

eCALD™

Preparing a Culturally Competent  
Health Workforce for working  
with clients and families from  
refugee backgrounds



**AUT – Refugee Research  
Symposium**


**3<sup>rd</sup> December 2015**

Presenters:  
Sue Lim and Annette Mortensen



# eCALD™ Content

- What is CALD Cultural Competence
- Why the need for Cultural Competence
- CALD course design principles
- CALD Cultural Competence Continuum
- eCALD™ courses and resources
- How to access courses and resources
- Publications
- Uptake
- Evaluation
- Q&A



Culture is rather like the colour of your eyes: you cannot change it or hide it, and although you cannot see it yourself, it is always visible to other people when you interact with them.

-Hofstede & Pedersen

CALD population here refers to the culturally and linguistically diverse migrant and refugee populations from Asian, Middle Eastern, Latin American, and African (MELAA) backgrounds.



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## Cultural Competence

of health professionals refers to an **ability to communicate and interact effectively** with people from cultural backgrounds different to one's own. It is not just about knowing another person's culture, it is about **understanding how cultural differences impact on the patient/client – health professional relationship** and being able to adjust your behaviour to **accommodate these differences for the best patient outcomes.**



# eCALD™

# Supporting New Zealand Health Workforce to develop cultural competence

eCALD™ provides a range of online and face-to-face training courses for the New Zealand health workforce to develop CALD cultural competencies.

*[Developed by Waitemata DHB, funded by Ministry of Health via the Northern Regional Alliance Ltd]*

## eCALD.com

Introducing CALD Learning Tools and Resources

**Cross-Cultural Resource**  
for health practitioners working with Culturally And Linguistically Diverse (CALD) clients.

**Toolkit**  
for Staff Working in a Culturally And Linguistically Diverse Health Environment

CALD courses are for anyone working in the New Zealand primary, secondary and NGO health sectors. To find out more about CALD learning tools and resources or eligibility criteria, please visit [www.eCALD.com](http://www.eCALD.com)

**CROSS-CULTURAL RESOURCE**

**Cross-Cultural Resource for Health Practitioners**  
working with CALD Clients  
The book is not a definitive guide on all cultures, but contains information to consider and to help health practitioners work with CALD clients.

**Toolkit**  
The Toolkit is a practical guide which contains a variety of the activities which include a range of cultural pre-orientation checklist, interview questions, and guidelines for working with interpreters.

**REGISTRATION & ENROLMENT FOR COURSES**

1. Go to [www.eCALD.com](http://www.eCALD.com)
2. Click on 'My Account'
3. Click on 'Register'
4. Complete the details of your organisation, or fill in a new organisation form
5. Complete and submit the form
6. Once your registration is verified by CALD Admin you can start the course

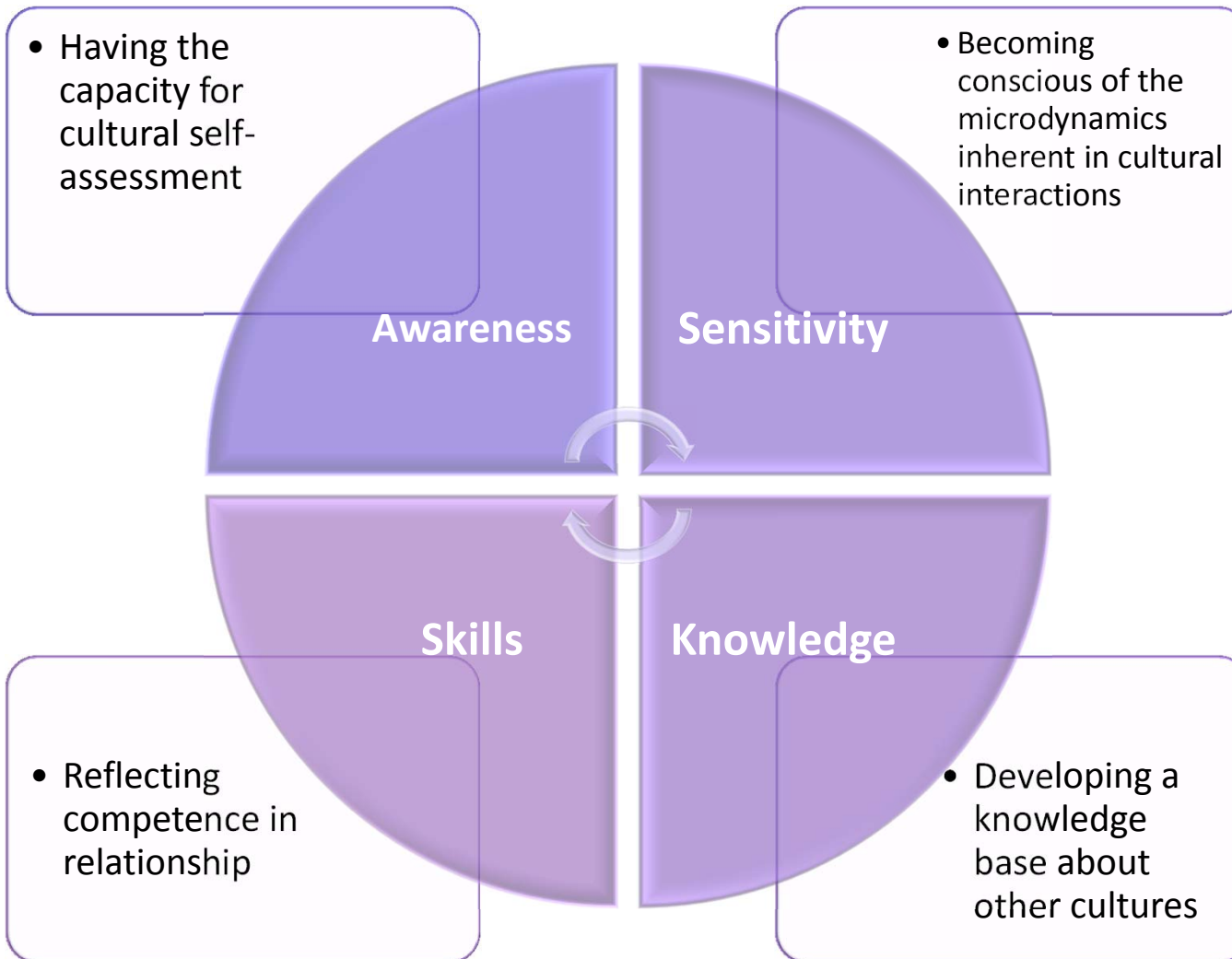
**ELIGIBILITY**

**Courses for Working with Patients**  
These courses are available to anyone who is eligible for the free eCALD and Online courses if they work for primary and secondary health services, Health and Disability MHCAL, MHCAL and the Ministry of Health.

Culturally And Linguistically Diverse



# eCALD™ Components of Cultural Competence



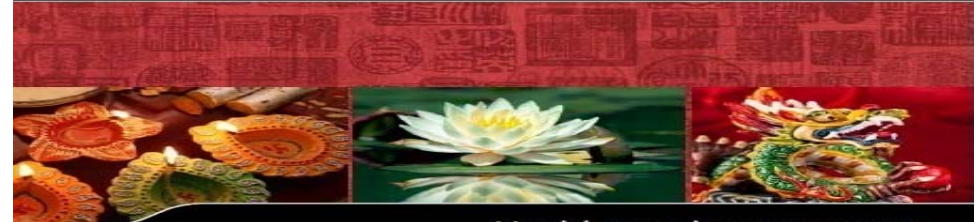


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# Why the need for CALD cultural competence?

