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I AM. Intercultural Advocacy and Mentoring Program: increasing occupational therapy practitioners' advocacy skills in collaboration with Latinx families with young children

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Doctoral Project

I AM. INTERCULTURAL ADVOCACY AND MENTORING PROGRAM: INCREASING OCCUPATIONAL THERAPY PRACTITIONERS' ADVOCACY SKILLS IN COLLABORATION WITH LATINX FAMILIES WITH YOUNG CHILDREN

by

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DEDICATION

My guardian angel Avó, Carmina Muche: I sensed your presence throughout this journey and truly believe that you helped guide me. As an immigrant who moved your entire family from Portugal to the United States without speaking a word of English. You took pride in continuing the Portuguese language and culture. English was your second language, and one of your children would always support you at appointments to translate. You knew firsthand how understanding language and culture could help build trust and relationships with medical professionals.

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I AM. INTERCULTURAL ADVOCACY AND MENTORING PROGRAM: INCREASING OCCUPATIONAL THERAPY PRACTITIONERS' ADVOCACY SKILLS IN COLLABORATION WITH LATINX FAMILIES WITH YOUNG CHILDREN

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ABSTRACT

Public school closures and the provision of occupational therapy services during the COVID-19 pandemic revealed inequities and barriers that affect Latinx families' and children's access to resources. In Massachusetts, many students receiving occupational therapy services may have missed mandated and necessary occupational therapy services due to systemic barriers and the lack of skills to advocate for their needs. Occupational therapy practitioners (OTPs) may have lacked the self-efficacy and ability to facilitate the families' advocacy. Culturally appropriate evidence-based interventions are needed to serve Latinx families and their children and prevent them from being underserved. A literature review identified that OTPs might not have the necessary skills to work effectively with culturally diverse groups. This skills gap reduces the OTPs' ability to provide culturally appropriate interventions and holistic care to Latinx children and their families. A proposed solution to this problem is the 6-month, theory- and evidence-based *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy*

Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children for OTPs who work with Latinx families and children. The program aims to promote OTPs' self-efficacy, cultural humility, and rapport- and trust-building skills. The I AM Program will ensure professionals working with Latinx families and children practice cultural humility, thus enhancing services for the client and building strong, trusting relationships and thriving communities.

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LIST OF ABBREVIATIONS

(See also definitions of terms at Appendix A)

ACE..... adverse childhood experience

AOP..... anti-oppression practice

AOTA ..... American Occupational Therapy Association

CYC-NET ..... Child and Youth Care Network

DEI..... diversity, equity, and inclusion

DOE ..... Department of Education

DPH..... Department of Public Health

DSS .....Department of Social Services

I AM..... Intercultural Advocacy and Mentoring Program

LFAST ..... Latinx Family and Advocacy Support Training

MAC .....Massachusetts Advocates for Children

MAOT..... Massachusetts Association of Occupational Therapists

OTP .....occupational therapy practitioner

OTPF.....occupational therapy practice framework

SET ..... self-efficacy theory

USPS..... United States Postal Service

CHAPTER ONE – Introduction

As of July 1, 2021, approximately 62 million Latinx people in the United States make up the largest ethnic or racial minority at 19%, according to U.S. Census Bureau (2022). In Massachusetts, 21.1% of students receiving occupational therapy services identify as Latinx (Massachusetts Department of Education, n.d.). During the COVID-19 pandemic, public schools across the United States were forced to close their campuses, but the delivery of educational support services, including occupational therapy, did not stop. *School-based occupational therapy services* are mandated support services that focus on academics, play, leisure, social participation, activities of daily living, and transition/work skills (American Occupational Therapy Association [AOTA], n.d.-f). When schools closed during the pandemic, many Latinx students lost access to critical resources (Mitchell, 2020).

Latinx students missed these services because their families did not always know how to advocate for themselves. Families may have felt they did not have the right to seek answers about their student's services, and occupational therapy practitioners (OTPs) may not have the skills to fill the cultural gap. Cultural factors, like expectations about speaking English, negative stereotypes about low-income families, and differing norms about parents' roles in schools, make it challenging for Latinx parents to navigate the landscape of U.S. public schools (De Gaetano, 2007; Durand, 2018). Such challenges increase the risk that Latinx families and children will go underserved. Although the pandemic restrictions affected children of all ethnicities and incomes, evidence showed that students of color and low income faced the most significant challenges—from lack

of internet access to longer school closures and less instructional time (UnidosUS, 2022).

Culturally appropriate evidence-based interventions are needed to serve Latinx families and their children. A literature review identified that OTPs might lack the skills to work effectively with culturally diverse groups (Govender et al., 2017; Suarez-Balcazar et al., 2009; Wray & Mortenson, 2011). This gap in skills reduces the OTPs' ability to provide culturally appropriate, evidence-based interventions and holistic care to Latinx children and their families. The disconnect in readiness when serving Latinx clients in their communities may result from a lack of training around cultural differences, inaccurate biases, and assumptions about Latinx clients and culture. Occupational therapy practitioners who work in the Latinx community may not receive adequate training on cultural differences. According to Carly Thom's (2018) poster presentation featured in the *American Journal of Occupational Therapy*, "Improving service provision with the Latinx client is vital to the progression of the profession."

A proposed solution to this problem is the *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children* for OTPs who work with Latinx families. The program aims to promote OTPs' self-efficacy, cultural competency, rapport, and trust-building, particularly when working with Latinx clients. This professional-level program addresses issues Latinx families face from providers who lack cultural awareness. The I AM Program will ensure professionals working in the community consider and learn to work with cultural differences, enhancing services for the client and building strong, trusting relationships and thriving communities.

Importance of the Problem

Without sufficient training, OTPs may make inaccurate assumptions or develop biases about Latinx families. Such biases include that the families want government handouts, do not provide their children with adequate environments, and are unconcerned with their children's education or occupational therapy services. The OTPs' biases and assumptions may stem from their lack of specific training and resources when working with Latinx families.

Although OTPs work with diverse populations, there is still work to be done in understanding cultural differences. Their potential lack of understanding of the cultural differences in the Latinx community results in their inability to serve the families well. This could cause power imbalances between the Latinx families and OTPs. As a result, Latinx families do not feel valued as active participants in occupational therapy services, decreasing the trust between them and the OTPs. The Latinx communities with young children will go underserved, with inequitable access to occupational therapy services or other community resources. This problem affects individuals at a basic level with a lack of confidence and trust in practitioners, and communities suffer when families do not receive the services or advocacy they need to thrive.

Schools and their communities are negatively affected when students do not receive culturally appropriate occupational therapy services. Studies have shown that Latinx families feel unheard or unable to ask for what they want and need due to a language barrier. Garcia and Duckett (2009) found that "language barriers influence access of health care services" (p. 121). Their study participants identified language

barriers associated with accessing health care, including setting up appointments on the phone and interacting with providers during visits. In turn, this barrier led to a lack of occupational therapy services. Further, some Latinx clients feel powerless against "professionals," as though they have no right to question what a professional is saying or recommending. "Problems from language or cultural differences is a major reason why Latinx people have generally worse health outcomes than other people in the U.S." (Funk & Lopez, 2022, p. 22). Along with poor health outcomes, families can feel isolated without trusted resources who understand their culture and language. "Women of color lack access to many resources, which causes a concrete relationship to feelings of powerlessness" (Gutiérrez, 1990, p. 149).

The AOTA, the professional organization for occupational therapy, is a stakeholder in addressing this inequity. Although advocacy is just emerging in occupational therapy services, it is vital when working with Latinx families. Despite the occupational therapy literature encouraging therapists to advocate, there remains a need to determine why they provide these services and how they learn to advocate. Dhillon et al. (2010) tried "to understand the meaning of advocacy for occupational therapists by exploring their reasons for advocating" (p. 243). They found that the reasons occupational therapists advocate includes engaging in occupations and client-centered practice. Learning to be better advocates would directly affect their client–therapist relationships. Taking their Latinx clients' specific occupations into account makes these OTPs' advocacy client-centered and builds the client–therapist relationship. According to Schmidt et al. (2020), "Occupational therapists are well-equipped to intervene and

promote self-advocacy and facilitate peer-led educational groups" (p. 54).

Training community-based OTPs on advocacy skills will help build the Latinx client–OTP relationship. Occupational therapy practitioners may lack knowledge of the Latinx community and what it takes to advocate for this community. Limited advocacy skills, rapport, and trust can lead to missed visits and appointments and, ultimately, a gap in service. This is unfortunate for both the family receiving the services and the OTP trying to deliver the services. Families that have trust issues with community or medical agencies never experience positive interactions, and the cycle continues. Jonikas et al. (2013) stated that higher self-advocacy was associated with greater hopefulness and better environmental quality of life. Other research showed barriers to effective patient self-advocacy, including perceiving a power imbalance and fear of challenging or wasting a provider's time (Brashers et al., 1999; Ciechanowski et al., 2003). This can look like inequitable access to occupational therapy services or other community resources.

Given the expanding cultural landscape in the United States, cultural diversity and humility are more important than ever. The current literature and research contain information about the perceived power imbalance in the Latinx community. C. S. P. Fernandez and Corbie-Smith (2021) recently found that conversations have been taking place around health equity and promotion, with health professionals striving to be more inclusive of Latinx communities. Although OTPs work with diverse populations, work on understanding cultural differences remains to be done. This skill-building would help bridge the gap in the Latinx community. Teaching OTPs how best to meet the needs

of Latinx clients is essential. Underserved populations mean we have neglected whole communities.

Occupational therapy practitioners lend their special magic to teaching, practicing, reteaching, and continuing to try until everyone feels comfortable. Skills get refined. The AOTA's (2020c) occupational therapy practice framework (OTPF) states, "Occupational therapy practitioners have distinct knowledge, skills, and qualities that influence the success of the occupational therapy process" (p. 6). The OTPF cites cultural humility and self-advocacy as influences that OTPs are refining to strengthen the profession and contribute to healthy, engaged communities. The occupational therapy field is on the way to becoming more diverse, equitable, and inclusive.

Amid this changing landscape and increasing information and awareness about cultural humility, equity, and diversity, the I AM Program is timely for the occupational therapy field. Occupational therapy practitioners have the unique ability to meet people and families where they are there is no one-size-fits-all approach. Family-centered practice involves working with parents, families, and children to facilitate participation in life through engagement in occupation (AOTA, 2008).

Contributing Factors to the Problem

In the spring of 2020, public schools across the United States were forced to close their campuses due to an emerging public health crisis from the first COVID-19 virus cases. Although schools closed their buildings, the delivery of educational support services—namely, occupational therapy—did not stop. This delivery included the ongoing provision of services mandated by federal law under the Americans with

Disabilities Act (1990) and the Individuals with Disabilities Education Improvement Act (2004), which established educational protections, processes, and rights for students with disabilities and their families to ensure educational equity. Although the COVID-19 measures affected all people, evidence shows that students of color and low income faced the most significant challenges—from lack of internet access to more prolonged school closures and less instructional time (Fortuna et al., 2020; Gazmararian et al., 2021). Plausible events leading to continuing deficits in the quality of occupational therapy services for the Latinx community include lack of advocacy skills-both self-advocacy and OTPs advocating for the Latinx client; language barriers; deficits in cultural humility and rapport-building, and factors beyond the OTPs' scope of practice.

Lack of Advocacy Skills

If OTPs do not practice strong advocacy skills, the client–therapist relationship suffers; when worker efficiency is negatively affected, the Latinx families and their children suffer. Limited knowledge of resources and who is responsible for those resources worsens the problems. Families' lack of good self-advocacy skills can lead to missed visits and appointments, then a gap in service. The family unknowingly loses out on resources and programs of which they are unaware. Families that have trust issues with community or medical agencies never experience positive interactions and the cycle continues.

A lack of advocacy knowledge will prevent OTPs and families from seeking additional services and resources that would benefit them. Advocacy skills include effectively communicating, conveying, and negotiating one's own and others' needs and

rights. It is important to teach participants (OTPs) that the community this program seeks to assist has a history of low self-advocacy skills.

Cultural Humility

The lack of cultural humility may increase the negative impact of cultural differences. Occupational therapy practitioners' potential lack of understanding of the cultural differences in the Latinx community can result in their inability to demonstrate the skills that best serve the families. This lack of skills can cause a power imbalance between Latinx families and OTPs. As a result, Latinx families do not feel valued as actives participant in occupational therapy services, leading to decreased trust between families and the OTPs. Ultimately, Latinx communities with young children are underserved.

Language Barrier

People whose first language is not English may not ask questions or ask for resources for fear of not speaking properly. Occupational therapy practitioners who do not speak the family language or know their culture may feel they are coming up short. This piece of the client–therapist relationship should be considered. The values attached to occupations depend on cultural determinants (Wilcock & Townsend, 2019).

Rapport-Building

When a family does not trust their health care provider or community worker, they may act reserved, and their interactions may not reach their fullest potential. The OTP's lack of rapport-building skills may cause a power imbalance between the Latinx family and the OTPs. This, again, may cause Latinx families to feel unvalued as active

participants in occupational therapy services and lead to decreased trust, exacerbating the cycle. Once again, the result is that Latinx communities with young children are underserved.

Scope of Practice

Although advocacy is a part of the OTPF, practitioners may feel uncomfortable or unprepared to teach advocacy skills. They may have a poor understanding of the cultural implications of working with the Latinx community. Govender et al.'s (2017), study suggested that cultural humility influenced the occupational therapy intervention process. The influence was positive and negative, respectively supporting or hindering rapport-building, client-centeredness, and effective interventions.

Proposed Program

A proposed solution to this problem is the *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration with Latinx Families With Young Children* for OTPs who work with Latinx families. The program is an educational training program for OTPs that promotes increased self-efficacy around cultural competency, rapport, and trust-building when working with Latinx clients. This professional-level program will address issues Latinx families face when working with providers who lack cultural awareness.

The I AM Program will fill the current gap in occupational therapy practice by providing OTP participants with a set of skills to serve the advocacy needs of the urban Latinx population better. The I AM Program course participants will learn about adverse childhood experiences and trauma-informed care related to Latinx culture. The OTPs

will put the skills they acquire in the I AM Program into practice and better serve the advocacy needs of Latinx families with school-aged children. In doing so, each OTP will gain an understanding of rapport-building with the Latinx community they serve, as well as the perceived power imbalance in encounters with medical professionals due to cultural and language barriers. The program will further improve the quality of occupational therapy treatment and community cohesiveness, building upon existing knowledge of Latinx culture and community. Teaching strategies include self-reflection, group discussions, case studies, cultural awareness, and group facilitation to develop self-efficacy.

Key Program Elements

Discussion and Critical Thinking Questions

Nonhierarchical discussion and critical thinking questions will allow participants to feel heard, and voice questions and opinions about the topics in a supported space. The discussions will incorporate anti-oppression practice and self-efficacy theory (SET) frameworks. The anti-oppression practice framework allows participants to feel equal in sharing through discussion (Migueliz Valcarlos et al., 2020), while the SET framework allows them to learn by giving and receiving feedback (Bandura, 1997).

Case Studies

Case studies of Latinx families and children will be an opportunity for participants to hear families' stories and situations and discuss and learn from those situations. The participants will practice skills learned in the modules, such as rapport- and trust-building, giving real-life context to the educational material.

Self-Reflection

Self-reflection allows the participants time and space to reflect on what they have learned and want to explore further. Self-reflection activities ask questions like, “What do you know about the Latinx culture? What questions do you have about rapport-building?”

Skill Practice and Support

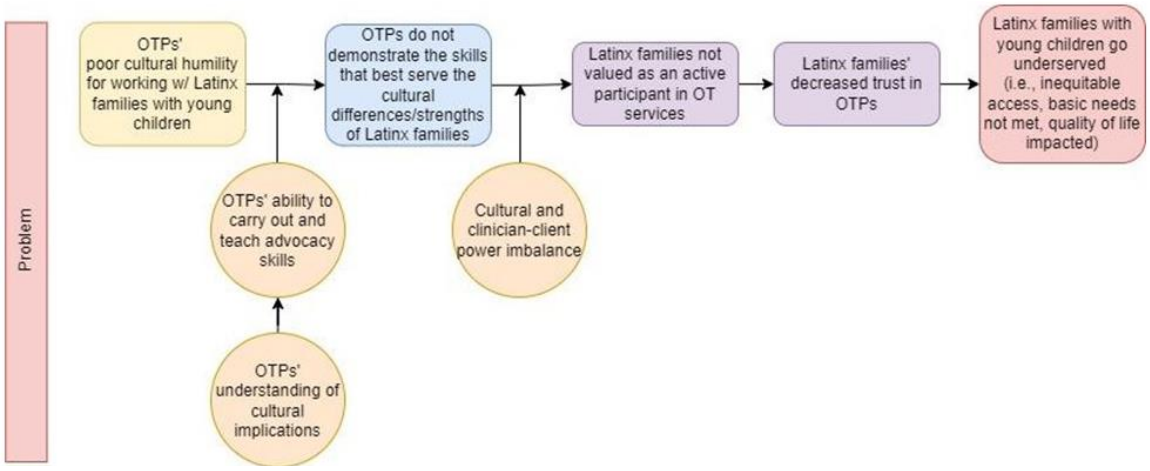
Skill practice and group support allow participants to collaborate and practice their newly acquired skills. Feedback on that practice and, finally, feelings of mastery follow. This practice and support align with one of the guiding theories of program development, SET.

CHAPTER TWO – Project Theoretical and Evidence Base

Occupational therapy practitioners (OTPs) serve clients in a variety of settings. School-based and pediatric OTPs working in urban settings have the opportunity to work with diverse communities. Nevertheless, power imbalances between health care professionals and the minority clients they serve have been documented throughout history. There are many schools of thought as to the origin of this problem. The model of the problem, theories, and current research (Figure 2.1) has been crafted to understand and address the problem and the factors that led to it.

Figure 2.1

Problem Logic Model



Summary of the Model of the Problem

Due to a lack of training in occupational therapy programs, OTPs come into their work and relationship with the Latinx communities ill prepared to provide the best, most, equitable service. Because of this poor cultural competency, OTPs cannot carry out and

teach advocacy skills. This creates a power imbalance in the client–clinician relationship, hindering trust- and rapport-building. The result is that Latinx children and families go underserved by their OTPs.

Summary of Theories

Self-Efficacy Theory

Self-efficacy theory (SET) is a branch of Bandura's broader social learning theory (Sutton, 2001, p. 6499). Albert Bandura (1977) introduced his social and self-efficacy theories, proposing that self-efficacy and outcome expectancies are crucial to behavior initiation and maintenance. Although self-efficacy was deemed especially central for goal setting, enactment, and attainment, it was also a reliable target in treatment.

The two key determinants of behavior are perceived self-efficacy and outcome expectations. *Self-efficacy* refers to an individual's belief in their capacity to execute behaviors necessary to produce specific performance attainments. Self-efficacy reflects confidence in the ability to exert control over one's motivation, behavior, and social environment (Bandura, 1977). The SET assumes that repeated success through performance accomplishments, vicarious experiences (indirect learning), and social persuasion (direct learning) will affect an individual's self-efficacy. In other words, one's ability to achieve a goal or complete a task depends on whether the individual thinks they can do it (self-efficacy) and believes it will have good results.

