that she was a bad employee.

And so we demonstrated ways of doing that, and that kind of, what sorts of things would facilitate. And then we had local people who could follow up with that instruction. But you know, we got thirty people, a big community who were there, able to support her in that and those kinds of things. We never would have gotten thirty people to come four hours over the mountains to the hospital to learn all those things, and we might have tried to educate her husband and one or two other family members so that they could say that, but it wouldn't have come across with the same kind of authority for them, and the same kind of impact for that family.

So go there, look at the context, see who you've got, and when we were over there, we also learned some things that we might not have learned in the hospital, such as she would be sitting around all day doing nothing, and one day there was thunder, and a rainstorm starting to come. Suddenly she jumped up out of the chair, ran outside to bring the laundry in off the line. We wouldn't have learned that in the hospital. But the right stimulus was enough to get her moving and doing things. So when you have, when you look at the context, when you go out and look at the context, you can learn things, you can collaborate until you arrive at something that's going to be more useful. Take our knowledge, their knowledge and put it together.