- Super diversity – increasing number of patients from culturally and linguistically diverse (CALD) backgrounds
- Health disparities and barriers to accessing services
- Increasing health and disability workforce diversity
- Cultural competence is essential to the provision of quality healthcare services
- Health Practitioners Competence Assurance Act, 2003 (HPCAA) – requires cultural competence

August 2012



Health needs assessment  
of Asian people living  
in the Auckland region

September 2010



Health needs assessment of  
Middle Eastern, Latin American  
and African people living  
in the Auckland region



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# Barriers to accessing healthcare: Health Provider Interviews

Health Needs Assessment of MELAA People living in the Auckland Region,  
Perumal, 2011

## Key Cultural Differences

- Collective orientation of Asian, Middle Eastern and African cultures
- Religion
- Stigmatisation of certain health issues
- Alternative therapies
- Gender role

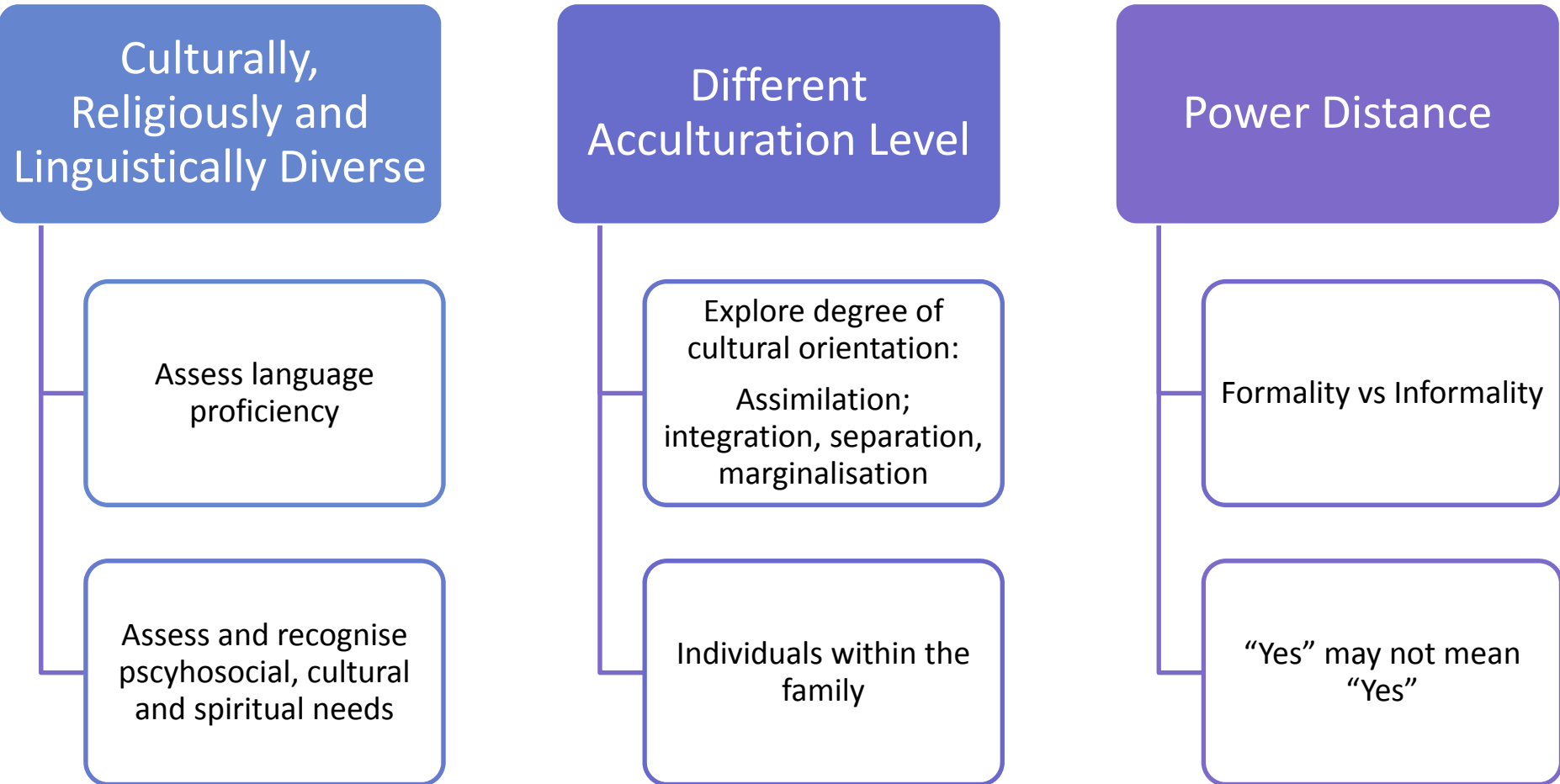
## Barriers to appropriate health care

- Language
- Lack of knowledge about the NZ health system
- Lack of cultural competency health professionals



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# Multiple Cultures & Languages







Family is the Unit of Society

Explore family dynamics

Taking a family centred approach

Hierarchical, gender roles & loyalty to authority

Explore who is the decision-maker

Interdependency vs Dependency

High Uncertainty Avoidance

Provide information re your role and services and process



Resources

- Cross Cultural Resources
- Translated Information
- Publications
- Migrant and Refugee Services
- Cultural Competence Assessment Tools
- Festive Calendar

Cultural Competence Assessment Tools

In this section you will find some useful self-assessment tools intended for an organisation, a service provider or an individual to determine their level of cultural competence.

Cultural Competence Continuum

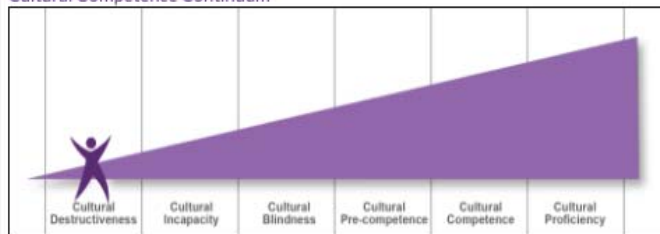
Cultural competence is a developmental process. It requires the learner to:

- ensure ongoing education of self and others;
- research for additional knowledge and develop approaches based on cultural considerations;
- seek ongoing mentoring, supervision of cultural practice in order to advance along the cultural competence continuum

Research tells us that most service providers fall between cultural incapacity and cultural blindness on the following cultural competence continuum (Cross et al., 1989).

It is important for an individual service provider or an institution to assess where they fall along the continuum as such an assessment can be useful for their further development.

Cultural Competence Continuum



<b>Cultural destructiveness</b>	Genocide or ethnocide; exclusion laws; cultural / racial oppression; forced assimilation.
<b>Cultural incapacity</b>	Disproportionate allocation of resources to certain groups; lowered expectations; discriminatory practices, unchallenged stereotypical beliefs.
<b>Cultural blindness</b>	Discomfort in noting difference; beliefs / actions that assume world is fair and achievement is based on merit; we treat everyone the same: this approach ignores cultural strengths. The belief that methods used by the dominant culture are universally applicable can lead to implicit or explicit exclusion of ethnic minority communities.
<b>Cultural pre-competence</b>	Delegate diversity work to others, e.g. cultural programs asked to be lead by those of that background; quick fix, packaged short-term programs; a false sense of accomplishment; inconsistent policies and practices; practitioners are sensitive to minority issues but these are not an organisational priority
<b>Cultural competence</b>	Advocacy: on-going education of self and others; support, modeling, and risk-taking behaviors; a vision that reflects multi-culturalism, values diversity and views it as an asset: evidence of continuing attempts to accommodate cultural change; careful attention to the dynamics of difference, realising that equal access is not equal treatment.
<b>Cultural proficiency</b>	Interdependence; personal change and transformation; alliance for groups other than one's own; adding to knowledge-base by conducting research; developing new therapeutic approaches based on cultural considerations; follow-through social responsibility to fight social discrimination and advocate for social diversity.



Resources

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Cultural Competence Assessment Tools

In this section you will find some useful self-assessment tools intended for an organisation, a service provider or an individual to determine their level of cultural competence.

Cultural Competence Continuum

Cultural Competence Assessment Checklist

The following checklist is a helpful self-assessment to determine your level of cultural competence.