Anti-Oppression Practice

Anti-oppression practice (AOP) works to eradicate oppression and challenge power structures through collective institutional and societal changes (Sakamoto &

Pitner, 2005). The practice analyzes and advocates against oppression, emphasizes social justice and change, and fosters empowerment. According to Merriam-Webster (n.d.-b), the word *oppression* is "the assumed superiority of one group over another based on (skin color, gender, sexual orientation, etc.)." In practice, this looks like unfair advantages/disadvantages to some individuals and communities. The international Child and Youth Care Network (CYC-Net) is a registered nonprofit and public benefit organization in South Africa and Canada (CYC-NET.org). The CYC-Net describes AOP and its six main lenses: racism, sexism, heterosexism, ableism, ageism, and class oppression (Moore, 2001). For this doctoral project, the author focuses on antiracism and class oppression. The complex and unequal role of "power" and "-isms" are considered an immense complication in anti-oppression practice, which is rooted primarily in mental health and social work.

Latinx communities in the United States have lived through the historical traumas of "multiple waves of colonization, genocide and political and economic dominance by white racial superiority and oppression" (Cacari Stone et al., 2021, p. 266). Morgaine and Capous-Desyllas (2015) discussed AOP in their social work practice, and Wu et al. (2018) addressed the use of AOP frameworks among allied health professionals. These studies show that an anti-oppression curriculum can enhance the professionals' confidence in addressing bias in health care through allyship. "For those who value social justice and equity, moving from the role of bystander to a place of awareness and solidarity allows for one's behaviors to mirror these values" (Wu, 2018, p. 21).

Inaccurate Assumptions and Lack of Training

Model

The problem model (Figure 2.1) begins with the relationship between assumptions and training of OTPs who serve Latinx families with young children. The logic model depicts the problem the author would like to address in the Latinx community. Occupational therapy practitioners who work in this community do not receive training on cultural differences or humility, specifically regarding the Latinx culture. The OTPs may make inaccurate assumptions or harbor biases. Biases when working with Latinx families with small children include that they want government handouts, want multiple children with multiple partners, and do not provide adequate environments for their children. These biases and assumptions come from a lack of specific training and resources OTPs need when working with Latinx families.

Occupational therapy practitioners go through years of schooling before taking their state licensure examination. However, this schooling often lacks specific training on the distinctions of working with various cultures. The OTPs who work in the Latinx community may not have received training on cultural differences or sensitivity. This lack of cultural humility may exacerbate any biases the OTPs previously had. Conversely, OTPs may make inaccurate assumptions or have biases about the Latinx families that influence whether they initiate specific training or access resources to serve their clients better.

Theory

Bandura's (1977) SET suggests that if OTPs lack specific cultural humility training, they may perceive their skills as weak or lacking when they serve Latinx clients. In predicting their ability to succeed at a new task, individuals often look to their experiences with similar tasks. Generally, this information strongly affects their self-efficacy, which is logical: If they have done something many times, they are likely to believe they can do it again. Successful experiences lead to greater feelings of self-efficacy. Conversely, failing in a task or challenge can undermine and weaken self-efficacy.

The SET contends that OTPs will perceive their skills as stronger when working with Latinx clients after they receive cultural humility training. Without such specific training, OTPs have limited opportunities to learn about diverse communities and practice advocacy skills. Lack of cultural competency training fosters an environment wherein the OTP's inaccurate biases of the Latinx community may negatively affect their relationships with the Latinx clients. Bandura (1977) suggested that a person's perspectives are influenced by feelings of mastery. If OTPs do not have experience with the Latinx community, they cannot receive appropriate feedback.

As depicted at the beginning of the model, OTPs lack specific training and skills to work with Latinx families and children, limiting their opportunity for successful experiences in the Latinx community. Without such training, they may not master the skills needed to enhance their self-efficacy through performance accomplishment; they cannot carry out the advocacy skills the families need.

Evidence Research

Research Questions

A. Is there evidence that OTPs have specific training and knowledge when working with underserved populations, including Latinx families with young children?

B. Is there evidence that OTPs understand the obstacles and barriers Latinx families face in the community?

Summary of the Evidence Base

Question A. A search of the literature was conducted using APA PsycINFO and CINAHL. Limits were set as "OT/occupational therapist," "program," "underserved population/minorities," "treatment," "intervention or therapy," "knowledge/education/understanding," and "recent 10 years." This search produced 13 articles. When the search timeframe was changed to 5 years, it produced seven articles, of which two were considered (Ozcan Edeer & Rust, 2022; Tyminski et al., 2019). One article was considered due to its work with occupational and physical therapy graduate students and cultural competency skills. The second article was considered due to the topic of mental health workers and cultural humility. The additional search term "school-based" was added to address the second portion of the research question, and the timeframe changed to start in 2009. This search produced five results, of which two articles were considered because they examined racial disparity among their participants (Bilaver & Havlicek, 2019; Tauriac et al., 2013).

Question B. An extensive search of the literature was conducted using APA PsycINFO and CINAHL. Limits were set for "OT/occupational therapist," "underserved population/minorities," "treatment," "school-based," and "cultural implications." This search produced no results. The keywords for "underserved populations/minorities" were changed to Latino/a/x but again produced zero results.

Bottom Line:

Occupational therapy and continuing education programs may fail to prepare for serving Latinx families with young children. Studies showed that OTPs who receive cultural competency training feel more confident working with cultures other than their own. Suarez-Balcazar et al. (2009) found a shortcoming in the current cultural research—the limited number of validated measures to assess cultural humility. In addition, although OTPs may be motivated and eager to modify and adapt their practices to minority populations, "agency and practice settings may have rigid guidelines—often dictated by reimbursement practices-that may preclude or inhibit innovation" (p. 503).

Occupational therapy programs should expose students to how particular clients may be excluded and prepare them to advocate for those clients. The Accreditation Council for Occupational Therapy Education (2018) standards for OTPs include being prepared to advocate as a professional for access to occupational therapy services offered and for the clients receiving those services. Providing quality health care requires practitioners to know and respect their patients' cultural points of reference, especially their beliefs and attitudes toward health and illness. Patient outcomes are enhanced when OTPs incorporate life roles, value systems, and family expectations for patients into

practice (Black & Purnell, 2002). Competency to treat individuals from other cultures is essential, and it is the academic and clinical educators' responsibility to develop successful strategies to prepare students for this challenge.

Harmsen et al. (2008) confirmed that patients' cultural views, language proficiency—including the understanding of the English language—and age are essential when evaluating care. This finding suggests that the occurrence of miscommunication decreases when clients receive information about their care in a language they understand. Anderson et al. (2003) found that when clients do not understand what their health care providers tell them, and providers either do not speak the client's language or are insensitive to cultural differences, the health care is compromised.

Occupational therapy programs neglect to prepare the future OTPs by not preparing them for the important ways Latinx and diverse clients go underserved. When a client comes from a background culturally different from the therapist's, the potential for miscommunications and misunderstandings increases and may lead to cultural barriers. Delgado-Gaitan's (2004) book, *Involving Latino Families in School: Raising Student Achievement Through Home-School Partnerships*, noted that educators, paraprofessionals, and other school facilities sometimes believe that Latinx families desire lesser roles in their children's schooling due to their lack of formal education or because they reside in lower socioeconomic communities.

Poor Cultural Humility and Skills

Model

The model (Figure 2.1) next illustrates that inaccurate assumptions and lack of training can lead to OTPS' poor cultural humility and skills when working with the specific differences and strengths of Latinx families with young children. These inaccurate assumptions can negatively influence how the OTP approaches a family and builds a relationship and adversely affect the OTP's ability to carry out and teach advocacy skills. These lack of resources, inaccurate assumptions, and biases result in the OTPs demonstrating poor cultural humility when working with Latinx families and their small children. That is, they do not demonstrate the skills that best serve the differences—the (strengths and weaknesses) of the Latinx community. When OTPs start their work in communities with Latinx clients, they soon realize the gap in service is partly due to a poor understanding of the different cultures and communities.

Theory

According to Bandura's (1977) SET, observing others develop a skill increases confidence in developing ones' skillset. *Vicarious experiences* suggest that observing skill modeling can improve performance, allowing a theorization of role-modeling advocacy skills. The model of the problem outlines that OTPs do not demonstrate the skills that best serve the Latinx cultural differences, strengths, and their families. This lack of skills affects the OTPs' ability to carry out and teach Latinx families advocacy skills. The practitioners cannot be effective role models for Latinx families because they do not possess the skills and training to understand cultural differences.

The self-efficacy levels are not static; they can increase through exposure to influential information sources, one of which is vicarious experience information. Gist and Mitchell (1992) argued that vicarious experience information has the most instant and direct effect on an individual's self-efficacy. Those with low general self-efficacy are more likely to be brought down by information and dwell upon previous negative experiences (Bandura, 1994). Unfortunately, without cultural humility, OTPs may not possess the skills and training needed to understand cultural differences. OTPs cannot be effective role models for the Latinx community without the ability to carry out and teach advocacy skills.

Evidence Research

Research Question

Is there evidence that OTPs are competent and skillful when working with Latinx families?

Summary of the Evidence Base

A search of the literature was conducted using APA PsycInfo. Keywords and search terms included "OT/occupational therapist," "Latinx/o/s, Hispanic," "treatment," "intervention," or "therapy," and produced 138 results. Thus, the limitations were adjusted to the most recent 10 years with 90 results. The search was rerun on CINAHL, adding the search terms "knowledge" and "understanding," resulting in 194 results hits, so it was removed. However, from that search, one book chapter was considered because the content addressed developing a culturally competent occupational therapy program in a border town with a high Mexican population.

Bottom Line

Although OTPs may be motivated to adapt practices to meet the needs of their Latinx clients, research still needs a standardized instrument to assess cultural humility. *Cultural humility*, sometimes considered *cultural competence*, is "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations" (Cross et al., 1989, p. 13). In Suarez-Balcazar et al.'s (2009) study, OTPs reports of prior cultural competency training were positively correlated with increased feelings of cultural humility. The practitioners who valued cultural humility and felt adept at addressing the needs of diverse clients scored higher across all cultural humility dimensions measured. Suarez-Balcazar and Rodakowski (2007) asserted that from an occupational therapy perspective, "becoming culturally competent is an ongoing contextual, developmental, and experiential process of personal growth that results in professional understanding and ability to adequately serve individuals who look, think, and behave differently from us" (p. 15).

Cultural Implications and Advocacy Skills (Moderators)

Model

As the model (Figure 2.1) illustrates, the relationship between cultural humility and demonstrating skills to serve Latinx families with young children is moderated by the OTPs' understanding of cultural implications and ability to carry out and teach advocacy skills. The OTPs demonstrate a poor understanding of the cultural implications, differences, and strengths of working with the Latinx community when they do not have

the skills to serve the families best. The OTPs' ability to carry out and teach advocacy skills to Latinx families is negatively affected. The lack of resources, inaccurate assumptions, and biases result in OTPs demonstrating poor cultural humility when working with Latinx families and their small children.

Theory

Self-efficacy theory and an anti-oppression framework and practice help explain how OTPs' understanding of cultural implications affects their ability to carry out and teach advocacy skills. The AOP addresses the problems Latinx families experience with not being able to advocate for themselves. Their lack of self-advocacy stems from a history of oppression. Racial and ethnic minorities continue to experience persistent disparities in access to and the quality of health care compared with the rest of the U.S. population (Horvat et al., 2014). As stated in the previous section, SET works with role models through vicarious experience and performance accomplishment. Those two SET assumptions and propositions also justify the lack of advocacy skills addressed in this section of the problem model: The OTPs cannot serve as adequate role models for advocacy skills because they do not understand the cultural implications and specifics of working with the Latinx community.

Occupational therapy practitioners may not have been taught cultural humility during their schooling, and professional development courses have only recently started focusing on diversity, equity, and inclusion. This lack of teaching cultural issues during the OTPs' training relates directly to the inaccurate assumptions and biases they may have about Latinx families. This proposition helps explain the problem: Latinx families

do not feel valued as active participants in occupational therapy services, resulting in decreased trust in the OTPs. The Latinx families do not feel comfortable discussing services or asking questions of the OTPs. This may prevent feedback, trust-building, and room for growth in the client–OTP relationship. In such a limited relationship, Latinx families may not receive coaching or feedback on self-advocacy skills.

Evidence Research

Research Question

Is there evidence that the OTPs understand their role as advocates for the Latinx community?

Summary of the Evidence Base

A comprehensive literature search was completed on APA PsycINFO, -Keywords and search terms included “OT/occupational therapist,” “Latinx/o/s, Hispanic” and “advocate.” This search returned zero results. Therefore, the search terms were expanded to include “OT/occupational therapist,” “underserved populations/minorities/race,” and “advocate.” This search had 52 results. When limitations were put into place for the most recent 10 years, 39 results, of which one (Suarez-Balcazar et al., 2018) was considered.

Bottom Line

Changing issues in society and trends in health disparities, policies, and delivery are evolving with the expanding cultural landscape. Racial and ethnic minorities continue to experience more persistent disparities in access to and the quality of health care compared with the rest of the U.S. population (Horvat et al., 2014). “Disability rights, advocacy, and research point to the need for a revised standard of practice model that

emphasizes the creation of engaged scholars and practitioners" (Hammel et al., 2015, p. 365). Cultural humility, clinical reasoning, and leadership are essential skills for OTPs to overcome these disparities. *Cultural humility*, also considered *cultural competence*, has been defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations" (Cross et al., 1989, p. 13). Wu et al.'s (2018) study found that globalization helped ensures OTPs serve a more culturally diverse clientele.

Client–Clinician Power Imbalance (Moderator) and Families' Experiences of Value, Participation, and Trust

Model

The clinician–client power imbalance moderates the relationship between OTPs demonstrating skills to serve Latinx families best and the families feeling valued as active participants in occupational therapy services. The problem model (Figure 2.1) illustrates that Latinx families feeling unvalued as active participants can lead to decreased trust in OTPs, preventing rapport and a relationship from being built between the Latinx client and the OTP. Without rapport and trust, Latinx families and children go underserved. This can look like inequitable access to OT services or other community resources. When basic needs are not met, the quality of life is adversely affected.

Theory

The AOP framework guides the understanding of the relationship between OTPs and Latinx families with young children. Anti-oppression theory relates directly to the cultural implications and client–OTP power imbalance outlined in the model of the

problem. The Latinx families' perceptions of the power imbalance, -coupled with the OTPs' lack of advocacy skills and cultural humility, lead to the oppression of Latinx communities.

A lack of advocacy skills, cultural awareness, and cultural humility directly contributes to the power imbalance between Latinx families and OTPs, leaving the families feeling unvalued as active participants in occupational therapy services. If the cultural differences—including the OTPs' inaccurate biases and assumptions—are not accounted for and acknowledged, Latinx families may lack trust in the OTPs. They then do not fully participate in their services, which results in the Latinx family going underserved—as depicted in the first few steps of the logic model. Cross et al.'s (1989) definition of *cultural humility/competence* emphasized "effective work in cross-cultural situations" (p. 13). Any implicit biases coming into the treatment that stem from racial differences would negatively affect the client–OTP relationship and limit the effectiveness of the OTP's work.

Evidence Research

Research Question

Is there evidence that Latinx families feel supported by their OTPs and social service professionals?

Summary of the Evidence Base

A comprehensive literature search was completed using the APA PsycINFO and CINAHL databases. Keywords included "Latinx," "supported," and "health care workers." A search limitation set for 2012–2022 resulted in 49 articles, many of which

involved nursing. Rerunning the search but removing the CINAHL database produced six results that were considered.

Bottom Line

The comprehensive literature search produced evidence that Latinx families will avoid the health care system if when they do not trust the health service professional. In Raymond-Flesch et al.'s (2014) study, Latinx participants reported avoiding the health care system whenever possible. Instead, they turned first to family members and unlicensed community healers, then sought providers if necessary. Many participants in this 2014 study stated they sought health information online. Even if their condition were serious, participants indicated they would "WebMD it" Raymond-Flesch et al.'s participants identified barriers to health care access, including fear and mistrust of providers. The report "Unequal Treatment," showed that stereotyping, discrimination, mistrust, and health care provider biases toward minority patients contributed to unequal treatment and health outcomes (Nelson, 2002). Robards et al. (2018) found that across the health system, marginalized young people experienced access and engagement barriers and language and cultural issues; the inability to understand and navigate a complex health system affected refugee youth.

Latinx Families With Young Children Go Underserved

Model

As addressed earlier, the lack of cultural competency training results in a client–clinician power imbalance. Ultimately, Latinx families with young children go

underserved. Their basic needs—including equitable access to health care—remain unmet, negatively affecting their quality of life.

Theory

The anti-oppression framework and practice address the advantages and disadvantages of groups and individuals based on their socioeconomic status or race. In this case, Latinx families may experience inequitable access, unmet basic needs, or impacts on their quality of life. One of the most visible ways discriminations occurs is by grouping people by color. *Race* is defined as groupings of people rather than biological differences. As depicted in the first steps of the logic model (Figure 2.1), Latinx families can go underserved due to the OTPs' lack of cultural competency. If the cultural differences are not accounted for and acknowledged, the families may lose trust in the OTP. Further, the OTPs may have inaccurate biases and assumptions about Latinx families with young children. If they come into the treatment, implicit biases stemming from racial differences would harm the client–OTP relationship.

As the logic model depicts, a cultural client–clinician power imbalance may cause the family to feel unvalued in the relationship. According to Gutiérrez (1990), such power imbalances have direct and concrete effects on the experiences of people of color. Thus, is the AOP theory was chosen as a lens because the problem of Latinx families' inability to advocate for themselves stems from a history of power imbalance and oppression. Racial and ethnic minorities continue to experience persistent disparities in access to and the quality of health (Horvat et al., 2014).

Evidence Research

Research Question

Is there evidence that Latinx/e/a families are good self-advocates in school or community settings?

Summary of the Evidence Base

A comprehensive literature search was completed using the APA PsycINFO and CINAHL databases. The keywords and search terms included “occupational therapy/OTs,” “Latino/x/a,” and “self-advocacy.” This search had zero results. Changing the keyword “self-advocacy” to “advocacy” generated 17 results. Then, adjusting the search dates to the past 10 years yielded10 results, of which three were considered.

Bottom Line

This current research shows that underserved communities may feel unsupported by their health care professionals. Latinx families are subject to discrimination and biased treatment from their health care providers. Occupational therapists are ethically bound to provide quality care to assist all people across the life course to engage in meaningful occupations. However, institutional, systemic, and attitudinal barriers to equitable care for racial and ethnic minorities and other marginalized identities challenge this sense of purpose. Future practitioners must learn how to provide culturally appropriate care characterized by awareness, humility, and dexterity in client interactions (American Occupational Therapy Association, 2020a, p. 3). “Differences in population characteristics such as race, ethnicity, class, culture, and gender are at the root of many present health and health system problems in the United States” (Egede, 2006, p. 667).

Despite cultural expectations, Latinx are among the least educated group in the United States: Only 11% of Latinx over the age of 25 years have earned a bachelor's or higher degree, compared with 17% of Blacks, 30% of Whites, and 49% of Asian Americans in the same age group (U.S. Census Bureau, 2003). More than one fourth of Hispanic adults have less than a ninth-grade education (U.S. Census Bureau, 2002). Trends in health disparities are rooted in population structure and socioeconomic inequalities. These inequalities have depleted the resources of many Latinx neighborhoods, creating high-risk conditions for persons residing in those areas (Vega et al., 2009). Latinx children born into these environments will experience socioeconomic issues and will not fully benefit from the services provided.