Use the following checklist to assess your own cultural competence.

Checklist for ongoing Cultural Competence development



- How self-reflective are you about your interactions with colleagues from other cultures or minority ethnic groups? (Rate yourself on a scale of 1-5)
- Do you recognise prejudices you may hold about certain ethnic groups, or their practices and beliefs?
- Can you identify how ethnocentric you might be in your interactions with colleagues from different cultures?
  - Can you greet colleagues or clients from any other culture in their own language (verbal or non-verbal)?
  - Do you assume that they need to understand how your health system works?
  - Do you know anything about where they come from and the circumstances under which they might have migrated?
  - Do you know anything about their traditional practices and expectations?
  - Are you able to accommodate any of the diversity in your interactions?
- How does your ethnic identity affect your decisions when working with members of other cultures?
- How often do you attend functions or take part in any activities with colleagues from minority ethnic groups?
- Have you read any books / articles or seen any films recently about people from other cultures, particularly minority ethnic cultures?
- Do you respect colleagues' religious or spiritual beliefs that are different from your own? Are you able to incorporate these comfortably in interactions when appropriate?
- Have you discussed any cross-cultural issues that might have arisen in your work, with a colleague or supervisor?
- Have you attended any training or sought education on cross-cultural issues?
- Have you ever challenged a racist attitude by someone, or realised you might have made / thought one?
- How much do you value the metaskills of 'compassion', 'neutrality', 'nonjudgement', 'acceptance' and 'listening' in your interactions?

Adapted from Jackson and Campin-Welch (2007).

Download the Cultural Competence Checklist...

Related document: Toolkit for Staff Working in a Culturally and Linguistically Diverse Environment



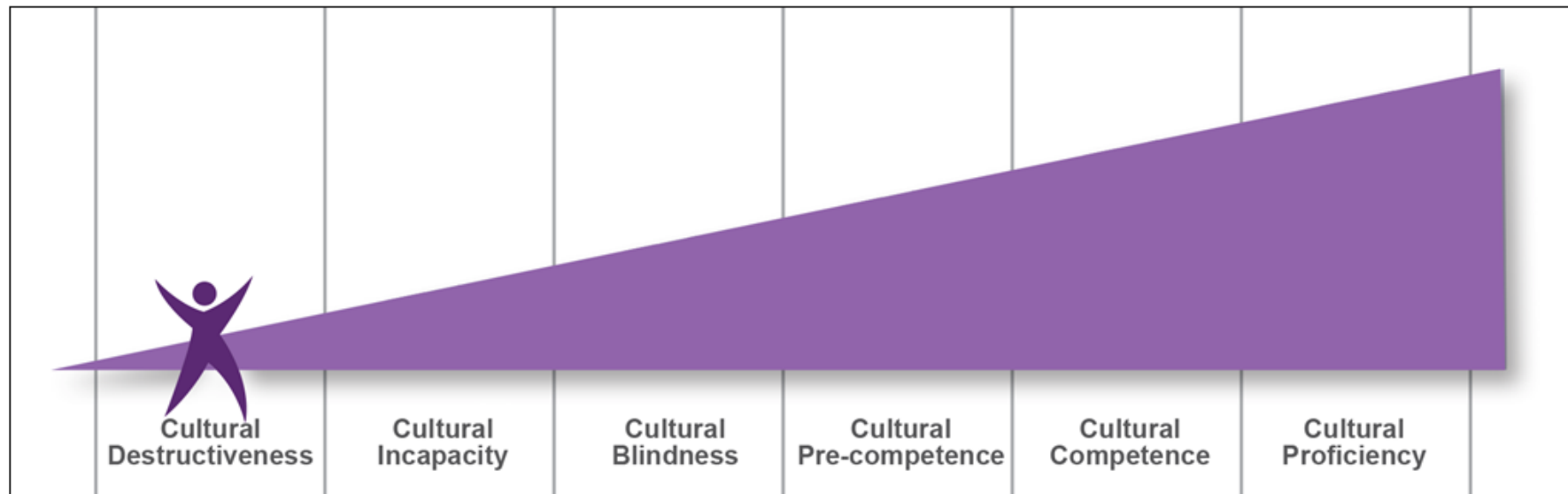
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# Cultural Competence Continuum

Cultural Competence requires learners to:

- Commit to ongoing education of self and others
- Research for additional knowledge
- Developing approaches based on cultural considerations
- Seeking ongoing mentoring
- Seeking or providing supervision of cultural practice (Cross et al., 1989)

## Cultural Competence Continuum





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# CALD Course Design Principles

1. Evidence-based
2. Hofstede' cultural dimensions model
3. Pedagogical: Theory, Experiential and Self-Reflective Knowledge
4. Video case scenarios
5. Interactive exercises, quizzes, case studies
6. Contextual and layered learning
7. Building learners knowledge from beginner, to novice to expert in cross-cultural interactions
8. Parity between face to face and e-learning – flexible learning options

**Culture is rather like the colour of your eyes: you cannot change it or hide it, and although you cannot see it yourself, it is always visible to other people when you interact with them.**

**-Hofstede & Pedersen**





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# CALD Cultural Competence Courses and Resources for Working with CALD patients

## Working with CALD patients

CALD 1: Culture and Cultural Competency

CALD 2: Working with Migrant Patients

CALD 3: Working with Refugee Patients

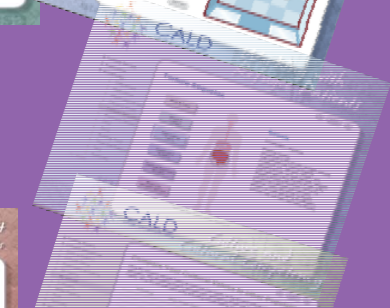
CALD 4: Working with Interpreters

CALD 5: Working with Asian MH clients

CALD 7: Working with Religious Diversity

CALD 8: Working with CALD Families – Disability Awareness

CALD 9: Working in Mental Health Context with CALD clients



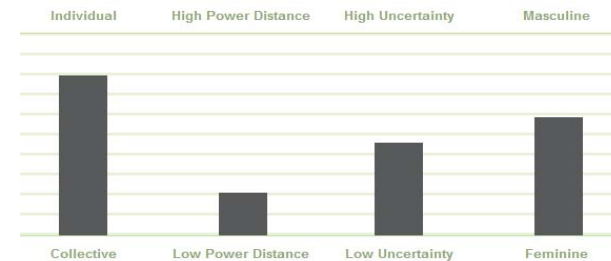


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# Culture and Cultural Competency

## Face-to-face Training

- Interactive learning – discussion, exercise, videos, theory and assessment



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-Hofstede & Pedersen

utamaduni

bahasa



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# Culture and Cultural Competency

ثقافة  
Πολιτισμός

## e-Learning Education

A variety of learning styles that repeat key points

**Cultural Theory**

*'Culture is a programming of the mind. It is not just a set of rules. Consequently, it takes time to adjust when faced with a new culture. Though most cultural rules are never written they are learned unconsciously as we watch others and their reactions.'*

Professor Geert Hofstede conducted a comprehensive study of cultural differences. His research that we will focus on the four mentioned here as the most significant differences between cultures, not as a set of rules.

- Individualism versus Collectivism.
- Power Distance.
- Uncertainty Avoidance.
- Masculinity versus Femininity.

There are always exceptions to the rule. These dimensions should be used as a guide, not as a set of rules.

**Hofstede's Dimensions of Culture**

Indiv. vs Coll. | Power Distance | Uncertainty Avoidance

**Power Distance** reflects the degree to which members of a culture expect power to be unequally distributed.

**In cultures with a high Power Distance:**

- There is a large gap in status between powerful and less powerful.
- Communication tends to be restricted and emanates from the top.
- Status and rank are valued.
- Knowing who is in charge preserves harmony.
- There is an association with Collectivism.

**Discover your Cultural Values**

Discover how your values compare with Hofstede's generalisations by answering the following questions. There are no right or wrong answers, nor are there good or bad answers. It is simply a chance to collect your own cultural values to display it on your own profile.

All information in this exercise is collected anonymously and will only be used for research purposes. Changes in NZ culture compared with previous research.

- Pleasure is spending time with others.
- It is acceptable to change one's job often.
- Health practitioners should earn respect.
- When I succeed it is usually because of my abilities.
- The team will accomplish more with clear leadership and structure.
- I feel good when I cooperate with others.
- I am uneasy in situations in which there are no clear rules or guidelines.

**In Practice**

The following video shows an example of a practitioner interacting with a CALD patient. Please watch the video then scroll down to insert your comments in the space provided and click CONTINUE for more information.

Considering this example, please comment below on how the practitioner could improve this interaction with their patient.



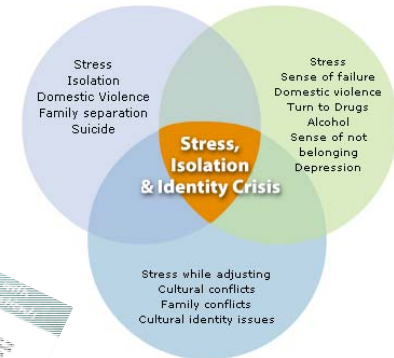
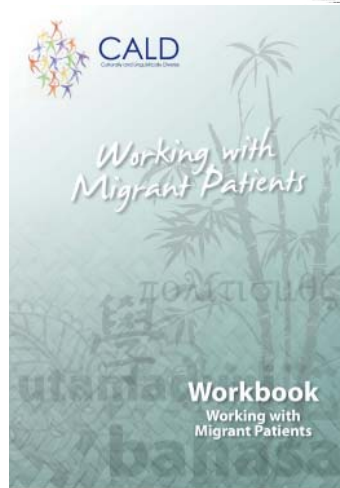
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# Working with Migrant Patients

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πολιτισμός

## Working with Migrant Patients

Interactive learning – discussion, exercise, videos, theory and assessment







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# Working with Migrant Patients

ثقافة  
πολιτισμός

## e-Learning Education

A variety of learning styles that repeat key points

**Meet the Migrants**

Here are some recent migrants to New Zealand. Their experiences, journey and how we can become more culturally competent as health professionals.

Click the audio buttons to hear from the migrants. You can also scroll through the text to read their stories.

I came to NZ with my wife soon after we graduated from university for ourselves and for the family we planned. In China there are no opportunities are not so good. We also wanted to learn better English. My wife and I are really glad that we came to New Zealand. It's a lot better here.

**Acculturation**

Negotiation Integration Assimilation

'Between the beginning and the end there is always a middle ground.'

**Managing Sensitive Issues**

What are your suggestions?

**Summary**

People migrate for different reasons such as for a better life, education, new prospects for the future or employment opportunities.

The decision to migrate is not taken lightly and, although migrating is a choice, immigrants are often unprepared for cultural differences. It is easy to pack one's bags with material goods but very rarely is one equipped to deal with the challenges of the new cultural environment.

The 'arrival' stage is very exciting as everything is new; however, this can quickly turn to frustration and disillusionment as the reality of having to deal with and navigate the new culture becomes apparent. Cultural behaviours, not knowing what is appropriate, different values and different languages all add to this frustration.

Migrants adjust to the host culture at different levels – assimilation, taking on host culture; integration, combining own and host culture values; separation, maintaining own cultural identity; marginalisation, giving up own culture but being unsuccessful at assimilating.

**✘ Migrants can experience health problems at all stages of acculturation, with acculturative stress being the most common. Health challenges to look for are:**

- Eating disorders / suicide brought about because of educational pressure on young migrants from parents.
- Inter-generational conflicts between younger and older generations.
- Depression caused by isolation and loneliness due to loss of social networks.
- Depression caused by the inability to find employment, shame, loss of face or discrimination.
- Family violence and verbal abuse because of role reversal or loss of status.
- Problem gambling or alcohol or drug abuse (particularly in young people left with money and home alone).



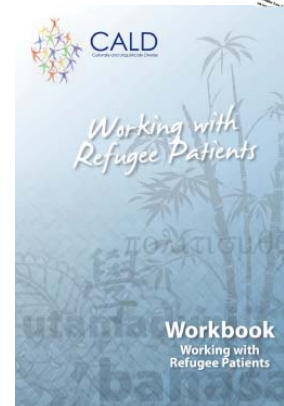
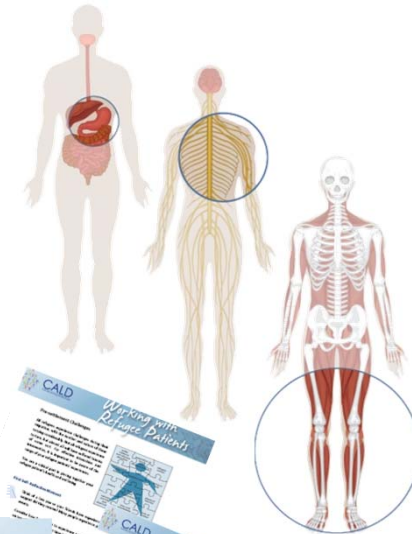
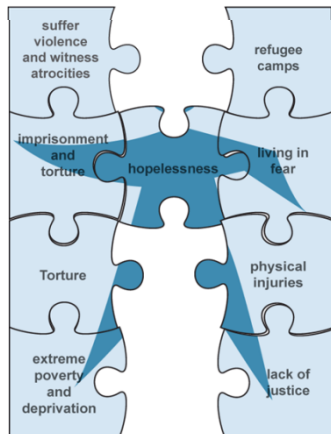
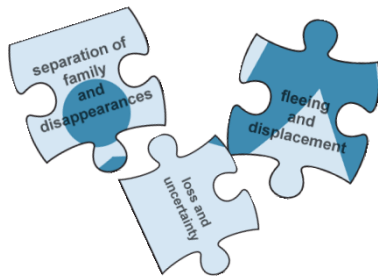
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# Working with Refugee Patients

ثقافة  
πολιτισμός

## Working with Refugee patients

Interactive learning – discussion, exercise, videos, theory and assessment





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# Working with Refugee Patients

ثقافة  
πολιτισμός

## e-Learning Education

A variety of learning styles that repeat key points

**Arrival Exercise**

Look at your pyramid. Imagine what a refugee would not have when these blocks by clicking the X on them.

career  
clothes  
car friends  
job family

**Arriving in Mangere, New Zealand**

After arriving in New Zealand, quota refugees spend a full six weeks at the Māngere Resettlement Centre where they receive the information and support they need for living in New Zealand. This includes initial GP care, medical and dental checks, family support and social work intervention, and mental health screening and interventions.

The Refugee Centre uses a 'Gateway Clinic' concept:

- Medical screening and management of asymptomatic infections
- Use of additional services such as counselling
- Handover to primary care in community.
- Providing expert advice when needed.

Clinical medical examinations include laboratory and imaging investigations:

- **Core tests** – fullblood count, liver function tests, HIV, hepatitis B, morbilli, rubella, schistosomiasis
- **Conditional tests** – age/sex: Mantoux test, creatinine, electrolytes, lipids, glucose, semen smear
- **Secondary tests** – e.g. mid-stream urine test

All data are entered on Medtech. Decisions on vaccination problems that are found are managed either in hospital or in the community. Appointments are made for patients before they leave the centre.

A copy of the refugee's medical records is given to the primary care physician to give these records to their GP. Include issues that need follow up.

If a refugee patient does not have her / his records

**Torture Sequelae**

Skin & Face  
Heart & Lungs  
Alimentary Canal  
Urogenital System  
Central Nervous System  
Musculo-skeletal System

**Bowels**

Constipation / diarrhoea

Possible Cause  
Depending on the conditions, e.g. intestinal worms who have spent time in the Māngere Refugee Centre checked for parasites. However, others who have spent time in the Māngere Refugee Centre may not have been checked for parasites.