Research Synthesis

Quality of Evidence and Limitations

The reviewed research contained limitations. As Suarez-Balcazar et al. (2009) also noted, a shortcoming in cultural humility research is the limited number of validated measurement tools. Further, the research addressed health care professionals overall and not OTPs specifically. Although studies examined underserved and minority populations, they lumped together many cultures and did not focus specifically on the experiences and outcomes of Latinx clients and communities.

Recommendations

Future research should focus on improving and adding to cultural competency measures, OTP-specific research, and Latinx-cultural-specific participants for research. The literature review results suggest that Latinx families desire to be good advocates for

themselves and their children. However, due to a lack of cultural humility training, OTPs do not understand cultural differences and are not good advocates or self-advocacy role models for Latinx communities. It is strongly suggested that OTPs should advocate for more cultural competency training in OTP programs. When they look for professional development courses, they should search for cultural competency training on the specific cultures (e.g., Latinx) with which they work. In the future, professional development specific to OTPs might be needed to support OTPs and their clients; for now, attending cultural humility training aimed at other health care professionals (e.g., social work or nursing) may be a good placeholder. Attendees can see how suggestions and recommendations can be specified for OTPs. Further research should be conducted on how to advocate for occupational therapy services with Latinx families.

Conclusion

Bandura's (1977) SET, anti-oppression framework and practice, and current research evidence help illustrate the model of the problem that OTPs and Latinx families with young children face. There is an overall lack of inclusion and equity in the environment, structures, and systems to support Latinx families specifically. This discrepancy makes it necessary for the Latinx community to advocate for themselves. The OTPs are necessary to make a difference for these families. Rapport- and trust-building are the foundations for healthy, strong relationships between the OTPs and Latinx families. When rapport and trust are built, Latinx families feel more comfortable with their OTPs, and safer advocating for themselves, and the OTPs help their clients become independent, functioning members of society. However, the OTPs need specific

training to improve their self-efficacy to serve Latinx families best in cultural competency training.

Occupational therapy practitioners are not taught cultural humility during their schooling, and professional development courses only recently began focusing on diversity, equity, and inclusion. Overlooking cultural issues during OTP training relates directly to the inaccurate assumptions and biases OTPs foster about Latinx families. The *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children* will increase OTPs' understanding that Latinx families do not feel valued as active participants in occupational therapy services, which decreases their trust in the OTPs. The Latinx families do not feel comfortable discussing services or asking questions of the OTPs. This prevents feedback, trust-building, and room for growth in the client–provider relationship. In turn, Latinx families do not receive coaching or feedback on self-advocacy skills.

CHAPTER THREE – Overview of Current Approaches and Methods

Introduction

Successful occupational therapy programming relies on a reciprocal relationship between the therapist and client for effective intervention. This relationship may be affected by cultural differences and communication between the therapist and the client. Thus, cultural humility is vital to occupational therapy practitioners' (OTPs) practices. The more than 62 million Latinxs in the United States—19.03% of the total U.S. population and 23.1% of children under 18 years old—represent the largest ethnic minority group (U.S. Census Bureau, 2022). This population is rapidly increasing, rising 30.3% from 2000 to 2010, compared with a 10.6% increase for African Americans and a 1.1% increase for non-Hispanic Whites (U.S. Census Bureau, 2010). Nevertheless, limited research exists on cultural humility for occupational therapy students and practitioners related to this population.

Evaluative Summary

This section explores the current application of theories, programs, and research for Latinx families and communities and cultural humility and advocacy programs for occupational therapists. Its structure generally aligns with the discussion of the problem components in Chapter 2.

Theories

Self-Efficacy Theory

Related programming and interventions often incorporate the self-efficacy branch of Bandura's (1997) social learning theory. Early research showed that patterns of beliefs

in personal efficacy differ across national origins (Pastorelli et al., 2001), suggesting that—although the study was conducted in Europe—the self-efficacy skills of Latinx clients may differ from those of the OTP's culture.

Current programs target self-efficacy in various ways. For instance, the Youth Fit 4 Life program (Annesi et al., 2005) targeted self-efficacy through a structured, afterschool *physical* activity program for youth 9 to 12 years old (García-Sánchez & Fidalgo-Redondo, 2006). In contrast, a self-regulatory *writing* program for learning-disabled students improved their writing skills and self-efficacy. Both programs were applied with general (i.e., not Latinx-specific) ethnic populations. Both successfully used similar self-efficacy theory (SET) tenants—establishing a positive psychological and affective climate, explicating feelings of ability and mastery, and providing social persuasions and support (Annesi & Vaughn, 2015)—and emphasized self-regulatory skills. Other programs addressed parenting self-efficacy, "the parents' opinions and beliefs in being capable of affecting their children in a way that raises their confidence development and adjustment" (Hajihashemi et al., 2019, p. 2). Educational interventions that engage parents in group tasks and facilitate the expression of experiences have benefitted parenting self-efficacy, a primary determinant of positive parental behaviors (Hajihashemi et al., 2019).

Additional programs work to ensure the active involvement and self-efficacy of Latinx-specific parents but in different ways. The Latinx Family and Advocacy Support Training (LFAST; Behnke & Kelly, 2011) and the YMCA Family Involvement Project (O'Donnell & Kirkner, 2014) aimed to increase Latinx family involvement with their

children's schools and improve the children's educational performance. Both targeted predominantly monolingual-Spanish-speaking Latinx caregivers of elementary-age children, and participants reported significantly more knowledge after attending the programs. For instance, LFAST participants reported increased self-efficacy in requesting parent–teacher conferences, asking for school information, addressing school challenges, and knowing available resources (Behnke & Kelly, 2011). However, the programs targeted different subpopulations. The six-session LFAST trained the Spanish-speaking family members directly, whereas the YMCA project demonstrated the need to focus on annual school-staff training and ongoing consultation to administrators (and teachers, when requested) on culturally appropriate methods to involve culturally diverse families (O'Donnell & Kirkner, 2014, p. 215).

Other community programs address parent-centered family leadership skills (Latinx Network, n.d.) or support and represent parents with legal aid. The *Interpreter Bill* (HD 1915 SD 416) created standards for using interpreters in educational settings to provide Latinx and other limited English proficient parents with competent interpretation services (Massachusetts Advocates for Children [MAC], n.d.). *Partners Achieving Student Success* (Mehta et al., 2019) promotes parenting support to Latinx parents in high-need urban communities by "supporting homework routines and home routines, positive parenting, positive discipline, and family–school connections" (p. 450). State agencies like MAC and educational organizations like Juntos Aprendemos (Latinx Network, n.d.) help low socioeconomic status parents strengthen their communication, advocacy skills, and knowledge to navigate the U.S. educational system. Larger scale

organizations (e.g., Massachusetts Immigrant and Refugee Advocacy Coalition, n.d.; UnidosUS, 2022) work to elevate the voice of Latinx families by helping communities achieve racial equity and advocating for immigrants' rights and educational opportunities.

Anti-Oppression Practice Framework

Another part of the problem is addressed in the discussion of occupational therapy and oppression. Because many sociostructural forces, including ethnicity, immigration, poverty, and gender, shape client culture (Lo, 2010), it is crucial to understand the client's values and priorities and how they interact with health systems. Oppression theories are typically seen in social work fields. Despite a global climate where attention to justice and injustice is part of the discussion, the oppression concept has only recently become a focus in occupational therapy. "Occupational therapy literature newly pays attention to issues of justice, marginalization, and rights" (Pooley & Beagan, 2021, p. 407). The Canadian Association of Occupational Therapy (2020) recognize

> there is much more work to do to uphold our core value of diversity, to live up to the inclusive and compassionate tenets of occupational therapy, to educate ourselves and others about the history of oppression that prevents many people from accessing basic human rights. (p. 1)

Further, the World Federation of Occupational Therapists (2020) called for OTPs to "support the global movement for justice, advocate for human rights, lead change and to deliver action and meaningful change" (p. 1).

However, research application of the anti-oppression practice framework (AOP)

to the domain of occupational therapy intervention, although not neglected, has been relatively sparse. As the world becomes increasingly globalized, work is being done on social issues with respect to recognizing non-White human rights. Springtide Resources (n.d.), a Canadian United Way Program, used AOP to develop their "toolkit" reference manual as part of their Integrating Anti-Oppression Project. The tool supports community service organizations to integrate anti-oppression learning consistently into practice. Similarly, Demers et al. (2021) indicated the importance of cultural safety in occupational therapy practice. Thus, Demers et al. targeted occupational therapy students rather than community organizations. The students received antiracist and anti-oppression education as part of their preparation for fieldwork experiences with Canadian Indigenous peoples.

Inaccurate Assumptions and Lack of Training

Researchers and professional organizations agree that cultural awareness, sensitivity, and anti-oppression training should be requirements for preservice OTPs, along with continuing education in these areas (American Occupational Therapy Association [AOTA], 2014, 2015, 2020b; Lindsay et al., 2014; Mu et al., 2010; O'Donnell & Kirkner, 2014; Ozcan Edeer & Rust, 2022; World Federation of Occupational Therapists, 2020). After years of being taught one way to do things, OTPs must grow and evolve when learning and teaching others. This idea of *training as un-training* refers to the "need for practitioners to be trained within a social justice framework that places an importance on the interaction between structural conditions of clients' lives and the inner experience wrought by such conditions" (Ali, 2013, p. 163). Such interactions are strengthened with improved cultural competency skills.

Although these programs differ in mission and approach, they share a focus on celebrating the Latinx culture—and advocating for the Latinx population. For instance, Juntos Aprendemos (Latinx Network, n.d.) and Wraparound Ohio (n.d.) break down Latinx stereotypes. They work with pre-Kindergarten students to increase early numeracy and Spanish literacy skills and embrace Latinx culture and heritage through stories, songs, rhymes, and languages. The MAC (n.d.) recognizes and educates school systems on the unique barriers that immigrant and Latinx families face in seeking education, including special education, for their children: "All children in the United States have the right to a free public education regardless of immigration status."

Cultural Competency Skills

Although programs incorporating AOP (e.g., Demers et al., 2021; Springtide Resources, n.d.) primarily targeted Indigenous rather than Latinx communities, they indicated the importance—and predominant lack—of occupational therapists' cultural humility training. Optimal provision of care within multicultural communities requires practitioners to reflect the racial, ethnic, immigration status, and socioeconomic status of the community (Suarez-Balcazar et al., 2009). Cultural humility can be promoted by "developing educational programs that foster cultural awareness and sensitivity among students [Doctor of Physical Therapy Program and Master of Science Occupational Therapy Program] in the health care professions" (Ozcan Edeer & Rust, 2022, p. 4).

Cultural humility is an essential skill that helps OTPs gain insights into that culture (Boop et al., 2020; Mirza & Harrison, 2019), serve more diverse clientele (Mu et al., 2010), and promote occupational therapy outcomes that address social justice and

self-advocacy (Boop et al., 2020). Some continuing education and professional development are offered to improve OTPs' cultural humility in care. Both PESI (n.d.), an online nonprofit organization, and the AOTA (n.d.-c) offer cultural humility training in "multiple formats (live webinar, video, audio, and text)" to fit the OTP's lifestyle and learning style. The AOTA continuing education credits differ by the state in which the OTP practices, but all OTPs who pay for access can learn from the offerings. The AOTA also developed a fact sheet as a quick reference for OTPs to ensure occupational therapy strives toward culturally sensitive practices. PESI (n.d.) offers a 3-hour webinar to reduce OTPs' cultural "fears by increasing your understanding of cultural experiences with which you are not personally or professionally familiar" ("Multicultural Awareness & Diversity: Powerful Strategies to Advance Client Rapport & Cultural Competence"). Some PESI courses, for example, "Racial Trauma and Minority Stress: The Culturally Competent Clinician's Guide to Assessment and Treatment," focus on minority oppression and trauma-informed care.

When working with Latinx communities, trauma-informed care is of core importance. Current programs appear in various domains and formats. In the school environment, the Trauma and Learning Policy Initiative ensures schools become trauma-sensitive environments supporting all students affected by trauma. Specifically, for the Latinx population, Wraparound Ohio (n.d.) offers a web-based program that provides clinicians with strategies and tools for working directly with Latinx youth and their families' generational trauma. As part of the National Child Traumatic Stress Network, the Chadwick Center for Children and Families in San Diego, California, created

adaptation guidelines for serving Latinx children and families affected by trauma. This program uses focus groups to identify priority areas to address, and National Child Traumatic Stress Network adapts evidence-based practices to fill those needs (Workgroup on Adapting Latinx Services, 2008). Trauma-informed support to the Latinx community was also found in clinicians' manuals outlining interventions to create safe, minimum-trigger environments (Mental Health Technology Transfer Center Network, n.d.; Workgroup on Adapting Latinx Services, 2008).

Cultural Implications and Advocacy

Although OTPs are charged with providing culturally competent care, they might not include advocacy skill-building in their interventions with Latinx families in school settings. Although the AOTA (2015) practice framework requires OTPs to skillfully advocate for their clients, this area continues to have few interventions and sparse programming. Established in June 2021, the AOTA's (n.d.-e) Diversity, Equity, and Inclusion (DEI) Committee committed to building a more inclusive profession, strengthened by its practitioners' diversity and engagement and equipped to address the needs of clients of all backgrounds and identities. Over the past few years, AOTA has seen the need for more cultural humility in the profession and developed resources to ensure humility in their licensed OTPs. These resources include a toolkit and resource library with DEI videos, exercises, activities (AOTA, n.d.-e), word bank, and vocabulary (AOTA, n.d.-d) for OTPs' continuing education accessible on the AOTA (n.d.-c) website. "The outcomes of advocacy and self-advocacy support health, well-being, and occupational participation at the individual or systems level" (AOTA, 2014, p. S30).

Nevertheless, OTPs' responsibility to advocate for clients is different from knowing *how* to provide that advocacy. The AOTA (2014) framework defined *advocacy* as "efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in daily life occupations" (p. S30). The Latinx Advocacy Team and Interdisciplinary Network for COVID-19, a multisector group of more than 770 registered participants representing health, behavioral health, and other professionals and community members, was formed to support the Latinx community during the COVID-19 pandemic. Its "mission is to improve the health and wellness of diverse Hispanic/Latinx communities and to bring sustainable solutions through collective leadership and the formation of trusting collaborative partnerships and alliances" (Martinez-Bianchi et al., 2021, p. 279).

Of particular relevance are these larger scale organizations in Western Massachusetts, where the I AM Program will initially be disseminated. Latinos for Education (n.d.) has a Massachusetts region whose mission is to develop, place, and connect essential Latinx leaders in the education sector. The organization is creating Latinx advocates by infusing Latinx talent into positions of influence, and several towns and cities in and around western Massachusetts have implemented DEI initiatives. Latinos for Education prepares the Latinx community to access educational opportunities for the next generation of Latinx students. These initiatives support the mission of the I AM Program by fostering DEI and advancing racial justice and equitable access to opportunity in member communities.

Although it should go without saying, culture is an essential factor when working

with a diverse population, and studies have recognized the importance for school staff to have cultural humility/awareness of Latinx culture to improve the engagement of Latinx parents (Gillanders et al., 2012; Miller et al., 2016). Nevertheless, an increasing number of research studies—and even graduate students' remarks (Brown et al., 2011; Davis, 2005; Govender et al., 2017)—addressed the lack of advocacy programs for the Latinx population. Latinx parents face many barriers in occupational therapy besides a language barrier. There is a lack of understanding of Latinx culture and values (Ortiz-Castillo, 2011), ineffective communication with school personnel, and unwelcoming school environments (De La Cruz, 2020).

Client–Clinician Power Imbalance

However, advocacy is not routinely taught to Latinx families in medical care. Although occupational therapists want to provide culturally sensitive care, they face language and cultural differences, and Latinx families do not always understand what the providers tell them (Lindsey et al., 2014). To illustrate, a Spanish-speaking patient with a spinal cord injury, his caregivers, and his occupational therapy providers all rated their interactions as low on satisfaction and high on frustration due to language barriers (Martinez & Leland, 2015). Language barriers interfere with the patient's understanding of the occupational therapy role, therapeutic relationship-building, advocacy—and essential trust. Latinx families will avoid the health care system when they do not trust the health service professional (Raymond-Flesch et al., 2014). Patient advocacy in the medical setting consists of empathy with the patient and protecting the patient (Davoodvand et al., 2016). However, interventions that directly teach advocacy skills

occur more routinely as part of discharge planning (Martinez & Leland, 2015).

Latinx Families With Young Children Go Underserved

In the school setting, families may receive services related to advocacy, particularly for their children's special education. The measured disparities in the percentage of Latinx children with autism spectrum disorder currently using school-based occupational therapy (Bilaver & Havlicek, 2019) illustrate the need for increased support to their parents (Luelmo & Kasari, 2021). Latinx parents report needing more empowerment (Murray et al., 2011) and self-advocacy (Luelmo & Kasari, 2021) training. Parent-to-parent interventions, such as "Mind the Gap"—a flexible, caregiver-focused intervention for underserved families of young children with autism—may offer an effective mentoring opportunity to focus on self-advocacy (Iadarola et al., 2020). Studies of this program reported a high success rate in terms of the intervention being "highly accepted by parents" (p. 11). Another cost-effective empowerment training model for parents and educational providers of autistic children is Partnerships for Autism through Collaborative Community Choice and Empowerment (Project PACE). Once participants completed the training, they became trainers who presented the program to community agencies, schools, and parent-support groups (Murray et al., 2011).

Implications for Program Design

The limitations in the current programs for OTPs working specifically with Latinx families, cultural competency, and advocacy noted in this chapter's evaluative summary are considerations for future programming.

Incorporating Theories

The SET and AOP framework were choices for the I AM Program's design for many reasons. The SET affords participants the opportunity to learn a skill, practice that skill, receive feedback, and finally feel they mastered the skill. The program facilitator and other group members will learn and practice these skills through modeling, a main tenant of the I AM Program. Coleman and Karraker's (1998) looked at parental self-efficacy and found that, as in self-efficacy research in cultural humility, advocacy, and occupational therapy, parenting self-efficacy research is sparse, if not neglected (p. 55).

The AOP framework has typically been found in social work research. A 2016 study entitled "School Counselors Intervention in Bias related Incidents" examined perceptions when incidents happened at school involving Latinx students. "Do school counselors perceive these as isolated incidents or as a function of an oppressive society?" (Toomey et al., 2016, p. 349). Due to the ever-changing cultural landscape, it is important that occupational therapy training and research consider their clients' diverse cultures. The AOP framework allows education on a level playing field with consideration for other cultural groups' oppressive histories and traumas. The occupational therapy profession also may examine opportunities to reduce oppression based on community priorities through approaches such as socially conscious occupational therapy (Malfitano & Lopes, 2018).

Un-Training Inaccurate Assumptions

In designing the proposed program, it will be important to include a process of breaking down preconceived biases, essentially an "un-training" of the OTPs (Bullock,

2004, p. 117). The proposed I AM Program will need to guide clinicians and caregivers toward a better understanding of Latinx cultures and offer approaches, strategies, and tools for working with Latinx youth and their families free from inaccurate assumptions.

Teaching Cultural Humility Skills

Prior research found training on cultural humility, communication, working around families' schedules, and facilitating their involvement to be crucial for teachers working with Latinx families (Mirza & Harrison, 2019; O'Donnell & Kirkner, 2014; PESI, n.d.). Suarez-Balcazar et al. (2009) reported that practitioners with the most multicultural training experiences rated themselves with more cultural humility than those with fewer experiences. Similar concepts can apply to OTPs in the proposed training to identify cultural barriers and solutions to work through those barriers. Acton (2001) found that the "potential for harm can exist when therapists don't understand their own biases" (p. 109). These factors will be considered when designing the I AM Program to facilitate OTPs' identification of traumatic experiences in the immigrant Hispanic and Latinx populations they serve and teach clinicians to deliver service using trauma-informed care (Kenny et al., 2017; Workgroup on Adapting Latinx Services, 2008; Wraparound Ohio, n.d.). A 2011 study found "no studies in occupational therapy that look at multicultural training practices" (Brown et al., 2011, p. 179).

Advocating for Advocacy

As a discipline, occupational therapy would benefit from identifying additional work needed to achieve equal access and equity for Latinxs. The current methods and approaches that help Latinx families with young children access advocacy programming

will inform the proposed program's design. Dryden et al. (2017) supported teaching advocacy skills. Their study found promising results when teaching self-advocacy skills to culturally diverse special education students. Although the research had limitations—for instance, not translating into the study participants' natural environments—the proposed program will directly translate into the client–clinician environments. Program participants will have opportunities between modules to practice the skills they learn by modeling them in the natural environment. The proposed program will also fill the need through its focus on providing OTPs with cultural humility toward the Latinx culture. Future programming will consider the barriers Latinx families face when participating in structured programs (Lakind & Atkins, 2018).

Balancing Client–Clinician Power

Along with the OTPs' lack of cultural awareness and humility, the Latinx families' lack of advocacy skills directly contributes to the power imbalance between Latinx families and OTPs. It leaves the families feeling unvalued as active participants in occupational therapy services. The proposed program will be designed to build clinician–client trust among the OTPs and the Latinx communities they serve (Mental Health Technology Transfer Center Network, n.d.; Munsey, 2009; Substance Abuse and Mental Health Services Administration, 2016). Conversations that build rapport and trust will happen between the OTPs and Latinx families. Future programming will dive into Latinx culture in the United States and the unique challenges for OTPs working with Latinx youth and families.

Serving Latinx Families With Young Children

Parental involvement was found to correlate positively with student academic achievement (Kimura-Walsh et al., 2009; Pstross et al., 2016; Trusty et al., 2003). Therefore, the I AM Program will partner with parents to strengthen their communication, advocacy skills, and knowledge to navigate the educational system (Latinx Network, n.d.; MAC, n.d.; Mehta et al., 2019; UnidosUS, 2022). Programming will encourage participants to engage in their own social justice by teaching advocacy and self-advocacy skills (Ali, 2013).

Conclusion

Not enough is currently being done to support Latinx families in their communities. Families report not feeling included in their children's education due to language and cultural barriers. "Latinx families highly value education and are committed to their children's educational success; however, Latinx students often experience educational challenges" (O'Donnell & Kirkner, 2014, p. 211). Well-designed provider cultural humility training and family involvement programs can encourage Latinx families to increase their involvement, resulting in positive outcomes for the community.

A culture's belief system can dramatically affect individuals and influence their development; understanding it is vital for a multiculturally competent occupational therapy community to serve the Latinx population better. The occupational therapy profession can also examine further opportunities to reduce oppression based on community priorities through approaches such as socially conscious occupational therapy (Malfitano & Lopes, 2018). Programming that includes the family in decision-making,

facilitates a trauma-informed approach, and educates participants on cultural humility and advocacy skills will inform the *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children*.

CHAPTER FOUR – Description of the Proposed Program

The *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration with Latinx Families With Young Children* is an evidence-based, educational training program for occupational therapy practitioners (OTPs). It aims at promoting increased self-efficacy around cultural competency, rapport, and trust-building when working with Latinx clients. The professional-level program is designed to address issues that Latinx families face when working with providers who lack cultural awareness. Participants will learn about adverse childhood experiences (ACEs) and trauma-informed care related to Latinx culture and how to put their newly acquired skills into practice. The program will build upon existing knowledge of Latinx culture and community. Teaching strategies will occur via self-reflection, cultural awareness, and group facilitation to develop self-efficacy for cultural humility.

The program is delivered through live, online video meetings, with six 90-minute sessions delivered monthly over 6 months and 12 to 20 participants per group. The time between sessions will allow participants to practice their skills over the month and return for the following session with a sense of well-being. Within the program's interactive process, appropriate communication designed to build rapport and trust with Latinx community members is modeled and practiced.

Nature of the Problem

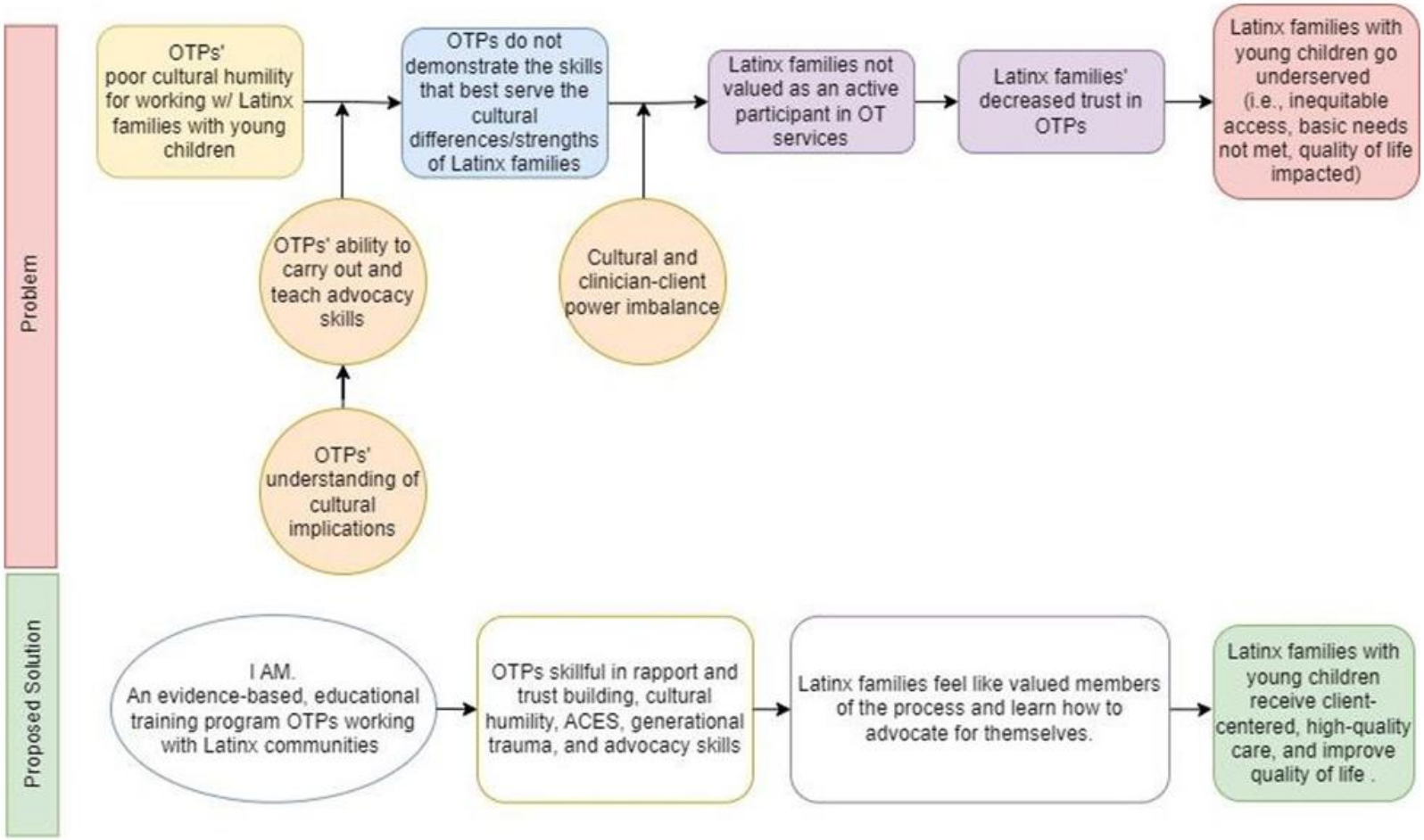
There is low self-advocacy among Latinx families involved in clinician-led services, such as occupational therapy. Latinx parents and families may lack access to

professionals who speak their native language. They may even have to overcome the preconceived notions and misconceptions held by professionals who work with them (Montelongo, 2014). Part of the problem stems from low rapport and trust with OTPs, which decreases access to services.

There is a need for OTP training on Latinx cultural distinctions and increased advocacy skills to address these issues. The American Occupational Therapy Association's (2017) Vision 2025 emphasizes client-centered and culturally responsive practices. Such skills are especially significant because globalization has become an inevitable trend. Occupational therapy serves a more diverse clientele—and, as a profession, should work toward a more diverse workforce (Mu et al., 2010). Poor cultural humility can lead to decreased trust between OTPs and Latinx families, causing families to feel not valued as participants in occupational therapy services. Ultimately, this results in Latinx families and young children being at higher risk of being underserved. Our society's poorer, less privileged groups, including ethnic and racial minorities and people with disabilities, experience huge gaps in rehabilitation and health outcomes (Phelan et al., 2010). Figure 4.1 illustrates the problem and proposed solutions.

Figure 4.1

Illustration of the Problem and Proposed Solution



Guiding Theories

The proposed I AM Program is both evidence-based and theory-driven. Theories that guided course development include Bandura's (1977) self-efficacy theory (SET) and the anti-oppression practice (AOP)/theory framework. A branch of Bandura's broader social learning theory (Sutton, 2001, p. 6499), SET assumes that repeated success through performance accomplishments, vicarious experiences (indirect learning), and social persuasion (direct learning) will affect an individual's feelings of self-efficacy. These assumptions will sequence the topics and activities within the proposed course. In addition, SET supports the idea of teaching through doing. The I AM Program participants will learn through their experiences and feedback from their instructor, peers, and community. This feedback will inform OTPs to fill the gaps in their knowledge with the following lessons.

Anti-oppression practice works to eradicate oppression and challenge power structures through collective institutional and societal changes (Sakamoto & Pitner, 2005). In practice, this may look like unfair advantages/disadvantages to some individuals and communities. This practice framework will guide teaching about the present climate of oppression in the Latinx community. In addition, the AOP framework will foster a balanced, safer environment for participants to feel valued and equal. The knowledge gaps in this theory will help participants understand why the Latinx population has poor access to health care and trust issues with medical providers and how to help remedy these issues.

Stakeholders

The primary stakeholders in the I AM Program are OTPs in the Western Massachusetts and Connecticut communities and the families and children with whom they work. Additional stakeholders to be considered include speech therapists, social workers, physical therapists, teachers, and developmental services providers. Although the program is initially planned to improve and increase OTPs' advocacy knowledge and skills and improve their toolbox, the intercultural team and communities can benefit as well.

The intention for the I AM Program is to educate the micro-level stakeholders, which will positively affect the meso-level service, and spread into the macro-level community and government stakeholders (e.g., Massachusetts Departments of Children and Families, Education, and Social Services). These stakeholders may also include community agencies that work with Latinx families and children, such as the Department of Social Services and the Department of Public Health. These agencies would benefit from having their clinicians participate in an advocacy-building program to understand better the needs of the community they serve.

Program Objectives

With the expanding emphasis on cultural competency, the main goal of the I AM Program is to provide education and skill development to OTPs working with Latinx clients. This knowledge and skills will lead the OTPs to build trust and rapport, thus improving their service and their Latinx clients' experiences with the therapy sessions. For example, OTP participants in the program will increase their knowledge of Latinx

culture. This increases self-efficacy and will improve the relationship between the Latinx client and OTP, buildings trust and allowing for improved advocacy skills. Participants will use modeling as a teaching method.

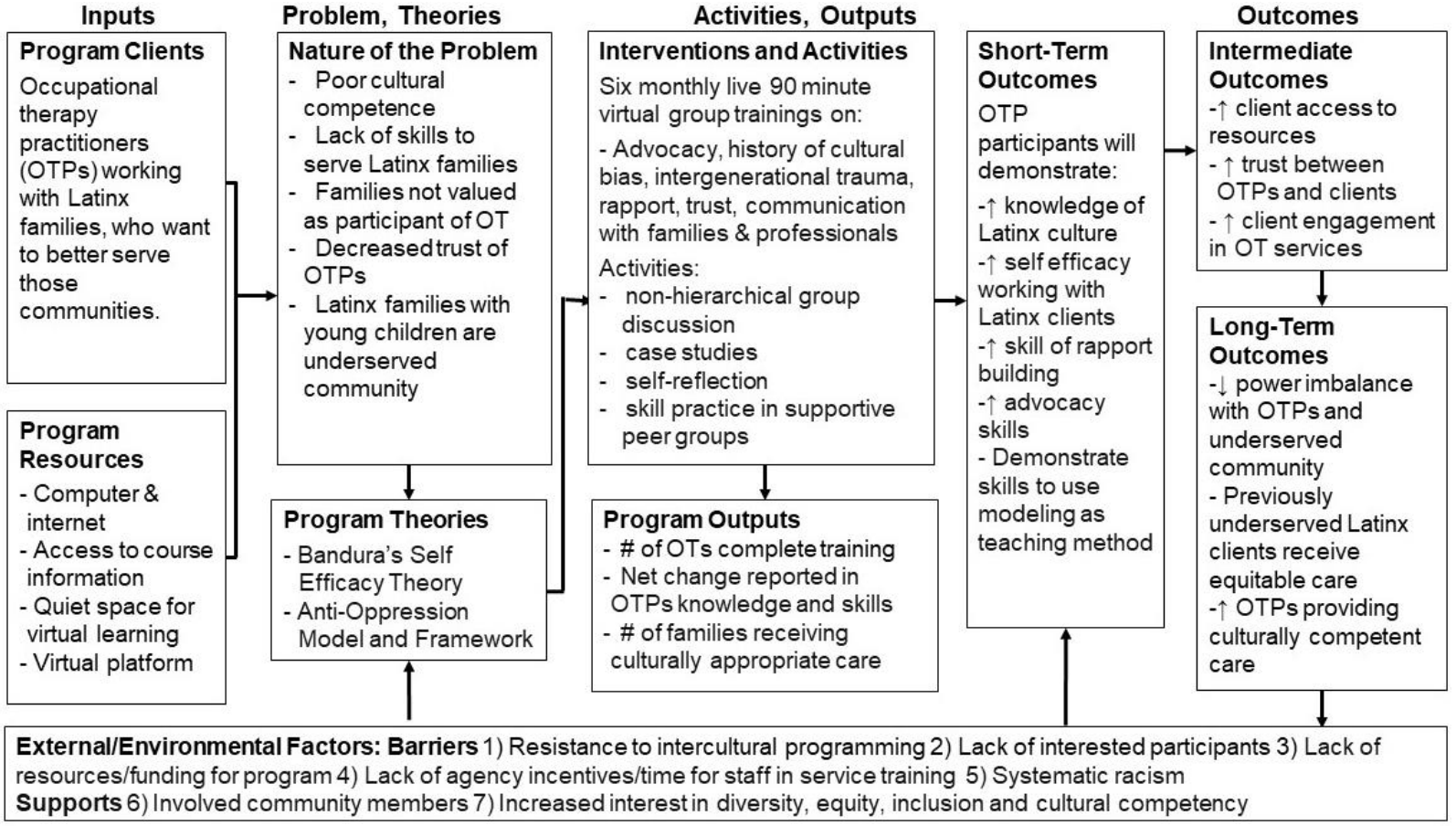
Additional aims and objectives of the I AM Program include increasing Latinx client access to resources and client engagement in occupational therapy services. In addition, individual goals will be considered during the first module, allowing the program to touch on participants' specific needs and expectations within the realm of the subject areas covered.

Logic Model

The logic model is a visual blueprint illustrating how the program will work. It depicts the relationships among the program components and serves as the author's model of change, anticipated resources, activities, and outcomes. Figure 4.2. illustrates the I AM Program logic model.

Figure 4.2

Logic Model for I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children



Program Clients and Resources

The I AM Program is intended for OTPs working in communities with Latinx families and children. The author, an OTP, will carry out the program. The venue can be anywhere each participant chooses because the program is delivered on a virtual platform. Participants have the common goal of wanting to serve these communities better and increase their self-efficacy around cultural competency.

Community agencies and schools will be the initial point of contact for recruiting community-based OTPs to participate in the program. This contact will be made via social media, email, and phone calls. Once there is back-and-forth interest, the respondents will be asked questions regarding their interest in the program and their relevant needs.

Participants

Intended program participants are OTPs working in local school districts, early intervention agencies, hospitals, and other community agencies or graduate programs. These are OTPs working with culturally diverse neighborhoods and practices. The OTPs and the families and communities they serve will directly benefit from their participation in the program.

Program Administration

The program will be held virtually to reach a larger audience. The program is administered via a free virtual platform called Google Classroom. Participants will need a computer and a quiet space to participate. All content will be provided through the program, and the participants may print out and retain the program materials. If printing

is a barrier to access, the facilitator will print and mail all program materials.

Facilitator

The program will be facilitated and delivered by the author, an OTP. Aside from delivering the program, the program facilitator will have additional program-related roles and responsibilities, such as answering questions via email after the modules are completed and ensuring participants can access all information. An optional resource for consideration is guest speakers with lived experience and specialized expertise with Latinx families and children.

Interventions and Activities

After initial contacts via phone calls or small screenings, the I AM Program's author will review the benefits of participating in the program with potential OTP participants. The program addresses interventions and activities over six 90-minute modules delivered virtually on rapport-building, conversation-starting, and modeling. Activities include conversation-starting, cultural bias awareness activities, the history of cultural bias, rapport, trust, intergenerational trauma, communication with families and professionals, advocacy, and teaching by modeling, such as appropriate ways to communicate with doctors or make phone calls. The program combines group and individual activities to teach skills related to advocacy, working effectively with Latinx culture, ACEs/generational trauma, and cultural humility.

Session Schedule

Each module will have the same time slot and schedule and include elements of SET and the AOP framework. All sessions begin with an introduction setting the

tone for that lesson. This introduction period offers participants a chance to engage in discussion to build rapport among participants. Then, the participants review the module's logistics, concepts, a body scan, and trigger warnings. The program facilitator will act as a coach, prompting participants with questions. Next will be the in-depth education content on the session topic. Small-group work to apply the new knowledge and skills follows. (See program schedule outline chart at Appendix B, educational content at Appendix C, and suggested case studies at Appendix D.)

Session topics include:

- **Cultural Humility**. Module 1 will set the tone for the entire program. Participants will learn an overview of cultural humility, implicit bias, and diversity. The participants and facilitator will collaborate to create individual and group goals.
- **Rapport Building.** Module 2 consists of a rapport-building lesson where participants will learn and identify key rapport-building components and give examples of how to build rapport. This session will cover rapport-building examples in person, role-play, and social stories.
- **Trust and Advocacy**. In Module 3, trust in the Latinx community will be modeled and discussed. Distinctions of the Latinx community and the reasons that trust matters will be covered.
- **ACES and Generational Trauma**. The main focus of Module 4 will be ACES and trauma-informed care. The goal is for participants to be able to identify prevention strategies and approaches in ACES and generational

trauma.