**Building Trust**

Watch the video, then scroll down to comment on the interaction and click CONTINUE for more information.

In the video, which aspects of the interaction between the practitioner and patient do you think demonstrate the principles of trust building?



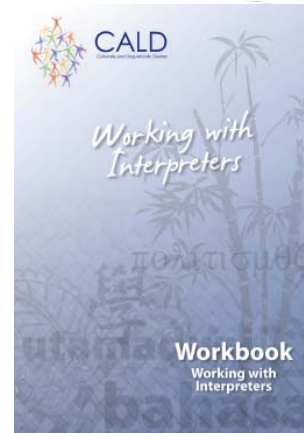
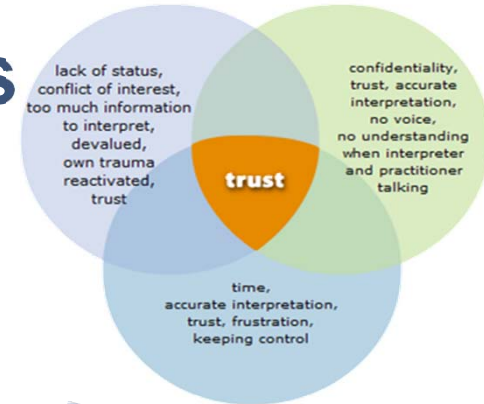
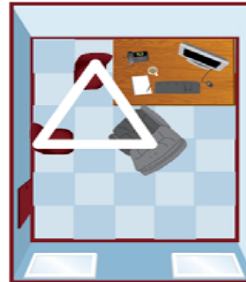
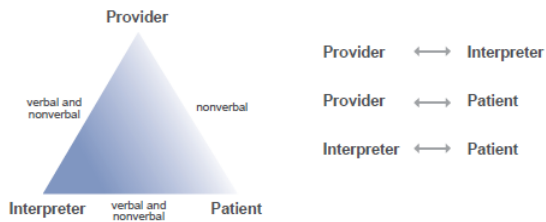
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# Working with Interpreters

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πολιτισμός

## Working with Interpreters

Interactive learning – discussion, exercise, videos, theory and assessment





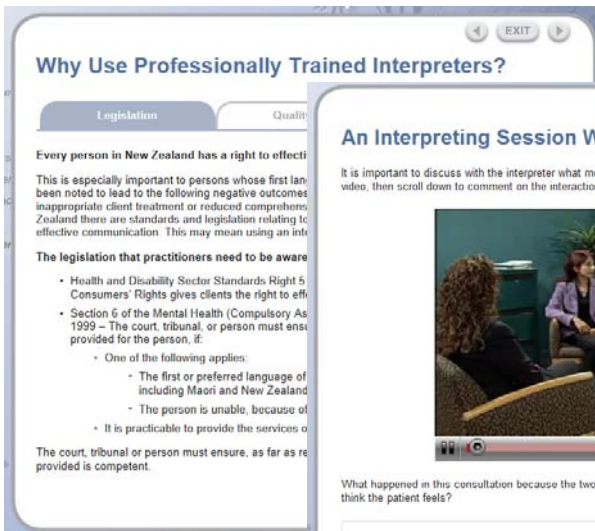
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# Working with Interpreters

ثقافة  
πολιτισμός

## e-Learning Education

A variety of learning styles that repeat key points



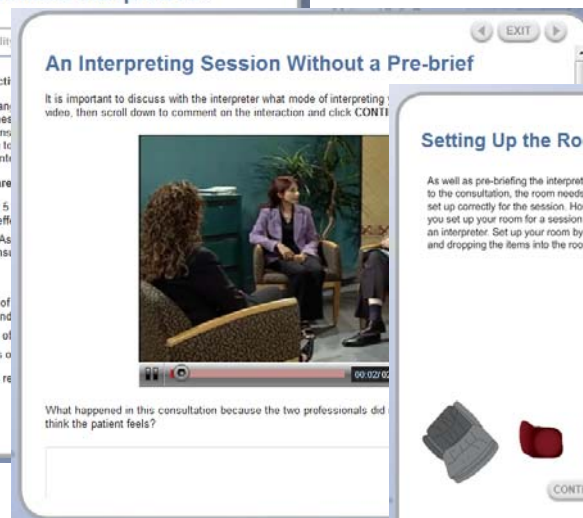
**Why Use Professionally Trained Interpreters?**

Legislation

Every person in New Zealand has a right to effective communication. This is especially important to persons whose first language is not English. This has been noted to lead to the following negative outcomes: inappropriate client treatment or reduced comprehension. In New Zealand there are standards and legislation relating to effective communication. This may mean using an interpreter.


The legislation that practitioners need to be aware of includes:

- Health and Disability Sector Standards Right 5 Consumers' Rights gives clients the right to effective communication.
- Section 6 of the Mental Health (Compulsory Admissions Act) 1999 - The court, tribunal, or person must ensure that the person is provided for, if:
  - One of the following applies:
    - The first or preferred language of the person is not English, including Maori and New Zealand Sign Language.
    - The person is unable, because of a physical or mental condition, to understand or be understood.
    - It is practicable to provide the services or information and the court, tribunal or person must ensure, as far as is practicable, that the person is provided is competent.

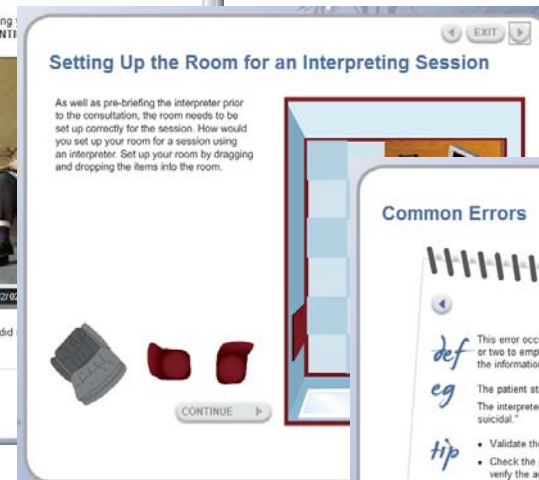


**An Interpreting Session Without a Pre-brief**

It is important to discuss with the interpreter what mode of interpreting will be used. It is important to discuss with the interpreter what mode of interpreting will be used. It is important to discuss with the interpreter what mode of interpreting will be used. It is important to discuss with the interpreter what mode of interpreting will be used.

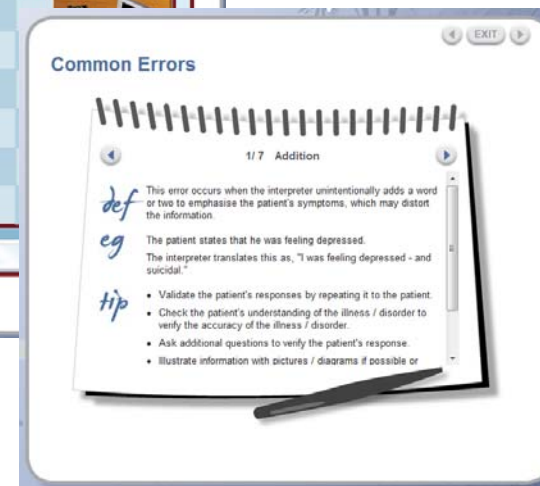



What happened in this consultation because the two professionals did not have a pre-brief?



**Setting Up the Room for an Interpreting Session**

As well as pre-briefing the interpreter prior to the consultation, the room needs to be set up correctly for the session. How would you set up your room for a session using an interpreter. Set up your room by dragging and dropping the items into the room.



**Common Errors**

1 / 7 Addition

*def*  
*eg*

This error occurs when the interpreter unintentionally adds a word or two to emphasize the patient's symptoms, which may distort the information.

The patient states that he was feeling depressed. The interpreter translates this as, "I was feeling depressed - and suicidal."

*tip*

- Validate the patient's responses by repeating it to the patient.
- Check the patient's understanding of the illness / disorder to verify the accuracy of the illness / disorder.
- Ask additional questions to verify the patient's response.
- Illustrate information with pictures / diagrams if possible or



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# Working with Religious Diversity

## Working with Religious Diversity

- Discussion, exercises, videos and theory
- Pre-requisite CALD 1 & 2 / 3



**Working with Religious Diversity**

Tool Kit for Raising Religious Issues

- Ask open-ended questions that offer opportunity for response and that don't blame your patient, e.g. "Do you have religious or spiritual beliefs and practices that are important to you?" rather than "what is your religion?"
- Do not assume you understand your patient's needs by knowing what term they follow. Every person's practice has unique meanings and meanings.
- Ask clarifying questions and remember to maintain a healthcare focus.
- Be aware of patient levels of your patient and do not pressure for information. If the patient is not sharing, that's their right to not share information, e.g. ask about dietary requirements if they are not happy to talk about their faith. This might help build a trust that will eventually lead to further disclosure.
- Challenges and issues may change your patient's relationship to spirituality or religion.
- Use your knowledge about your patient's spiritual profile to continue building relationship. Good rapport is central to effective interventions.
- Be aware that gathering information and talking with others about different faiths, your patients will need you to know more than they can tell you.

**CALD**  
Culturally and Linguistically Diverse

*Working with Religious Diversity*

**Workbook**  
Working with Religious Diversity

**Working with Religious Diversity**

Religious Diversity Assessment

Religion: \_\_\_\_\_

Beliefs: \_\_\_\_\_

Practices: \_\_\_\_\_

Observance: \_\_\_\_\_

Family Planning: \_\_\_\_\_

Other: \_\_\_\_\_

### Religious Diversity Quick Reference

Characteristics	Hindu	Muslim	Sikh	Buddhist	Other
<b>Beliefs</b>	Four Yugas a day - may repeat dependent times	Accept the 5 pillars	Formal deities, many practices	Emphasis on karma and the cycle of death and rebirth	
<b>Practices</b>	Worship a deity, by prayer or practice	Command to pray and fast/practise	Worship through the Gurbans	Many traditions, vary regionally	
<b>Observance</b>	Practices depend on gender and other factors for individuals	Not allowed to consume or produce alcohol	Many observances including wearing turbans, covering hair, wearing a turban, wearing a turban	Emphasis on non-attachment, compassion, and the cycle of death and rebirth	
<b>Family Planning</b>	Plan marital sexual relations according to Dharma	During both, must observe need to keep faith to life	Family planning discouraged through celibacy	Birth is viewed as a punishment from the gods and death, a liberation	
<b>Observance</b>	Observance depends on gender	Prayer part of every day life	Prayer is a daily, often 5 times a day	Prayer and meditation are important to practicing Buddhism	

Remember: while it is important to understand how religious beliefs can influence behaviour and illness, your patient is unique and needs to be treated as such. Making assumptions about your patient's behaviour or health can lead to misdiagnosis and inappropriate professional/patient interactions.



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# Working with Religious Diversity

## e-Learning - Education

A variety of learning styles that repeat key points.

**Religious Attire in Treatment**

Your own questions are a reminder of what information you need to gather. Practices that you are unfamiliar with and that might cause misunderstanding knowledge gained to guide you when faced with such a situation. An example Watch the video, then answer the questions below and click CONTINUE for

00:15/ 02:01

What issue is the physiotherapist misunderstanding here? How would you have

**Working with Religious Diversity**

You will need to tailor patient assessment and history taking in regard to beliefs to the clinical setting in which you work. In this section you will have your own Religious Diversity Patient Record with questions for gathering information and spiritual profile relevant to your particular area of practice. These data providing accessible information for successful interaction and intervention with diverse patients.

Dietary Requirements Practices Observance Medication Religious History

**Directions**

1. Click CONTINUE.
2. Read the information in the section.
3. Think about how such religious or spiritual beliefs could impact your practice. You need to ask? Type them in the box provided. Then click SAVE.
4. Click CONTINUE to go to the next section.
5. When you have completed all the sections, click SAVE to compile your Religious Diversity Patient Record to use in your practice. You will

**Characteristics of Sikhism**

Continue the compilation of your Religious Diversity Quick Reference chart. Read each note. Either click the bin symbol on the note if you think the information is wrong OR click the pin symbol if you think the information is correct.

Generally pork and beef prohibited.  
Check with patient about specific requirements.

Correct. Pinned.

**Characteristics**

Respect the 5 K's.

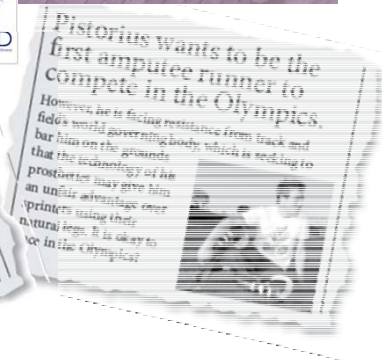
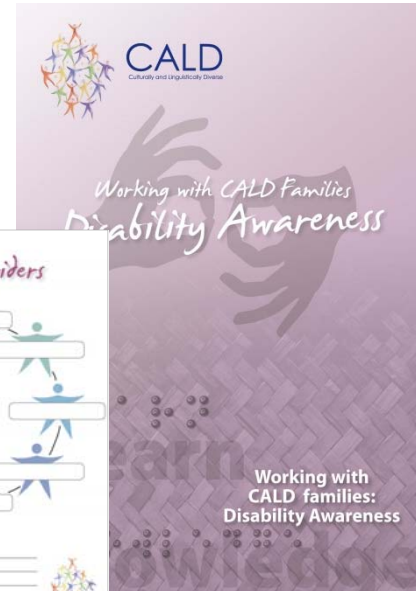
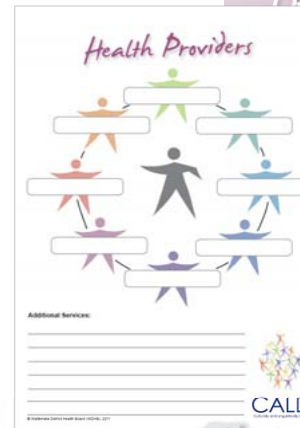


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# Working with CALD Families Disability Awareness

## Working with CALD Families - Disability Awareness

- Discussion, exercises, videos and theory
- Pre-requisite CALD 1 & 2 / 3







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# Working with CALD Families Disability Awareness

## e-Learning - Application

Putting these skills into practice.

**Quiz**

1. CALD persons experience many challenges when migrating. What additional face when they have a member of the family who has an impairment?

- Adjusting to a new system.
- Discrimination and bias.
- New Zealand does not allow migrants to bring in certain equipment used by disabled migrants.
- The person who has an impairment may not understand English.

*Incorrect. This is not the best answer. All migrants have to adjust to a new additional challenge that migrants with a family member with an impairment face.*

2. Your client believes that if they show their impaired child in society they status in their community. How can you best work with this belief?

- Explain to your client that these are not important values in New Zealand.
- Listen to and understand their concerns and then link the family with support community.
- Work with the caregiver and let them know it is okay for the family and the impairment to be seen in society.
- Inform the family that if they hide the person with the impairment away from them from the family home.

*Correct. It is important to understand the concerns of the family including cultural values.*

**Assistance**

Watch the video, then scroll down to comment on the interaction and click **CONTINUE** for more information.

What are some of the reasons the Cultural Case Worker gave as to why the practitioner is not engaging with the mother of her patient?

Difficulty in understanding.