- **Advocacy Skills.** Module 5 will highlight advocacy and resources in the Latinx community. Participants will demonstrate increased self-reported self-efficacy skills for working in Latinx communities and learn how they can successfully advocate for this community.
- **Ongoing Practices.** Module 6 review the main concepts discussed in previous modules. Upon completion of the I AM Program, the facilitator and group of participants will compile a quick take-home reference of what they learned. The session ends with a debrief and questions and answers. Debriefs are important and necessary for this work because they allow a sharing process to prompt reflections.

Program Outputs

The I AM Program outputs are the number of participating participants and the net self-reported change in topic areas.

Short-Term Outcomes

Short-term outcomes of the program include participants improving self-efficacy working with Latinx communities, establishing and increasing knowledge of rapport- and trust-building, improving advocacy skills, displaying the ability to apply modeling as a teaching method, and demonstrating examples of conversations and rapport-building skills. During the month after each module, participants will put their new skills into practice in the community. The SET is considered during this time because the participants will have learned and practiced (are practicing) the skill with their clients in

the community. Participants will learn and receive feedback by doing and practicing. They will come to the next module with new information and knowledge about how their "practice" went, gaining confidence with underserved cultures and communities.

Long-Term Outcomes

The I AM Program's long-term outcomes include increased client access to resources. The trust between OTPs and clients will improve, and client engagement in OT services will increase. The power imbalance between OTPs and the underserved community will decrease, and previously underserved Latinx clients will receive equitable care. Overall, the OTPs will improve in providing culturally competent care.

Anticipated Barriers and Challenges

Time and resistance to learning are anticipated barriers and challenges for the I AM Program. Initially, the program will be free to participants, so cost is not an anticipated barrier. However, participants may not think they have 6 months to commit to the program. Word of mouth in the occupational therapy community is expected to create some demand. Community professionals, teachers, and school leaders can assist by sharing the implications of poor cultural competency in the OTP world and recommending the I AM Program as a means to overcome this. Because the I AM Program addresses "heavy" subject matter, resistance to learning "a new way" may be a barrier. Much self-reflection, which often brings up personal resistance, will occur during the program. The program facilitator plans to address this issue as it arises. There will be many opportunities for sharing and working together.

Summary and Conclusions

The *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children* is an evidence-based, educational training program, for OTPs aimed at promoting increased self-efficacy around cultural competency, rapport, and trust-building when working with Latinx clients. The program is delivered through live, online video meetings—six 90-minute monthly sessions over 6 months with 12 to 20 participants per group. The time between sessions will give participants opportunities to practice skills and come for the following session with a sense of well-being.

Self-efficacy theory was used in the I AM Program development so that participants would learn through their own experiences and feedback from the instructor, peers, and community. This feedback them will inform how to fill gaps in their knowledge during the next lessons. The AOP framework guides teaching of the present climate of oppression in the Latinx community. In addition, this framework will foster a balanced, safer environment for participants to feel valued and equal. The practice framework will fill knowledge gaps and help participants understand why this population has health care issues (e.g., poor access to health care and trust issues with medical providers), and how to overcome them (e.g., community-based programming and language- and cultural-specific service delivery).

The I AM Program aims to not only improve OTP self-efficacy but also decrease the power imbalance between OTPs and their clients in the Latinx

community to ensure equitable care. The program seeks to provide OTPs with tools and resources to empower them to manage their relationships with the Latinx community confidently.

CHAPTER FIVE – Program Evaluation Research Plan

Program Scenario and Stakeholders

Program Details

The *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children* is intended to fill a current gap in occupational therapy practice. It has been designed as an educational program that will provide occupational therapy practitioners (OTPs) with skills to help them better serve the advocacy needs of the urban Latinx population. In doing so, each OTP participant will understand the importance of building rapport with the urban community they serve and the perceived power imbalance in encounters with medical professionals due to cultural and language barriers. The program will enhance occupational therapy treatment and community cohesiveness.

Occupational therapy practitioners may be called to advocate for their clients to meet their needs (Kain, 2002; Lohman, 2002a; Young, 2002). In school-based practice, advocacy is typically part of the individualized education plan process around service recommendations and delivery. As a clinical group, OTPs and occupational therapy educational programs must develop advocacy curricula to equip therapists with a conceptual understanding of advocacy (Dhillon et al., 2010).

The I AM Program's primary stakeholders are the OTPs who will participate and the families and children who will benefit from the program's occupational therapy services. Additional stakeholders include local school districts and community outreach

agencies employing OTPs. The intercultural, interdisciplinary community that also may benefit from the program comprises local speech therapists, social workers, physical therapists, and state agencies as partners and potential funders.

Vision

After completing the program design and a soft launch, the author will follow up with the community to evaluate how the OTPs put their learned skills into practice. A primary aim of this follow-up evaluation is to determine what worked and what did not. An additional follow-up would address how rapport-building and modeling fostered trust and consistency with the families. The community members' perspectives will be gathered by having the OTP participants involve some Latinx families with whom they work. Those families will have the opportunity to provide feedback during informal interviews consisting of open-ended questions to stimulate a conversation about their experiences.

The benefit of this type of interview is that the researcher can include data from a wide range of people. This method of formulating questions pays respect to the community members and participants in the initial interview, giving their concerns a voice and a platform. Open-ended questions may include, "Do you feel your occupational therapy provider understands the barriers you face when advocating for yourself and your family?" and "What changes have you noticed in how your OTP works with you since program completion?" The program will be refined based on participant feedback.

The current literature and research include information about the perceived power imbalance in the Latinx community. J. S. Fernández et al. (2020) addressed recent

conversations around health equity and promotion, noting that health professionals are striving to be more inclusive of Latinx communities. Although OTPs work with diverse populations, there is still work to be done with cultural competency. Working with human rights issues exposes the ethical and political responsibilities the current occupational therapy practice lacks and room to grow with new educational approaches. Historically, OTPs have faced these challenges depending on cultural and social contexts (Galheigo, 2011), generally advocating to enable their clients' engagement in occupation (American Occupational Therapy Association, 2020c). *Advocacy* should be understood as taking place on continuums of time, situations, and environments.

This evaluation program introduces the vision laid out previously. Short-term research objectives for the I AM Program include the OTP participants (a) defining advocacy and demonstrating advocacy skills for themselves or their clients, (b) establishing and practicing a knowledge base of what rapport-building means in marginalized Latinx populations (e.g., how rapport-building fosters a trusting relationship crucial for a long-term, community-building relationship), and (c) developing modeling skills, specifically modeling appropriate steps in self-advocacy to teach through real-life experiences in the Latinx community.

The vision for this program is to demonstrate the importance and need for an advocacy-skill-building program for OTPs with clients in the Latinx communities. Community agencies like the Massachusetts Departments of Social Services and Public Health work with Latinx children and families. These agencies would benefit from having their clinicians participate in an advocacy-building program to understand this

community's needs better. Considering their expanding emphasis on diversity, equity, and inclusion (eXtension Foundation, 2021), graduate schools also can use the I AM Program. Entry-level OTPs may be exposed to baseline cultural competency terms during their training, but incorporating advocacy skills into their occupational therapy curriculum would add to the robust learning and enhance a new "toolbox" for them.

Stakeholder Engagement

The primary stakeholders include OTPs in Connecticut and western Massachusetts communities and the families and children with whom they work. Additional stakeholders to be considered include speech therapists, social workers, physical therapists, teachers, and developmental services providers. Although the program was initially planned to improve and increase OTPs' advocacy knowledge and skills, the interdisciplinary team and intercultural communities will also benefit.

The author intends to soft launch the program initially in western Massachusetts, where they have established a positive rapport and relationship with local agencies and the Latinx communities and families in the region. A seamless transition into bordering Connecticut is expected within the first 6 months of the program. The author expects these community connections and bonds to open the market to community agencies, professionals, clinics, and family members.

Achieving Stakeholder Engagement

Stakeholder engagement for the professionals who participate in the program will be achieved by analyzing the formative data collected throughout the administration of the course materials. Data collection will track participants' responses to the content and

administration as it is carried out, and pre- and posttest surveys (Appendix E) will inform the program's reassessment. Participants will have the opportunity to answer open-ended questions about their personal knowledge base of advocacy and the Latinx community. These questions will help the participants and author determine the participants' baseline knowledge at the start of the program. The participants' feedback and suggestions upon program completion and at a follow-up 2 to 3 months post program will be considered for adjusting the programming.

The author will consider the needs, rules, and regulations stakeholders express. Although it is important to listen to and address all concerns that may arise, each will be considered individually. The program's ultimate goal is to improve community cohesiveness, bettering the lives of the community members and the OTPs working in that community. The program will use stakeholders (community OTPs, teachers, speech-language pathologists, physical therapists, social workers, etc.) as part of a needs assessment to determine issues that should be further addressed in the program.

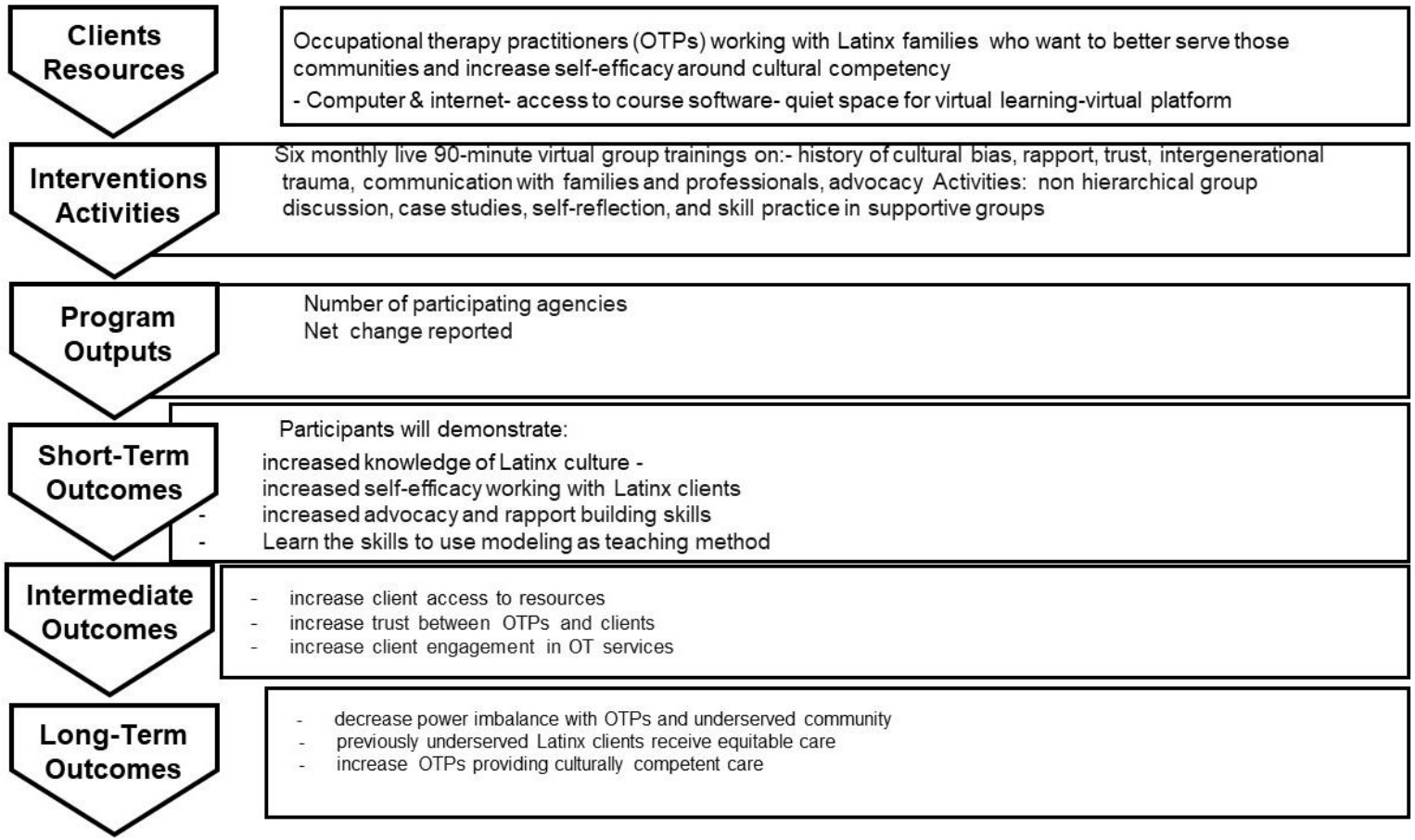
The author will be responsible for data collection. The local agencies, school systems, and medical facilities that service the Latinx community will recruit the study participants. Occupational therapy graduate program administrators will be asked to consider incorporating advocacy training into their curricula, and occupational therapy students may be solicited to assist with organizing the data collection as part of their fieldwork.

Simplified Logic Model

Stakeholders will be provided with a noncomplex version of the program logic model (Figure 5.1). This simplified model affords stakeholders an appreciation of how their involvement with the program will enhance their relationship with the Latinx community. Stakeholder interest in the program will vary depending on who they are. For instance, by viewing the logic model, Latinx communities can best envision how their involvement will benefit their families and communities, whereas OTPs will best understand how their involvement will help their practice and skills in multicultural settings.

Figure 5.1

Simplified Logic Model for Proposed Program: Resources, Interventions, and Anticipated Outcomes



Preliminary Exploration and Confirmative Process

Due to the ongoing state of the COVID-19 pandemic, confirmatory meetings will take place virtually, grouped by stakeholder category. The preliminary confirmatory meetings held with Latinx families, and the community will explain the benefit their communities will experience from the program. Additional confirmatory meetings will be held with representatives from local community agencies and medical facilities and with public school and OT graduate school administrators. These meetings will foster an environment for initial exposure to the program's mission, allow opportunities for questions, and peak interest in the program's impacts for each stakeholder.

Follow-up meetings with a representative from each stakeholder group will be conducted. These meetings will allow each group to express their hopes and perceptions of what they anticipate the program will add to their community and practice. Because the intention of the program is to serve as a conversation for community professionals and families to feel heard, families will be invited to speak first. The goal is to enhance community relationships, and families are the clients; their voice is most important. Subsequent meetings will be held to work on shared goals and alignment for continued community action.

Toward the program's development and success, stakeholders will be provided with a simple logic model (Figure 5.1), a concise written summary that supports the program ideas, and outcome expectations. This information will provide a basic understanding of the program's foundation and enable stakeholders to make informed decisions. During the confirmation process, research questions will be shared with the

stakeholders, and stakeholders can ask questions of the author and about the program. The OTP participants and their families will be made aware of how their participation will enrich the community's cohesiveness, enhance programming, and directly affect them personally.

Stakeholders will have a chance to comment on the research and objectives and ensure their clarity with program specifics. A visual representation of the research design will be shown to the stakeholders and participants so they can understand the operational components of the research, such as the inclusion criterion that participants be local, practicing OTPs working in the Latinx community.

The participants will attend four 90-minute virtual sessions and put what they learned into practice in their work environments. A 2- to 3-month follow-up will be conducted so participants can share what did and did not work during the implementation process. . The first group of OT participants can attend the virtual training at no cost in exchange for being part of the research process. They will be asked to complete a questionnaire at the program start and finish to assess and compare their knowledge of the Latinx community, rapport-building, and advocacy skills they feel they came into the program to what they gained. The questionnaire will gather basic information about the participants' comfort level and experiences working in the Latinx community, as well as how each participant defines *advocacy skills*. Participants will be asked to give their thoughts on rapport-building as it relates to their practice and whether they find it important in treatment.

Session 2 allows participants to reflect on what they learned in Session 1 and

share what they put into practice. Session 3 promotes skill-building through modeling as a teaching tool, and Session 4 wraps up and reviews all skills learned with an opportunity for questions and answers. Finally, these initial participants will have the opportunity to come back for a last virtual check-in to review and revise their "toolbox."

The "grand-scheme" programmatic goal is for OTs working in Latinx communities to increase their knowledge base on those communities, learn skills about trust and rapport-building, break down skills needed to advocate for themselves and their Latinx clients, and teach those skills to the clients through modeling. The author's goal is to ensure that the unique needs of each stakeholder group are met. Client and community satisfaction through feedback will be a meaningful way to determine necessary program-content adjustments.

Program Evaluation Research Questions by Stakeholder Group

Table 5.1 lists qualitative and quantitative research questions for each stakeholder group. These questions will be answered through research methods during the program's soft launch.

Table 5.1

Program Evaluation Research Questions by Stakeholder

Stakeholder	Example question
Researcher	**Quantitative**: Will the program participants report increased perceived knowledge of advocacy skills? **Qualitative**: How do participating OT professionals understand the impact of rapport building as it affects advocacy skills?
Participant	**Quantitative**: Did the program participants • demonstrate increased perceived self-efficacy working with Latinx communities? • increase knowledge of rapport- and trust-building skills? • gain knowledge of advocacy skills? • improve their ability to apply modeling as a teaching method for their clients? Choices can be 1 (*yes*), 2 (*no*), 3 (*unsure*) or similarly to the quantitative scale: 1 (*agree*), 2 (*somewhat agree*), 3 (*disagree*), or 4 (*unsure*) with a text box at the end for additional comments and examples. **Qualitative**: Were some aspects of the program more or less useful or effective? Should anything be changed to improve program content or delivery?
Funding agency/ policymaker	**Quantitative**: Will the research data/findings demonstrate the • importance of the role of OT in the area of advocacy? • course content fills a gap in the profession. (collected/measured with electronic questionnaire via email) **Qualitative**: Do the participants report increased understanding of the distinct role of OT in the provisions of this project? Will the project increase awareness of advocacy skills in the OT field?

Research Design

The planned research design is a nonexperimental, single-group study that includes pre- and post-program measurement and formative and summative data collection and analysis.

Confidentiality

Care and caution will be taken to ensure the confidentiality of all participants pursuant to the Boston University Institutional Review Board regulations. All participants will sign written informed consent prior to participating in the research. Computers used for data storage will be encrypted and password protected, with access limited to the author and (potentially) one assistant, who will sign a confidentiality agreement. No names will be collected for any data reporting.

Summative Data Collection Methods

The summative data collected will include participants perceived:

a. knowledge of advocacy skills

b. self-efficacy working with Latinx communities.

c. knowledge of rapport- and trust-building

To capture changes that occurred, participants will rate themselves prior to and at the end of the program. The author will collect the summative ratings periodically throughout the program. This way, there will be at least two sets of numbers to analyze and determine the degree of change.

Interviews and Open-Ended Survey Questions

Participants will be asked to reflect on how they have advocated for clients and their general advocacy skills. There will be opportunities for reflection throughout the program as more programmatic content is learned, and feedback will be collected through the programming.

Course Surveys

The OTP participants will be given a pre- and postsurvey to (a) assess their knowledge of the content and (b) compare the baseline information and knowledge coming into the class with (c) how much they gained. The author and any qualified assistant will administer the pre and post surveys via email (Appendix E). The author is responsible for proposing survey questions and collecting and analyzing the data. This information will be used to refine service delivery and program content (Appendices B–D).

In response to the survey questions, participants will explain what they did and did not like, what they felt was most and least valuable, feelings they experienced during the course, and suggestions for improvement. They also will be asked to complete a questionnaire at the start and finish of the program to assess and compare their knowledge of the Latinx community, rapport-building, and advocacy skills they feel they came into the program with to what they gained. The questionnaire will gather basic information about the participants' comfort level and experiences working in the Latinx community and how each defines *advocacy skills*. Participants will be asked to give their thoughts on rapport-building as it relates to their practice and whether it is important in

treatment. Finally, the initial group of participants will have the opportunity to return for a final virtual check-in to review and revise their "toolbox." Their responses to the open-ended questions d will help adjust the current program and guide future studies. This open-ended style of question is most effectively used at the end, when participants can describe their experiences with the program.