Some of the points the Cultural Case Worker made were:

- The family were not engaged in the first session, the father did not give him (and the grandmother) a clear explanation of the diagnosis.
- There is no understanding of the different health professional roles the therapist is there to teach the English language.
- They have consulted with a number of health professionals and do system works and why different services are involved. This needs
- The boy's mother is taking the blame and responsibility and she is support and is becoming depressed. He explains about cultural belief is attributed to the mother, and that disability is perceived as shame.
- The husband and grandmother believe that the child will grow out of it is disciplined enough. They do not understand the nature of the impairment.
- The family is isolated and stressed. The therapist needs to put the facilities. Provide websites and material on autism.
- Caution about being too collaborative – Asian cultures, in particular professional to be the expert. Need to be more authoritative or indicate the mother what she would like to do, or what help they would like to choose.

**Toolkit**

- Become aware of the different explanations regarding disability (e.g. karma, punishment, witchcraft or curse).
- Use an interpreter and / or a Cultural Case Worker to assist engagement with the family, especially for the first meeting to assure confidentiality.
- Explain your role to the family.
- Identify the decision maker.
- Identify the main caregiver.
- Work with the family and understand their goals.
- Explain that there may be other practitioners involved in the impaired person's care (and what their roles are).
- Explain how the New Zealand health system works for their family.



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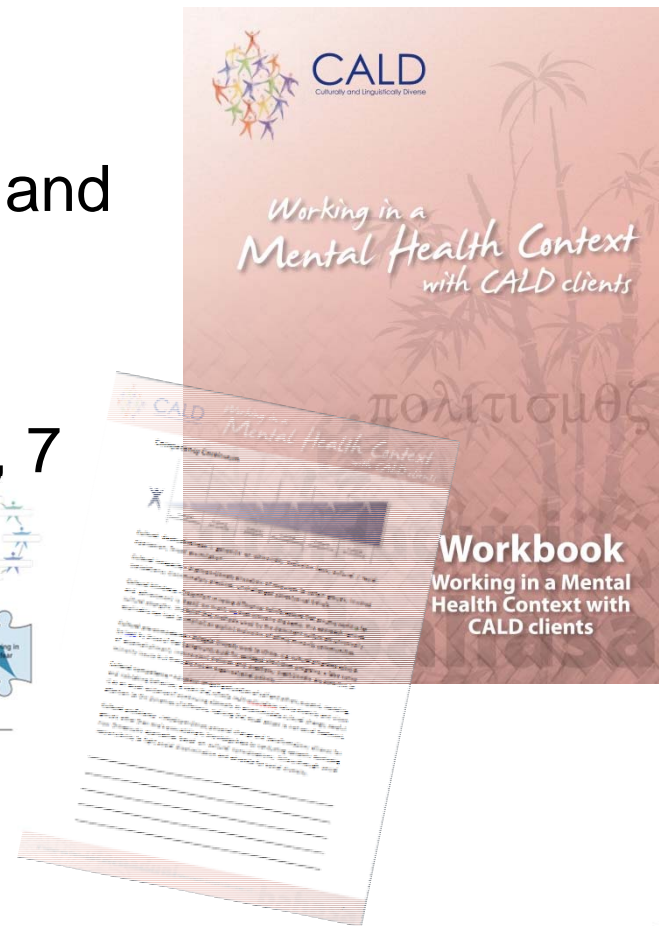
# Working in a Mental Health Context with CALD clients

## Working in a Mental Health Context with CALD clients

Discussion, exercises, videos, and  
theory

Pre-requisites CALD 1

Highly recommended - 2 / 3, 4, 7





eCALD™

Working in a  
Mental Health Context  
with CALD clients

## e-Learning - Application

Putting these skills into practice.

**CALD Assessment Toolkit**

The CALD Assessment Toolkit is a series of questions designed to help the practitioner elicit cultural information that help with accurate assessment and eventual diagnosis and treatment. This part of the toolkit is divided into three sections that align with parts A, B and C of the CQI(V).

For each topic transform some questions you would ask and enter them in the space CONTINUE, we will offer some further suggested questions to ask.

Please note: the entire CALD Assessment Toolkit is available for download in the Resource workbook.

<b>A</b> Cultural Identity of the Individual <ul style="list-style-type: none"><li>Cultural Identity</li><li>Language</li><li>Religious Practices</li><li>Gender</li><li>Family Roles</li><li>Sexual Issues</li><li>Religious Beliefs</li><li>Acculturation</li></ul>	<b>B</b> Cultural	<b>C</b> Psychosocial Environment
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**Applying a Treatment Plan**

Case Study 1 Case Study 2

Applying a Treatment Plan - Case Study 1

A 22-year-old Muslim Somali male is admitted to A&E in a diabetic coma during Ramadan. On further investigation, it becomes apparent that he is suffering with erectile dysfunction, which may be due to his diabetic condition or to a post-traumatic stress disorder that developed over the previous 2 months. It seems that the client decided to follow strict fasting and religious observance during Ramadan in an attempt to ameliorate his condition, believing that the dysfunction is a punishment from God.

He arrived in New Zealand as a refugee 3 years previously with his wife and one child. His recent flashbacks have been about his experiences prior to immigrating when the local family members during civil strife. His father is still believed to be alive but his whereabouts are unknown. The client's PTSD symptoms were triggered by evacuation procedures in Christchurch following the earthquake.

What interventions do you think could be included when creating an holistic and integrative treatment plan for this client?

**Initial Consultation with Psychiatrist**

Note that this video shows excerpts only of the full consultation. (Risk assessment is not the focus of the scenario. Please see supplementary resource for information on domestic violence and risk). Click PLAY to view the video and then answer the questions below. Then click CONTINUE.

00:05/10:35

What aspects of the CALD Tool does this assessment demonstrate? And how is the MSc culturally oriented?



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## How to access courses

(reset) Text Size

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Welcome to eCALD™ and resources



Working with Religious Diversity  
[supplement]

Working with CALD Families - Disability  
Awareness [supplement]

Working with Asian Mental Health Clients  
[supplement]

Working with Middle Eastern & Afr  
Mental Health Clients [suppleme



Culturally And Linguistically Diverse

Welcome to our eCALD™ site where we have a range of CALD courses and resources developed for the New Zealand health workforce with the aim of developing cultural competencies for working with CALD patients / clients and their families, as well as for working in a culturally diverse workplace.

*CALD refers to **culturally and linguistically diverse groups** who are migrants and refugees from Asian, Middle Eastern, Latin American and African (MELAA) backgrounds.*

[Read more](#)



To see promo videos for CALD courses, visit the [Courses for Working with Patients](#) page



eCALD™

# Register / Logon

eCALD™



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⌵ ⌆ (reset)Text Size



My Account

## My Account

[Forgot password?](#)

**Note:** Non-Urgent support and queries will be attended to within 5 working days. Urgent requests for support and queries will be attended to within 2 working days. We do not attend to any queries during non-business days. Please refer to our [Terms and Conditions](#) or [FAQ](#) under [CALD Admin Support](#).





# eCALD™

# Registration and Enrolment, contd..

## My Account

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### Manage Account

#### Personal Profile

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#### Online Study

- [Module 1 - Culture & Cultural Competency](#)
- [Module 4 - Working with Interpreters](#)
- [Module 3 - Working with Refugees](#)
- [Module 2 - Working with Migrants/Asians](#)
- [Module 7 - Working with Religious Diversity](#)
- [Module 8 - Working with CALD Families - Disability Awareness](#)
- [Module 9 - Working in a MH Context with CALD Clients](#)

Reminder:

You can go to the ONLINE FORUM from the top bar. Your CALD Online Forum User Name is: training1@gmail.com. Your password is the same as your current CALD password.