Self-Inventory Checklist

This checklist accumulates knowledge and skills around advocacy the participants feel they had coming into the program. Participants will self-rate their perceived levels of rapport- and trust-building and strength of advocacy skills using 10-point Likert-type scales. Advocacy skills include effective communication, conveying and negotiating for the needs and rights of oneself or another person. The real-life scenarios they report will be used to inform the role-playing advocacy activity in focus groups. Following self-efficacy theory, participants will offer feedback to each other, and adjustments will be made accordingly. Throughout the program, participants will have "check-ins" to reflect on newly acquired knowledge, opportunities for reflection, and questions for clarification.

Summative Data Management and Analysis Methods

The author/researcher or a predetermined assistant familiar with confidentiality measures will enter all data collected into an experience management (XM) platform computer system using Qualtrics XM software. Qualtrics will be used to collect electronic survey responses, and the NVivo (Release 1.0) data-collection program will be used to categorize and analyze the data. NVivo is software used in qualitative and mixed-

methods research, specifically for analyzing unstructured text, audio, video, and image data, including interviews, focus groups, and surveys. Thus, it is used for qualitative analysis of verbal output. Microsoft Excel is being considered as the software for statistical analysis of numerical data.

The goal of statistical analysis for all summative data is to establish a level of correlation between the I AM Program and the dependent variables, such as participants' perceived comfort, knowledge, rapport, trust, and humility. An analysis of variance can be used post-soft-launch to provide a preliminary idea of the degree of pre- and post-program difference in these variables. The goal of the statistical analyses will be to establish the degree of change among the dependent variables brought about by the program. No control or comparison group is planned because there are too many confounding variables.

Formative/Qualitative Data Management and Analysis Methods

The author and predetermined, trained volunteers will collect and input the data into Survey Monkey and Excel software for measurement and visualization. This will be sufficient for all Likert-type scale questions. Although the number of program participants during the soft launch (12–20) is relatively low, it will be manageable to analyze all descriptive data without additional computer-based technology.

Formative Data Collection Methods

Participants will rate themselves at the start of the program and, once the program is completed, provide summative data on changes that occurred during the program. This will provide two sets of numbers to analyze and determine the degree of change.

Formative data collection instruments will include the Multicultural Counseling Self Efficacy Scale—Racial Diversity Form and Self-Inventory Checklist.

Multicultural Counseling Self-Efficacy Scale-Racial Diversity Form

A self-assessment of cultural humility will measure participants' abilities to model skills in a culturally competent manner. The Multicultural Counseling Self Efficacy Scale-Racial Diversity Form is a 60-item self-report instrument that assesses the respondent's perceived ability to perform various counselor behaviors in individual counseling with a racially diverse client population.

Throughout the program, participants will have "check-ins" to reflect on newly acquired knowledge, opportunities for reflection, and questions for clarification.

Independent Variables

During the program, participants will be provided guidelines for increasing advocacy skills when working with their Latinx clients and families. Specifically, the program's six 90-minute virtual sessions address (a) advocacy skills and break down what it takes to (b) have and teach advocacy, (c) build rapport, and (d) teach through modeling. Ideally, the participants should complete the program's six modules, but they could be rated after each module/session.

Dependent variables

A dependent variable in the analysis will be the participants' perceived increase in knowledge and comfort in their advocacy skills and ability to build rapport with Latinx clients. The expected outcomes include increased knowledge about advocating for clients, improved rapport-building, and better teaching of these skills through modeling

for the clients. Comfort, knowledge, rapport, and trust are good summative dependent variables.

Indicators

During the first soft launch of the program, the author will use a nonexperimental, single-group research design with pre and post measures of the dependent variables. Quantitative analysis will be used to determine outcomes for the primary causation between the program activities of improving advocacy skills and rapport- and trust-building. The dependent variable of perceived increase in comfort and knowledge will be measured using a 10-point Likert-type scale. This information will be gathered through self-assessments, whose scores indicate perceived humility levels.

Disseminating the Program Evaluation Research Findings

The Message

Occupational therapy practitioners must address advocacy skills and characteristic cultural differences when working with clients and their families in Latinx communities. This skill-building program, I AM, will help bridge the advocacy and culture gap and teach OTPs how to meet the needs of these marginalized communities best. When we underserve populations, we neglect whole communities.

The Audience

Participants of the I AM Program, as well as the Latinx community families, will serve as the primary stakeholder audience for research generated during the soft launch. The two goals of this launch will be to:

1. determine the program's benefits to the OT community, Latinx community, and potential future stakeholders, such as social service agencies and local school districts, and
2. offer continuing education for improved equity and inclusion working in marginalized communities. Marketing to school departments and social service agencies will be important. When all communities have a voice, we can live in a more just society. During the soft launch, the program will be run by the author and one or two trained, predetermined volunteers.

The program's vision is to expand into other parts of New England, New York, New Jersey, and beyond. Additional funding will be necessary to continue expanding the program's reach. Acceptance within the community, local graduate school OT programs, school districts and community social service agencies is necessary to continue the program's visibility. A long-term goal will be for the research generated by the program to be used in OT graduate programs. Thus, the I AM Program's purpose and results must be communicated clearly to the universities' directors and representatives, demonstrating the value of incorporating the I AM Program into their curricula.

The Medium and Format

The medium and format of this program will vary based on each stakeholder being contacted. Before disseminating program information, the author may ask the stakeholders their preferred communication mode (e.g., email, snail mail, phone call, in person) and can tailor the communication medium to the preferences of each.

The medium and the format in which the information is disseminated will differ

for each audience. A “killer paragraph” would first be supplied to bring focus to the research and program. After interest is established, a two-page executive summary would be the most appropriate way to provide information to social service agencies. This summary can be transmitted electronically through email with a hard copy through the postal service. The language used in this summary would be jargon-free, layperson terms, keeping it accessible for anyone reading it.

Potential future participants in the program could include OTPs in the local school districts the program will target. A half-page “killer paragraph,” handout, or pamphlet with eye-catching statistical highlights will be designed based on the targeted agency or company. The designer can store a template and easily change the photos to personalize the pamphlet for each recipient or group. With this medium, a business or agency would have a simple, handheld summary to frame their understanding of how the I AM Program works. The mission statement, “Fostering intercultural understanding, empowerment, and advocacy,” would be printed on the front cover of each pamphlet.

Finally, graduate schools and academic programs would be best served with findings report because there is a never-wavering push for evidence-based best practices. The data analyzed and numerical results from the soft launch phase of research could be compiled. However, due to the nature of the data collection, this phase would need to be postponed until approximately 3 months after program completion. Contact can be made initially to graduate school program directors and representatives to pique their interest. This initial contact can be made through email or postal service with a two-page program executive summary and pamphlet. There will be an introductory email that will have

hyperlinks to additional programmatic and content information. There will also be an opportunity for the graduate school administrator or representative to follow up in person or via phone or email.

CHAPTER SIX – Dissemination Plan

The *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children* is an educational training program and continuing education course for occupational therapy practitioners (OTPs) who work in and around Latinx communities, populations, and clients. It will run for six 90-minute modules and is offered monthly. The program will fill the current gap in occupational therapy practice by providing participants from the OTP community with a skillset to help them better serve the advocacy needs of the Latinx population, especially families with school-aged children. The I AM Program participants will learn about adverse childhood experiences and trauma-informed care relative to Latinx culture and how to use their newly acquired skills in practice. Each participating OTP will gain an understanding of rapport-building with the Latinx community they serve and the perceived power imbalance in encounters with medical professionals due to cultural and language barriers. The program will further improve the quality of occupational therapy treatment and community cohesiveness by building upon existing knowledge of Latinx culture and community. Teaching strategies include self-reflection, group discussions, case studies, cultural awareness, and group facilitation to develop self-efficacy.

Program Dissemination Goals

The dissemination plan will begin in the first year of the program. The primary and secondary audiences will be outlined, along with key messages for these audiences, dissemination activities, and expenses for these activities.

Long-Term Goal

The long-term goal of the program dissemination to both primary and secondary audiences is for it to lead school districts in big cities and urban areas, as well as community service agencies such as the Department of Public Health (DPH) and Department of Social Services (DSS) to host the course and require their OTPs to attend.

Short-Term Goal 1

The program dissemination to the primary audience will lead to Western Massachusetts and Connecticut school districts and community service agencies offering the course to their clinicians in a soft launch.

Short-Term Goal 2

The dissemination of the program to the secondary audience will lead to Western Massachusetts schools and community-based OTPs participating in the course.

Short-Term Goal 3

The dissemination of the program to primary and secondary audiences will lead to school systems and community organizations outside the Massachusetts and Connecticut region offering the course to their OTPs.

Primary Target Audience

The primary target audience for the dissemination efforts will be heads of school districts, heads of special education for large urban school districts, and heads of state and federal community service organizations, such as the DPH, DSS, and Department of Education (DOE). Dissemination efforts will target these audiences with the hope that these organizations will offer the program to their OTPs and clinicians.

Key Messages for the Primary Target Audience

1. The *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children* provides community-based OTPs who work with Latinx clients the knowledge and skills they need to work effectively with and advocate for their clients' unique needs. Principles about self-advocacy skills and trust- and rapport-building in the Latinx community will improve the OTP–client relationship and client participation in occupational therapy services.

2. Addressing human rights issues brings forth ethical and political responsibilities for OTPs and requires new educational approaches (Galheigo, 2011, p. 60). The landscape of OTPs clients is changing to include more diverse cultural groups, and OTPs must be educated on the Latinx culture and its unique requirements to meet client needs and develop cultural humility. Agencies can formally offer the I AM Program to their OTPs through professional development and continuing education opportunities. After completing the program, the participating OTPs will be better suited to implement the skills they learn into their treatment, interaction, and support with their Latin clients. Participants who join during the soft launch will be trained and educated for no cost but may be asked to complete surveys, questionnaires, or interviews to improve the efficacy of the program content and delivery.

3. Although Latinx families and clients are encouraged to participate in their occupational therapy services, they may not participate at the same level as their White counterparts (Suarez-Balcazar et al., 2018). This lack of participation has been attributed

to a multitude of barriers that Latinx parents face, from language and cultural differences to professionals' misconceptions and preconceived notions (Larios & Zetlin, 2012; Montelongo, 2014; Rodriguez et al., 2014). The I AM Program educates OTPs on how they can engage in an effective partnership with their Latinx clients through trust-building activities, nonhierarchical discussions, and self-reflection.

Primary Influential Spokespersons

Vanessa Otero (BS, Smith College; MPH, University of Massachusetts Amherst) is one of the I AM Program's circle of advisors. She is among the co-founders of the Healing Racism Institute (2020) of Pioneer Valley and their Interim Director. Vanessa has deep roots in the community. She is Chair of the DPH's COVID-19 Health Equity Advisory Group, Director of Smith College's Urban Education Initiative, and serves on state and regional boards, including an appointment to the Governor's Latino Advisory Commission. Vanessa specializes in racism research and equitable care for the Latinx community in Western Massachusetts and Connecticut.

After completing the Program modules, the OTP participants and their Latinx clients will also become advocates for the program and provide influential testimonials.

Activities

Dissemination activities for the target audience will consist of person-to-person and telephone contacts, emails, and postings on Facebook and other social media platforms. For instance, the I AM Program will be advertised through targeted Facebook and LinkedIn ads. Written information will be produced to accompany the emails and postal mailings. One page introducing the author and the program, the fact sheet, and an

executive summary will be mailed to the local urban school districts, special education departments at those schools, and community agencies. Emails and phone calls will follow those postal mailings. The author will begin the phone call 2 weeks after the mailings, allowing enough time for the local mail to be received and reviewed. The follow-up phone calls will enhance the dissemination efforts and advocate that the recipients offer the I AM Program to their staff. After the primary dissemination efforts are made, dissemination efforts for the secondary target audience (outlined in the following section) will begin.

In addition to those dissemination activities, a presentation about the I AM Program will be shared through local occupational therapy organizations, such as the Connecticut Occupational Therapy Association (n.d.) and the Massachusetts Association of Occupational Therapists (MAOT, n.d.-b) in Year 1. The author will present their doctoral project research supporting the course content and goals to reach a broader population of OTPs. In Year 2, the presentation will be expanded to the American Occupational Therapy Association (AOTA) conference, whose national platform can help meet the short- and long-term program dissemination goals.

Secondary Target Audience

The secondary target audience for the dissemination plan is the local community OTPs or clinicians who may participate in the I AM Program's soft launch and spread its message within the community on a smaller scale than the primary audience. The program dissemination efforts will target this population for two reasons. First, the I AM Program was designed to educate this population specifically. Second, disseminating to

this group could increase future registration for the course by the group, for example, by advocating that their school districts participate in the I AM Program.

Key Messages for the Secondary Target Audience

1. The first message for the secondary audience is the same as for the primary audience—the *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children* provides community-based OTPs who work with Latinx clients the knowledge and skills they need to work effectively with and advocate for their clients' unique needs. Principles about self-advocacy skills and trust- and rapport-building in the Latinx community will improve the OTP–client relationship and client participation in occupational therapy services.

2. The I AM Program provides community-based OTPs with tools to foster a relationship wherein Latinx clients feel equal. Nonhierarchical discussion and critical thinking questions will allow OTP program participants to feel heard and voice their questions and opinions about the topics in a supported space. These modules incorporate both an anti-oppression and self-efficacy framework. The anti-oppression framework allows participants to feel equal in sharing through discussion (Migueliz Valcarlos et al., 2020). The self-efficacy framework allows participants to learn by giving and receiving feedback (Bandura, 1997).

3. The I AM Program offers participants the opportunity to become more culturally aware. This program enhances diversity, equity, and inclusion in participants' occupational therapy practice.

Secondary Influential Spokespersons

Dr. Sarah McKinnon, MAOT Government Relations Representative, is a Boston University postprofessional doctorate in occupational therapy program graduate. It is hoped that she will generously agree to be an influential spokesperson. As a government relations representative, Dr. McKinnon advocates for OTPs in clinical practice, education, and political action. Because she is an MAOT (n.d.-a) board member, Dr. McKinnon would be an ideal influential spokesperson to spread the word about the I AM Program in Massachusetts. In addition, Dr. McKinnon is currently a faculty member of the MGH Institute of Health Professions, where she participates in monthly workshops, such as "How to Create Innovative Change in the OT Professions."

After participating in the I AM Program modules, the OTPs will become advocates for the program and provide influential testimonials on its value. These former participants will share how the course improved their knowledge, skill set, and cultural humility for working with Latinx clients.

The Latinx clients with whom the OTP participants work also will provide information on the value of working with OTPs who engaged in a cultural awareness program and how their cultural humility enhanced the OTP–client relationship.

Activities

The target audience of local Western Massachusetts and Connecticut OTPs who work with Latinx clients will receive written information, person-to-person (virtually or face-to-face), and telephone contacts. The author will network through the local community, beginning with the school departments and community agencies that employ

her. These organizations will assist in disseminating information by talking and teaching about the I AM Program. Further, local hospitals like Shriners for Children have monthly meetings with community members invited to join and talk about their programs. This is an excellent opportunity to present the program because Shriners employs OTPs, physical therapists, and many other medical professionals who work with the Latinx population.

A simple pamphlet about the I AM Program will introduce its author, program, and goals and objectives. After the program's soft launch, participating OTPs will provide testimonials about their experiences and knowledge gained in the program. Additionally, Latinx clients will provide testimonials about their experiences working with OTPs who completed the program compared to before program participation. The pamphlet will include logistical information about where to register for the course and a link to online questions and answers. The pamphlets will be mailed to local school districts and community agencies during the soft launch, branching out to wider areas of Massachusetts, Connecticut, and other urban areas in the following years.

In addition to the pamphlets, the author will present her doctoral projects research supporting the program and program description, objectives, and goals to the physical and occupational therapy departments of large school districts and children's hospitals. This will allow these therapists to spread the word about the unique gap that the I AM Program will fill.

Dissemination Budget

Table 6.1 outlines the 2-year dissemination budget by target audience and cost type.

Table 6.1
Budget for Dissemination Plan

Audience/Cost	Year 1	Year 2
Primary audience		
Stamp ($0.63; US Postal Service [USPS], n.d.)	$0.63 x 5 = $3.15	$0.63 x 20 = $12.60
Flat rate envelope postage ($9.65 ea; USPS, n.d.)	9.65 x 5 = 48.25	9.65 x 20 = 193.00
Pamphlet printing ($2.50 ea; Staples, n.d.)	2.50 x 5 = 12.50	$2.50 x 20 = 50.00
Cover page printing ($0.30 ea; Staples, n.d.)	0.30 x 5 = 1.50	0.30 x 20 = 6.00
Social media ads ($12.07/1,000; Facebook, n.d.)	12.07	12.07
Connecticut Occupational Therapy Association (n.d.) conference fee ($50.00)	50.00	50.00
Massachusetts Association of Occupational Therapists (n.d.-b) conference fee	100.00	100.00
Travel (gas)	100.00	100.00
American Occupational Therapy Association (n.d.-a) conference fee		475.00
Travel cost		1,000.00
2-page executive summary printing ($0.30/page x 2 pages = $0.60/summary; Staples, n.d.)	0.60 x 5 = 3.00	0.60 x 20 = 12.00
Total, primary audience	$330.47	$2,010.67
Secondary audience		
Stamps ($0.63 ea; USPS, n.d.)	$0.63 x 10 = $6.30	$0.63 x 30 = $18.90
Flat rate envelope postage ($9.65 ea; USPS, n.d.)	$9.65 x 10 = $96.50	$9.65 x 30 = $289.50
Pamphlet printing ($2.50 ea; Staples, n.d.)	$2.50 x 10 = $25.00	$2.50 x 30 = $75.00
Fact sheet printing ($1.79 ea; Staples, n.d.)	$1.79 x 10 = $17.90	$1.79 x 30 = $53.70
Total, secondary audience	$145.70	$437.10
Total, all audiences	**$476.17**	**$2,447.77**
Total, both years		**$2,923.94**

Evaluation of Dissemination Success

The following criteria will be used to determine the success of the dissemination efforts:

- The number of phone calls and correspondence inquiring about the program after pamphlets and information are disseminated.
- After disseminating the materials, a short survey will follow. It will ask recipients to click “yes” or “no” as to whether the program interests them.
- The number of requests for additional information about the I AM Program. Requests for additional information indicate interest among the primary and secondary audiences.
- The number of OTPs who sign up for the program also will help determine the success of the dissemination efforts. The goal of the dissemination plan and efforts, especially for the secondary audience, is to encourage school- and community-based OTPs to register for the program. Therefore, the number of program registrants would be an effective criterion for a successful dissemination plan for this audience.

Conclusion

The *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners’ Advocacy Skills in Collaboration With Latinx Families With Young Children* is designed to educate OTPs on cultural humility skills when working with Latinx clients. Trust- and rapport-building, along with advocacy skills, are the program’s focus. The primary target audience for the I AM Program

dissemination efforts will be the heads of school districts, special education departments for large urban school districts, and state and federal community-service organizations, such as the DPH, DSS, and DOE. Dissemination efforts will target these audiences hoping they will offer the program to their OTPs and clinicians.

The secondary target audience is local OTPs who work in culturally diverse neighborhoods, schools, and community practices; the families they serve; and their community, which will be served and directly benefit from their participation in the program. The program will be advertised to registered and licensed local community OTPs using the AOTA or National Board for Certification in Occupational Therapy databases. Participants will be recruited by spreading the word to local occupational therapy university programs. Professors and administrators of graduate-level programs can attend, along with their advanced-year students. On a larger scale, the program will benefit and positively serve the agencies and school systems for whom the OTPs work.

The program outcomes aim at promoting increased self-efficacy around cultural competency, rapport, and trust-building when working with Latinx clients. This professional-level program will address issues Latinx families face when working with providers lacking cultural awareness. Dissemination efforts include person-to-person (and a virtual option) contact, written materials, and email/social media correspondence with the primary and secondary audiences. The total expenses for the 2-year dissemination plan will be $2,923.94.

CHAPTER SEVEN – Funding Plan

This chapter provides the funding plan for the proposed course, *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children* for occupational therapy practitioners (OTPs) who work with Latinx families. This educational training program for OTPs focuses on increasing their cultural humility and awareness. Topics in the six-module program include evidence-based intervention skills: rapport- and trust-building through nonhierarchical discussions, Adverse childhood experiences, and generational trauma-informed services, and cultural competency, specifically regarding Latinx culture. The course structure includes small group role-playing exercises and practice to foster the carryover of skills into the OTPs' practice areas. Studies have shown that increased self-efficacy around cultural competency builds rapport and trust (Alizadeh & Chavan, 2016). This professional-level program offers a solution to the issues that Latinx families face when working with providers who lack cultural awareness. Teaching strategies include participant self-reflection, group discussion, case studies, cultural awareness, and group facilitation to develop self-efficacy for cultural humility.

This chapter identifies the expenses related to planning and implementing the course. Potential funding opportunities to develop, implement, and sustain the course with a 2-year outlook will also be addressed.

Available Local Resources

The I AM Program will fill the current gap in occupational therapy practice by

providing participants from the OTP community with skills to better serve the urban Latinx population's advocacy needs. The OTPs may be called upon to advocate for and meet their clients' needs (Lohman, 2002b). The I AM Program participants will attend the program virtually from their chosen location (home, workspace, office, etc.). Local libraries offer free rooms that can be reserved by participants without a safe, quiet workspace. Volunteers will be solicited from higher-level students and professors at local graduate-level occupational therapy programs. The benefit of this volunteer work will be twofold: the I AM programming will save the cost of paying employees and will help occupational therapy graduate students meet their Level One volunteer or fieldwork requirements.

The author created the program as part of their doctoral dissertation, so there was no creation cost. During the program's first run, the author will volunteer their time to complete a soft launch with the first cohort. Latinx community members will be solicited to serve as "experts" and share their stories and experiences in a subject area (e.g., Latinx culture, power imbalance, trust with medical providers). The author's circle of advisors, which includes a professor, a Latinx community advocate, and a speech therapist who specializes in working with migrant families, will volunteer their time and expertise as guest speakers during three of the six course modules.

Budget

The funding for and cost of the initial program will be minimal. The author will develop and administer the program via a virtual platform—Google Classroom. The author already owns a license for the platform, so there will be no cost. Rights to

Microsoft software often come standard on computers. If participants find they need to incur costs for Microsoft 365 to join the program, it is $69.99 annually (Microsoft, n.d.).

One investment to trial the program will be the author's time. The author will not collect a salary in the first year because the program would be a soft launch during the author's doctoral program. In the second year, the author will collect approximately $50 per hour for each 90-minute module ($75 per month or $450 per 6-month course).

Between 12 and 20 participants per year are anticipated in the first year. These students will access the course through their own computers remotely from a location they choose (home, library, etc.). Their *technical resources* will be their own computers. Participants will access additional course supplements through a program-specific Gmail account the author will set up. The participants' *physical resources* are the location from which they choose to join the course, and the internet access they use will be their own.

Regarding technology, the course will be offered on the Google Classroom learning platform. This platform allows sharing student materials, course materials, and content, which will eliminate printing costs. The teaching technology needed to share content, videos, and presentations—such as PowerPoint—is part of the Microsoft 365 suite. Any additional content that is inaccessible to participants can be shared via free upload to YouTube. If information technology support is needed, it may be an additional program expense. Further, if participants need long-term access to the Google Classroom platform for materials and recordings, it may be worth considering the platform's capacity. The author will sort that out after the soft launch when more information and feedback are available.

The program manual for the course is another professional resource needed. This manual of modules was completed as part of the authors' doctoral project, so there was no cost incurred. However, the time dedicated to developing this manual could be considered: approximately 200 hours were spent on course content. At a rate of $50 per hour, that would be valued at $10,000.

Once the program is up and running, a fee schedule for participation in the program will be determined relative to other continuing education programs with similar platforms and students. Therefore, the fee for the program is not included in any of the charts at this time. When this does change, the author will be responsible for billing the participants. Venmo and PayPal are both easy-to-use billing/payment options that can be implemented. If the audience is a school department or community agency, an invoice will be sent directly to their accounts payable via email. In the future, local companies and agencies may be asked to sponsor an event, and local graduate occupational therapy programs may be solicited for volunteers.

At the end of the creation phase of the program, there will be an application cost associated with American Occupational Therapy Association (AOTA, n.d.-b) course approval to qualify for continuing education. The AOTA pricing website refers to this as an a*pproved provider program* and lists a one-time cost of $350. The cost is worthwhile because this approval is essential for participants to earn continuing education credits toward renewing their state occupational therapy licensure.

Table 7.1 outlines the expenses for Years 1 and 2 of the I AM Program.

Table 7.1
Program Expenses and Justification, Years 1 and 2

Expense	Year 1	Year 2	Justification
Virtual learning platform	$0	0	No additional cost: Free on the Google platform, Google Meets. Easy to use.
Author's time	0	450.00	Author completed as part of doctoral project and volunteers for the Year 1 soft launch. Year 2 is estimated as: $75/module x 6 modules = $450
Volunteers	0	0	Occupational therapy professors and graduate students will be solicited as volunteers. The I AM Program may help them meet their Level 1 fieldwork requirements.
Class space	0	0	Can be participant's home, library, office, or other space; program is offered virtually/remote
Access to virtual resources	0	0	Author will provide links to free activities/reading/course content
Personal computer	1,500.00	0	One-time (Year 1) cost to author and participants. The same computer will be used in Year 2, so no additional costs.
Technology for PowerPoint, internet, and videos	69.99	69.99	Annual Microsoft 360 subscription will cover PowerPoint, Word, Outlook, and Excel; standard software for participants
American Occupational Therapy Association approved provider program application	350.00	0	One-time fee for the course to be eligible for continuing education credit hours
Dissemination plan	476.17	2,447.77	See Table 6.1
Annual total	$2,396.16	$2,967.76	
Total (Years 1 and 2)		$5,363.92	

Potential Local Resources

Crowdsourced fundraising will be considered to offset some startup costs, and Kickstarter and GoFundMe projects will be created. Additional funding for this program will be generated by applying for research grants that align with the program's mission on a case-by-case basis. In the larger vision, state funding will be solicited once local and state agencies see the program results. The author plans to prioritize applying for local grants, then increasing the requested amount to state agencies as the program grows.

The following agencies align with the goals of the I AM Program and are described from the local (Western Massachusetts) to the state level. Table 7.2 provides more details.

- The Community Foundation of Western Massachusetts (n.d.) mission grants fund a broad range of nonprofits and the programs and projects essential to meeting their missions. These grants address the diverse needs of people in our region.
- The Irene E. and George A. Davis Foundation (n.d.) supports nonprofits seeking to improve the health, social services, and education of those living in Hamden County, where the program will be launched.
- The New England Grassroots Environmental Fund (n.d.) seeks to energize and nurture long-term civic engagement in local initiatives in Connecticut and Massachusetts. The goals of the fund's grant programs are to increase civic engagement, volunteerism, emerging leaders, and community initiatives that create healthy families.
- The MassMutual (n.d.) program called *Live Mutual* offers funding and resources

to help people in the community expand their relationships and access the services they need for a better future.

- The Blue Cross and Blue Shield Foundation of Massachusetts (n.d.) seeks to expand access to health care for low-income and vulnerable residents of Massachusetts.
- *Racial Justice in Health provides* up to $50,000 in the initial year of funding for grassroots organizations led by people of color to strengthen their capacity and expertise in health and health care advocacy.
- Similarly, Tufts Health Plan (n.d.) Foundation is helping diverse communities with grants for programs in communities of color that focus on disparities resulting from systemic racism and address health care disparities. These directly relate to the I AM Program's module on power imbalance with health care professionals in the Latinx community.
- The Boston Foundation's (n.d.) Latino Equity Fund offers grants to diverse voices within the Latino community and beyond in Massachusetts.
- The Boston Women's Fund (n.d.) supports community-based organizations and grassroots initiatives run by women and girls to create a society based on racial, economic, and social justice.

Table 7.2
Potential Funding Sources

Resource	Amount	Description
Community Foundation of Western Massachusetts (n.d.)	$2,500–$25,000	Prioritizes support for issues they believe can have a significant impact, including effective nonprofits led by people of color and a strong start for all children through high-quality early education and care.
Irene E. and George A. Davis Foundation (n.d.)	Various	Program funding is awarded to support a specific program, project, or initiative to be implemented by the organization with the goal of achieving measurable and meaningful projected outcomes. Applications offered and reviewed quarterly.
New England Grassroots Fund (n.d.)	$492,000	With a focus on people often marginalized, Grassroots Fund empowers individuals, groups, and organizations across a broad range of environmental and social justice issues.
MassMutual (n.d.) Foundation	Various; average grant is $50,000	Commitment to strengthen communities where we live and work is a natural extension of the Live Mutual philosophy—and a critical part of delivering on their vision to provide financial well-being for all Americans. MassMutual and the MassMutual Foundation support efforts focused on eliminating barriers to social and economic opportunity so all families can build financial capability and thrive.
Blue Cross and Blue Shield of Massachusetts (n.d.) Foundation	Year 1: < $50,000; Year 2: < $75,000	*Racial Justice in Health provides* up to $50,000 in the initial funding year for people-of-color-led grassroots organizations to strengthen their capacity and expertise in health and health care advocacy. Up to $75,000 will be available in Year 2.
Tufts Health Plan (n.d.) Foundation	Various (committed $1 million)	Committed $1 million to advance racial justice. Helps diverse communities thrive through grants to nonprofit organizations, employee giving, service programs, corporate sponsorships, and more.
Boston Foundation (n.d.) Latino Equity Fund	Various (gives over $2 million annually)	The Latino Equity Fund, a unique partnership among local Latino leaders, is the first Latino-focused fund in the Massachusetts Commonwealth. The fund uses its influence and platform to amplify diverse voices and perspectives within the Latino community in the state, focusing on greater and more equitable access to economic prosperity and well-being.

Resource	Amount	Description
Boston Women's Fund (n.d.)	Average grant is $125,000	Community impact grants for organizations serving their communities through outstanding systems-change work, leadership development, and community organizing. Seed funding to support emerging organizations and help new, budding ideas take shape.

Conclusion

While researching the funding for this type of work, it was learned that Western Massachusetts and Connecticut have many foundations that fund educational-type community justice programs. If the I AM Program was implemented, the region would be rich in fostering this exact type of programming. The program is designed to be delivered as a virtual program, allowing access for a larger demographic of OTP participants. The proposed program expenses for the first two years are minimal, and the program was set up and will be executed by the author as part of a doctoral program. The Years 1 and 2 budget is approximately $5,364 to account for the computer, author's fees in the second year, and minimal miscellaneous costs to host the program (Table 7.1).

The author-developed protocol will be presented as an academic paper and a proposed future program. As such, the current ideas for funding and executing the program are hypothetical. The first funding sources the author would consider if the hypothetical program was run are the Irene E. and George A. Davis Foundation and the Community Foundation of Western Massachusetts. These local foundations have missions invested in Western Massachusetts grassroots educational programs. Table 7.2 outlines both of these foundations and several additional potential funding sources to help

offset the costs and future expenses of running, developing, and continuing the program. These sources range from local community agencies to larger state-run agencies and private companies.

CHAPTER EIGHT – Conclusion

Although occupational therapy practitioners (OTPs) work with diverse populations, there is still work to be done in understanding cultural differences. A review of relevant research was conducted to understand this problem better. The research supported that OTPs may lack the skills to work effectively with culturally diverse groups (Govender et al., 2017; Suarez-Balcazar et al., 2009; Wray & Mortenson, 2011). This gap in skills reduces the OTPs' ability to provide culturally appropriate, evidence-based interventions and holistic care to Latinx children and their families. This gap is caused, in part, by a lack of training around cultural differences, inaccurate biases, and assumptions about Latinx clients and culture. Without sufficient training, OTPs may continue this cycle, which can lead to Latinx families and children going underserved. Occupational therapy practitioners who work in the Latinx community would benefit from adequate training on trust, rapport, advocacy, and self-reflection to improve cultural humility and provide high-quality, client-centered care.

The I AM Program fills the current gap in occupational therapy practice by providing participants from the OTP community with skills to help them better advocate with and for Latinx families with young children (Kain, 2002; Lohman, 2002). The goals of the *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children* are to improve OTPs' self-efficacy and advocacy, rapport-, and trust-building skills. Using the self-efficacy theory and anti-oppression practice framework, the I AM Program is designed to meet these goals through self-reflection, nonhierarchical

discussions, and small-group modeling with peer feedback. Teaching strategies include case studies, cultural awareness activities, and group facilitation to improve self-efficacy. The I AM Program creates opportunities for OTPs to practice new skills over 6 months and integrate them while working alongside their Latinx clients toward a common goal. Collaboration with the OTPs and their Latinx community fosters learning to enhance perspectives on client care and improve the quality of care. Implementing the I AM Program will provide evidence-based cultural humility education and training for the OTP participants and improve their self-efficacy in advocacy skills. Programming will further improve the quality of occupational therapy treatment and community cohesiveness, building upon existing knowledge of Latinx culture and community.

Occupational therapy practitioners may not understand the cultural differences in the Latinx community, which could affect their ability to serve their clients fully. There is an inherent power imbalance between Latinx families and OTPs due to the systems within which the care is provided. As a result, Latinx families may not feel valued as active participants in occupational therapy services, decreasing the trust between them and the OTPs. The literature described patients' perceptions of a power imbalance and fear of challenging or wasting a provider's time as barriers to effective self-advocacy (Brashers et al., 1999; Ciechanowski et al., 2003). Specifically, "women of color lack access to many resources, which causes a concrete relationship to feelings of powerlessness" (Gutiérrez, 1990, p. 149).

Further, some Latinx clients feel powerless against "professionals," as though they have no right to question what a professional says or recommends. "Problems from

language or cultural differences is a major reason why Latinx people have generally worse health outcomes than other people in the U.S." (Funk & Lopez, 2022, p. 22). Along with poor health outcomes, families can feel isolated without trusted resources who understand their culture and language. As a result, Latinx communities with young children go underserved. There is inequitable access to occupational therapy services or other community resources. This problem affects individuals directly, and communities suffer when families do not receive the services or advocacy they need to thrive.

Given the expanding cultural landscape in the United States, cultural diversity and humility are more important than ever. The American Occupational Therapy Association (AOTA) is a stakeholder in addressing this inequity. Advocacy is emerging in occupational therapy services but is especially vital when working with Latinx families. Despite the occupational therapy literature encouraging therapists to advocate, there remains a need to determine why they provide these services and how they learn to advocate. Training community-based OTPs on advocacy skills will help build the Latinx client–OTP relationship. Without the I AM Program, OTPs will continue to lack knowledge of the Latinx community and what it takes to advocate for this community. Limited advocacy skills, rapport, and trust can lead to further trauma within sessions, missed therapy sessions, and, eventually, a gap in service. This is unfortunate for both the family receiving the services and the OTP trying to deliver the services. Families with low mutual trust in the community or medical agencies are unlikely to experience positive interactions, and the cycle continues.

It is important for OTPs to enhance their cultural humility and build skills to

support Latinx families with young children to advocate and access services. This skill-building would help bridge the gap in Latinx care and address community-wide inequities. The occupational therapy practice framework (4th ed.; AOTA, 2020c) states that OTPs are refining their cultural humility and self-advocacy to strengthen the profession and contribute to healthy, engaged communities. Occupational therapy practitioners have a distinct approach to teaching, practicing, reteaching, and persevering until goals are met and clients are served. They continue to refine their skills. The *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children* is necessary for the growth of the practitioners and the occupational therapy profession and, ultimately, to decrease inequities and improve the lives of Latinx families with young children.

APPENDIX A – Definitions of Terms

Latinx

According to the Merriam-Webster Dictionary (n.d.-a), *Latinx* refers to a person of Latin American origin or descent (used as a gender-neutral or nonbinary alternative to Latino or Latina). The term Latinx—rather than Latino, Latina, Latina/o, Latin@, Latin, or Latin American—allows people to ask questions about gender, language, inclusion, and other changes among cultures (Milian, 2017; Torres, 2018). The "x" in the term aims to ungender "Spanish and the relationship among language, subjectivity, and inclusion" (Milian, 2017, p. 122). An examination of the scholarship conveyed that the "x" was first introduced in a Puerto Rican psychological periodical to challenge the gender binaries encoded in the Spanish language. However, there was no consistency when the term was first used (Logue, 2015). Latinx is inclusive of all Latin American people, "of identities that go beyond the everyday gender and racial norms that are rapidly shifting and being redefined in today's culture" (Ramirez & Blay, 2017, para. 8). For this paper, *Latinx* is used as an inclusive term recognizing the intersectionality of language, immigration, ethnicity, and culture.

Latine

Recent national surveys of Hispanics/Latinos showed that the term *Latinx* was highly unpopular. Influential media and advocacy groups have started dropping the term or arguing against its use to avoid offending those who dislike it. Although the term was intended to be more inclusive, the survey results showed it feels exclusionary to everyday people (Torregrosa, 2021). Torregrosa (2021) shared the perspective of the irony in the

word Latinx: “It’s supposed to be inclusive but erases a crucial part of Latin American identity and language and replaces it with an English word” (*The Miami Herald* as cited in Torregrosa, 2021). Thus, “the latest effort by the population to define itself in its own lexicon, Latine is used to describe all people. Latine adopts the letter ‘e’ from the Spanish language as a representation of gender neutrality” (McGee, 2022, Why the Differences Between Terms Matters section).

Cultural Competence and Cultural Humility

Khan (2021) found that *cultural competence*, “loosely defined as the ability to engage knowledgeably with people across cultures,” suggests a categorical knowledge a person could attain about a group of people. It could lead to stereotyping and bias and denotes an endpoint to becoming fully culturally competent. Given this finding and the potential for bias, there has been a shift to using the term *cultural humility* instead.

Originally developed by Drs. Melanie Tervalon (2013, para 2) and Jann Murray-Garcia “to address health disparities and institutional inequities in medicine, cultural humility is now used in public health, social work, education, and nonprofit management.” The term was introduced in 1998 to indicate a dynamic, lifelong process focused on self-reflection. It recognizes the shifts and encourages ongoing curiosity rather than an endpoint. Cultural humility involves understanding the complexity of identities—that even in sameness, there is difference—and that a person will never be fully competent about the evolving and dynamic nature of a person’s experiences (Khan, 2021).