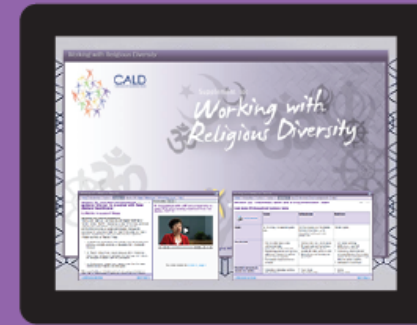
#### CALD Online Resources

- [Working with Migrant Patients Supplementary Resource: Avurvedic Medicine](#)
- [Working with Religious Diversity Supplementary Resource](#)
- [Working with CALD Families - Disability Awareness Supplementary Resource](#)
- [Working with Asian Clients in Mental Health Supplementary Resource](#)
- [Working with Middle Eastern and African Mental Health Clients Supplementary Resource](#)
- [CALD Family Violence Resource: Working with Asian, Middle Eastern and African Clients](#)
- [CALD Old People Resource: Working with Asian, Middle Eastern and African Clients](#)



# eCALD™

## Toolkits and Resources for Working with CALD Patients.



Additional supplementary online resources :

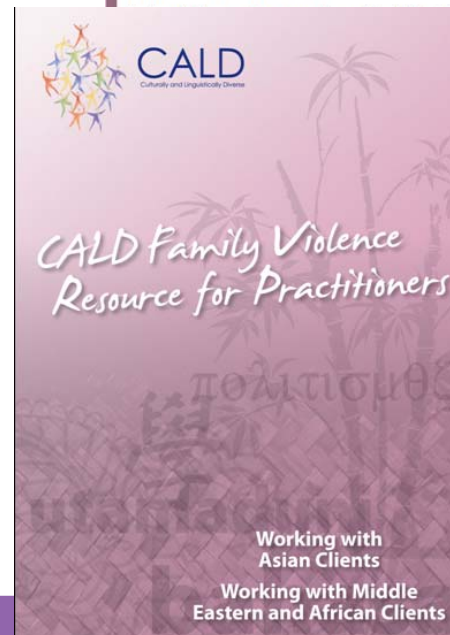
- Provide more culture-specific information not covered in the CALD courses
- Provide evidence-based / researched culturally appropriate approaches and toolkits
- Video scenarios to enhance learning and case studies with self reflective questions and answers



# eCALD™

## Example

- Easy to navigate
- Easy to select topic from side bar and links
- Video scenarios to enhance learning
- Case scenarios with reflective questions and answers
- Expandable views
- Printable version link to online tool







eCALD™

# Toolkits and Resources for Working with CALD Patients

## CROSS CULTURAL RESOURCE FOR HEALTH PRACTITIONERS WORKING WITH CALD CLIENTS



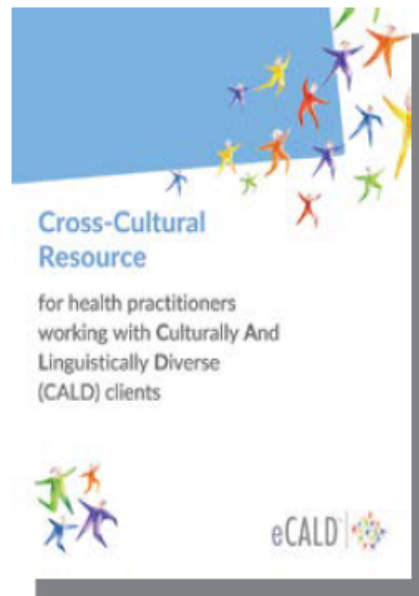
The toolkit is not a definitive guide on each culture, but contains information we consider useful to health practitioners who work with CALD clients.

### Booklet

The booklet is a desktop guide which contains a summary of the e-toolkit which includes a cross-cultural pre-interview checklist, interview questions, and guidelines for working with interpreters.

The sections on various Asian cultures and Eastern Mediterranean cultures contain greetings and communication tips, and guidelines for practitioners working with each of these cultures.

To order a copy of the booklet email us at [cald@waitematadhb.govt.nz](mailto:cald@waitematadhb.govt.nz)



### e-Toolkit

The e-toolkit includes further explanation, examples and background information on the points in the booklet, including:

- Additional issues, comparative tables, specific information on Asian, Eastern Mediterranean and African cultures
- Videos scenarios and audio clips of the greetings in each language
- Communication tips, information on health beliefs and practices and family values
- Tips for practitioners working with culture-specific clients, health risks, women's and youth health, and spiritual practices

This e-toolkit is available for download in sections.



eCALD™

# Toolkit for Staff Working in Culturally Diverse Workplaces

## CROSS-CULTURAL TOOLKIT FOR STAFF

Toolkit for Staff working in Culturally and Linguistically Diverse Health Environments

This e-toolkit offers guidance for staff and managers working in a CALD health environment.

- **Section A** provides a general guide for staff working with colleagues in culturally diverse teams
- **Section B** offers additional information for CALD staff working in a New Zealand health environment
- **Section C** is for managers who lead culturally diverse teams
- **Section D** lists training and resources for staff
- **Section E** contains appendices: Cultural Competence Standards, Policies, Legislation, etc



This e-toolkit is available for download in sections.





# eCALD™

# Range of resources

## eCALD.com

The collage displays various sections of the eCALD website, including:

- Welcome to eCALD™**: Main landing page with navigation and featured resources.
- Competency Courses**: Section detailing courses for healthcare providers.
- Cultural Competence Framework**: Information on the framework and its components.
- Cultural Competence Courses**: List of available courses.
- Contact**: Information for reaching out to the organization.

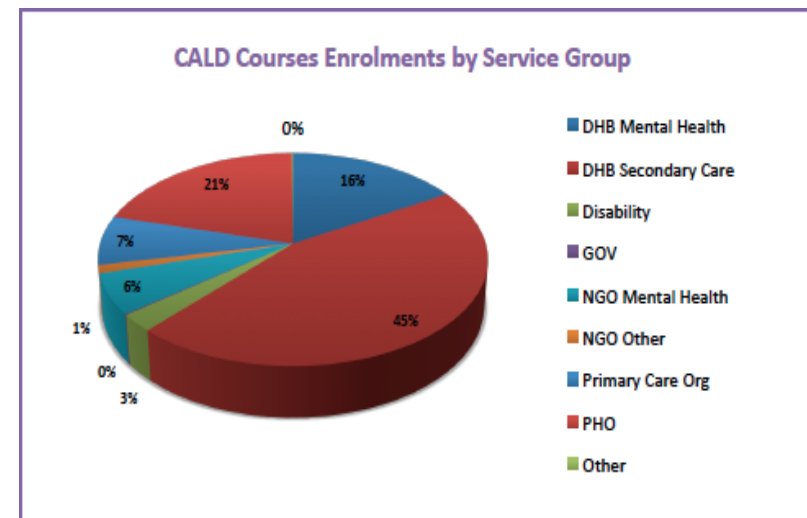
Culturally And Linguistically Diverse



eCALD™

# What difference are we making

- eCALD rolled out nationally from **August 28<sup>th</sup> 2015**
- **Mandatory** for all members of the Royal NZ College of GPs **to complete CALD 1**
- CALD courses uptake at **13,935** (Apr 2010 - Oct2015)
- Course evaluation results scored **above 80%** for all key indicators
- **eCALD™ Website:** Period June 2015 - Oct 2015 (5 months) achieved **53,198** page views with **1.27 minutes** average page duration; **50** countries with at least 5 visitors
- Findings of **internal and external evaluations**





eCALD™

## Internal evaluation (2011)

- 527 respondents.
- Overall all the courses scored over 80% in all 4 categories
  - Relevance of the content
  - Usefulness of the activities and delivery modes to support learning
  - Likelihood of the participant sharing their learning with colleagues in the workplace
  - Intention to apply the learning in their job in the next two weeks
- This indicates that the CALD courses have achieved the level of excellence target and a high level of satisfaction from participants.



eCALD™

## Independent Evaluation of CALD 1 Face to Face and Online Courses (2011-12)

Independent evaluation of participant ratings through pre-post questionnaire and telephone interviews

### **Findings:**

- Significant increases in overall cultural competency scores
- CALD Module 1 positively impacted on those who had had previous cultural training
- Practitioners gained the behavioural skills needed to support positive attitudes



# eCALD™ Questions