Diversity, Equity, and Inclusion (DEI)

The acronym DEI stands for diversity, equity, and inclusion. It is the umbrella term for creating and sustaining a diverse, equitable, and inclusive environment that respects and accommodates every person, regardless of ethnicity, sexual orientation, gender identity, physical ability, religion, age, marital status, socioeconomic status, national origin, or Veteran status (Qualtrics, 2023). It is critical to success in creating an equitable and inclusive environment. This study uses DEI to denote equality in service provision regardless of cultural background.

References

Khan, S. (2021, March 9, 2021). Cultural humility vs. cultural competence—and why providers need both. *HealthCity*. https://healthcity.bmc.org/policy-and-industry/cultural-humility-vs-cultural-competence-providers-need-both

Logue, J. (2015, December 8). Latina/o/x. *Inside Higher Ed*. https://www.insidehighered.com/news/2015/12/08/students-adopt-gender-nonspecific-term-latinx-be-more-inclusive

McGee, V. (2022, September 23). Latino, Latinx, Hispanic, or Latine? Which term should you use? *Best Colleges*. https://www.bestcolleges.com/blog/hispanic-latino-latinx-latine/

Merriam-Webster. (n.d.). *Merriam-Webster.com dictionary*. Retrieved March 11, 2023, from https://www.merriam-webster.com/dictionary/Latinx

Milian, C. (2017). Extremely Latin, XOXO: Notes on LatinX. *Cultural Dynamics*, *29*(3), 121–140. https://doi.org/10.1177/0921374017727850

Qualtrics. (n.d.). *Your guide to diversity, equity and inclusion (DEI) in the workplace*. Retrieved March 11, 2023, from https://www.qualtrics.com/experience-management/employee/dei/

Torregrosa, L. L. (2021, December 14). Many Latinos say “Latinx” offends or bothers them: Here’s why. *NBC News*. https://www.nbcnews.com/think/opinion/many-latinos-say-latinx-offends-or-bothers-them-here-s-ncna1285916

Torres, L. (2018). Latinx? *Latino Studies*, *16*(3), 283–285. https://doi.org/10.1057/s41276-018-0142-y

APPENDIX B – Program Schedule Outline Chart

Month 1	
Topics for this session are: • Setting the tone and cocreating the program culture • Identifying personal areas of growth	Objective: By the end of the first session, participants will begin cocreating the program's culture and tone and be able to identify a minimum of three areas of growth to focus on in the program. Introduction (5 min) • Facilitator introduction • Zoom rules • Logistics • Program content Activity (10 min): • Precontent survey: self-reflective questions and one to two shares (e.g., *How have you showed up in the past in programs like this? How are you going to show up for our time together to help meet your goals for the program?*) • Brief introduction for participants Body of program (30 min) • Complete pretest questionnaire • Goal-setting Part 1, self-reflective questions: – *Where are you now on the journey?* – *What will help you through this work?* – *What areas need to be looked at further?* • Educational content – Cultural considerations and oppression – How to listen Break (optional) Group work (30 min) • Share in small group: – *Share one time you advocated for a client* – *Share at least one thing you want to get out of the program* – *Share how you will show up to make that happen*

	Debrief/conclusion (10 min) • Q&A with large group • One to four participants share takeaways from today • Invitation to apply the skills they learned today and share them in the next session

Month 2	
Topic for this session is: Rapport	Objective: By the end of the second session, participants will be able to learn and identify a minimum of three key components of rapport-building and give examples of how to build rapport in verbal and written communications. Introduction (5 min) • Facilitator brief introduction • Zoom rules and logistics, as needed • Program content • Content warning for sensitive topics Activity (10 min) • Self-reflective questions and one to two shares – *Over the last month, how did these topics show up for you?* – *What skills did you practice?* • Body scan Body of program (30 min) • Goal setting, self-reflective questions: – *Where are you now on the journey of rapport building?* – *What will help you through this work?* – *What areas need to be looked at further?* • Educational content – What is rapport building? Why does rapport matter? How to practice rapport building skills. – Case study Break (optional) Group work (30 min) • Share in small group: – *Share one time you built rapport with someone in a culture other than yours* – *Share two or three ways someone can build rapport with you* – *What skill(s) do you want to work on over the next month?*

	Debrief/conclusion (10 min) • Q&A with large group • One to four participants share takeaways from today • Invitation to apply the skills they learned today and share them in the next session

Month 3	
Topic for this session is: Trust in the Latinx community	Objective: By the end of the third session, participants will be able to identify a minimum of three distinctions of the Latinx community and reasons that trust matters. Introduction (5 min) • Facilitator brief introduction • Zoom rules and logistics, as needed • Program content • Content warning for sensitive topics • Body scan check-in Activity (10 min) • Self-reflective questions and one to two shares – *Over the last month, how did these topics show up for you?* – *What skills did you practice?* Body of program (30 min) • Educational content – Diversity of the Latinx community (i.e., culture, race, nationality) – Contemporary issues with language, immigration, politics – Health care and social determinants of health – Implicit bias – Power structures and oppression Break (optional) Group work (30 min) • Trust/storytelling activity Debrief/conclusion (10 min) • Q&A with large group • One to four participants share takeaways from today • Invitation to apply the skills they learned today and share them in the next session

Month 4	
Topics for this session are:… Generational trauma and Adverse childhood experiences	Objective: By the end of the fourth session, participants will be able to name a minimum of three strategies and approaches related to generational trauma adverse and/or childhood experiences. Introduction (5 min) • Facilitator brief introduction • Zoom rules and logistics, as needed • Program content • Content warning for sensitive topics • Body scan check-in Activity (10 min) • Self-reflective questions and one to two shares – *Over the last month, how did these topics show up for you?* – *What skills did you practice?* Body of program (30 min) • Educational content • Adverse Childhood Experiences Study (ACES) • Generational trauma • Trauma and oppression in therapeutic relationships and health care Break (optional) Group work (30 min) • Case study • Discuss as related to case study: – *Who benefits in this situation? Who is harmed?* – *Where are areas for improvement?* – *What may contribute to this situation?* – *Why is this a problem/challenge?* Debrief/conclusion (10 min) • Q&A with large group • One to four participants share takeaways from today • Invitation to apply the skills they learned today and share them in the next session

Month 5	
Topic for this session is: Advocacy skills and resources	Objective: By the end of the fifth session, participants will understand their role in advocacy and collaborating with Latinx families and children, demonstrate advocacy skills, and begin creating their advocacy toolbox. Introduction (5 min) • Facilitator brief introduction • Zoom rules and logistics, as needed • Program content • Content warning for sensitive topics • Body scan check-in Activity (10 min) • Self-reflective questions and one to two shares – *Over the last month, how did these topics show up for you?* – *What skills did you practice?* Body of program (30 min) • Educational content – The what and how of being an advocate – Teaching families advocacy skills – Practitioner advocacy skills vs. distributing resources – Advocacy mindset • Creating your advocacy toolbox Break (optional) Group work (30 min) • Case study • Discuss as related to case study: – *Where might advocacy be appropriate?* – *What skills could the family use to self-advocate?* – *How would you introduce the advocacy skill?* – *What is a reasonable, realistic next step in your relationship with the family?* Debrief/conclusion (10 min) • Q&A with large group • One to four participants share takeaways from today • Invitation to apply the skills they learned today and share them in the next session

Month 6	
Topic for this session is… Takeaways and long-term practice	Objective: By the end of the sixth session, participants will be able to identify a minimum of three skills they learned and how they will put these new skills into practice moving forward in their work with Latinx families and children. Introduction (5 min) • Facilitator brief introduction • Zoom rules and logistics, as needed • Program content • Content warning for sensitive topics • Body scan check-in Activity (10 min) • Self-reflective questions and one to two shares – *How have you shown up in this program (participation, intention)?* – *Have you met your personal goals for the program?* Body of program (30 min) • Complete posttest questionnaire • Goal review, self-reflective questions: – *Where will you go next on the journey?* – *What will help you through this work?* – *What areas need to be looked at further?* • Educational content – Collaborative contributions to their advocacy toolbox Break (optional) Group work (30 min) • *Share one time you applied a skill learned in the past 6 months with a client. What went well? What can be improved?* • *How did your personal presence and approach make a difference?* Debrief/conclusion (10 min) • Q&A with large group • One to four participants share takeaways and gratitude from the program

APPENDIX C – Educational Content

1. Introduction
    a. Cultural Considerations & Oppression
    b. How to Listen
    c. Resources
        i. Cultural assumptions activity: https://www.mines.edu/diversity/wp-content/uploads/sites/278/2021/01/Implicit-Bias_Cultural-Assumptions.pdf
        ii. Braveman, B., & Suarez-Balcazar, Y. (2009). Social justice and resource utilization in a community-based organization: A case illustration of the role of the occupational therapist. *American Journal of Occupational Therapy, 63*, https://doi.org/10.5014/ajot.63.1.13
        iii. National Consortium. (n.d.). *Bias, culture, and the court process: A teaching tolerance guide.* https://www.national-consortium.org/__data/assets/pdf_file/0028/8947/bias-culture-court-process.pdf.
        iv. *Discussing race, racism, and other difficult topics with students*. https://www.learningforjustice.org/sites/default/files/general/TT%20Difficult%20Conversations%20web.pdf
        v. How to teach listening skills: Best practice. https://busyteacher.org/14411-how-to-teach-listening-skills-best-practices.html
        vi. Mathers, C. (2022, September 9). *Seven active listening exercises for adults to become better listeners*. https://www.developgoodhabits.com/active-listening-exercises/
        vii. Robinson, E. (2022, May 19). *Active listening games for the workplace*. https://www.watercoolertrivia.com/blog/active-listening-games-for-the-workplace
2. Rapport
    a. What is Rapport-Building?
    b. Why Does Rapport Matter?
    c. How to Practice Rapport-building Skills
    d. Resources
        i. Madenford, J. (2022). *Nine strategies to build rapport.* https://theartofeducation.edu/2022/08/22/july-9-strategies-to-build-

rapport-with-your-students-from-the-start/#:~:text=One%20of%20the%20best%20ways,they%20had%20for%20school%20lunch.

ii. Building rapport through communication. https://www.knowledgecity.com/en/library/BUS1201/building-rapport

iii. Miles, M. (2022, April 26). *How to build rapport: Six tactics to build strong relationships*. https://www.betterup.com/blog/how-to-build-rapport

3. Trust
    a. Diversity of the Latinx Community (i.e., Culture, Race, Nationality)
    b. Contemporary Issues With Language, Immigration, Politics
    c. Health Care and Social Determinants of Health
    d. Implicit Bias
    e. Power Structures and Oppression
    f. Resources
        i. Race and Ethnicity: Crash Course. https://youtu.be/7myLgdZhzjo
        ii. Presencia; Diversity in the Latino Community. https://mass.pbslearningmedia.org/resource/ilwgby18-soc-ildiversity/diversity-in-latino-culture/
        iii. Torres Sosa, S. S., Flores Toussaint, R. J., Jolie, S., & Bustos, Y. (2022). Systems of oppression: The impact of discrimination on Latinx immigrant adolescents' well-being and development. *Journal of Research on Adolescence, 32*(2), 501–517. https://doi.org/10.1111/jora.12751
        iv. UnidosUS (2022). Retrieved November 3, 2022, from https://unidosus.org/
        v. Erete, S., Israni, A., & Dillahunt, T. (2018). An intersectional approach to designing in the margins. *Interactions, 25*(3), 66–69.
        vi. Supporting families through community resources. https://quizlet.com/170399497/chapter-14-supporting-families-through-community-resources-and-networks-flash-cards/
        vii. Harvard Implicit Association. (n.d.). *Project Implicit.* https://implicit.harvard.edu/implicit/takeatest.html
        viii. A-ha activities for unconscious bias. https://culturepluconsulting.com/2018/08/16/a-ha-activities-for-unconscious-bias-training/

ix. Colvin-Burque, A., Zugazaga, C. B., & Davis-Maye, D. (2007). Can cultural competence be taught? Evaluating the impact of the soap model. *Journal of Social Work Education*, *43*(2), 223–242. https://doi.org/10.5175/JSWE.2007.200500528

4. Trauma
    a. Adverse Childhood Experiences Study (ACES)
    b. Generational Trauma
    c. Trauma and Oppression in Therapeutic Relationships and Health Care
    d. Resources
        i. Dr. Nadine Burke Harris's TED talk, "How Childhood Trauma Affects Health Across a Lifetime." https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en
        ii. Understanding Trauma and its Impact (activity packet). https://safesupportivelearning.ed.gov/sites/default/files/Trauma_101_Activity_Packet.pdf
        iii. ACEs 101 FAQ. https://acestoohigh.com/aces-101/
        iv. ACEs Primer: exploring ACES and Resilience. . https://vimeo.com/139998006
        v. ACEs Profile. https://www.cdc.gov/violenceprevention/aces/index.html
        vi. Fette, C., Lambdin-Pattavina, C., & Weaver, L. (2019). Understanding and applying trauma-informed approaches across occupational therapy settings. *AOTA continuing Education*. https://www.aota.org/-/media/corporate/files/publications/ce-articles/ce-article-may-2019-trauma.pdf
        vii. Stress and Trauma Toolkit for Treating Hispanics in a Changing Political and Social Environment. https://www.psychiatry.org/psychiatrists/diversity/education/stress-and-trauma/hispanics
5. Advocacy and Toolbox
    a. What and How of Being an Advocate
    b. Teaching Families Advocacy Skills
    c. Practitioner Advocacy Skills vs. Distributing Resources
    d. Advocacy Mindset
    e. Resources
        i. Community Advocacy. https://www.grassrootsunwired.com/community-advocacy/

ii. Cullens, A. (2009, July). Growth versus fixed mindset. https://biglifejournal.com/blogs/blog/fixed-mindset-vs-growth-mindset-examples#:~:text=Example%201%3A,bike%2C%20or%20playing%20an%20instrument.

iii. Self-advocacy skills in OT. https://research.aota.org/ajot/article-abstract/75/Supplement_2/7512505119p1/12735/Self-Advocacy-in-OT-Are-We-Practicing-What-We?redirectedFrom=fulltext

APPENDIX D – Case Studies

(Names and details changed to ensure anonymity)

Rapport

Client

Wanda is a 29-year-old mother of two daughters, ages 2 and 6 years. They were displaced from the Dominican Republic after a natural disaster. Wanda and her children are currently unhoused and living in a shelter. Her partner and father of her children still lives in the Dominican Republic. The family is waiting to reunite in the United States after Wanda gets settled into housing.

Reason the client is seeking service and concerns related to engagement in occupations

The family sought early intervention services for help with community resources to best engage in their lives. Their main concern is being unhoused. The family's primary goals are to stabilize the family by finding housing and a school and daycare for the children.

Occupations in which the client is successful and barriers affecting success

Wanda is a single mother without family or community support navigating the challenges of living in a shelter with her children. Their daily routine is a traumatic, highly stressful situation.

Wanda is a native Spanish speaker and speaks only a few words of English.

Occupational history

Wanda worked as a daycare teacher in the Dominican Republic. She needs to register and transfer paperwork to be employed in the state in which she resides.

Personal interests and values

The client was an independent person in their previous setting. Barriers to this independence now include being displaced and unhoused. Wanda values her Latinx culture and traditions and does not want to lose her language. She wants her children to keep their cultural traditions but excel in school. She wants their English to improve.

Environments supporting and inhibiting engagement

The family was displaced due to a natural disaster and is currently unhoused. They live in a shelter specifically for mothers and their children and are expected to move out soon because they have been there for almost a year. Due to minimal available space, the

shelter houses smaller groups of people together. Wanda and her two children share an apartment with another family, and it can be difficult in the same space. There are curfews, rules, and a stressful environment in the shelter.

Wanda's first language is Spanish. She struggles to communicate without a translator at appointments and meetings.

Wanda was previously involved in her Catholic church. She is searching for a church community that supports her culture and language.

Personal factors supporting and inhibiting engagement

Wanda is a single mother, never married, with a long-distance partner. She worked in daycare in the Dominican Republic but is currently unemployed. Her nationality is Puerto Rican and Dominican, and she is a beginner English-language learner.

Performance patterns (e.g., habits, routines, roles, and rituals)

Wanda wakes up and gets herself and her children ready for the day. She takes the older child to school by bus or walking and attends appointments with the younger child. Wanda spends her days applying for jobs, apartments, and subsidized housing.

Values, beliefs, and spirituality

The family values spending time together, working, and having some independence.

Wanda and her family were active members of their church; now they feel as though they have lost an important part of their culture.

Regarding authority, Wanda believes what doctors recommend. She does not feel comfortable or as though she has the right to question their recommendations.

Body functions and structures

Wanda is ambulatory and able to maneuver in her physical environments but feels hopeless. After going to the local clinic for assessment, she is told that she has onset of depression and anxiety. She states that she feels judged by her culture and professionals due to these mental health issues. Wanda states that in her culture, there is a stigma associated with seeking help for mental health.

Client's priorities and desired targeted outcomes:

- To gain proficiency in spoken and written English
- To secure an apartment
- To enroll her youngest daughter in preschool
- To complete job applications and apply to positions

Trauma

Client

Ivette is a 24-year-old mother of two children. She has custody and is a full-time care provider to her 2 year old son, Jay; her daughter is in the care of their biological father.

Reason the client is seeking service and concerns related to engagement in occupations

Jay has developmental delays, and Ivette wants to access services that can help him develop to his best potential.

Occupations in which the client is successful and barriers affecting success

Ivette has stated that she feels as though she cannot do anything right.

Ivette and Jay live in a shelter where they navigate living with another family. Ivette's job training schedule and Jay's daycare hours limit her ability to take Jay to appointments, so she attends them on her own.

She has demonstrated success in her current vocational program.

She is engaged with her health care providers and takes her medications as prescribed.

Occupational history

Ivette grew up with her biological mother, who used heroin.

Ivette gave birth to her daughter at 14 years old, and the child was removed from her care.

After Ivette unintentionally learned that she has been HIV positive since birth, she left home. She went into a runaway and homeless-youth program and lived in a shelter.

Ivette aged out of the supportive systems for youth at age 22 and now has to access services on her own.

She completed many certifications over 8 to 10 years while in supportive foster care. She has worked as a personal care attendant, dietary aide, forklift operator, and roofer. She currently attends a program with the goal of obtaining a construction certification.

Personal interests and values

Ivette enjoys physical work.

She does not ask for help and takes pride in being independent.

She loves her son, her daughter, and spending time with friends. Ivette values her role as a parent and wants to be the best parent she can be.

Environments supporting and inhibiting engagement

Ivette and Jay currently live in a shelter with a roommate who has her own child. Some barriers to scheduling and routine are due to living with another adult who has a different set of values and priorities.

Ivette has limited friendships and no family relationships or support.

She is able to access weekly psychotherapy services but can no longer access community programs through her previous resources due to her age.

The family receives support through early intervention for Jay. Early intervention helps monitor development, make appointments, and access community resources.

Personal factors supporting and inhibiting engagement

Ivette grew up in foster care and experienced significant trauma. She has lacked stability for as long as she remembers. She is reserved and takes her time sharing the details of her life.

Ivette shared that she has no one with whom she can discuss the ups and downs of parenting, and she feels lonely at times.

She struggles with anxiety and depression but shows up to psychotherapy weekly. She responds defensively to constructive criticism and is empowered by collaborative communication.

She is a self-described survivor.

Performance patterns (e.g., habits, routines, roles, and rituals)

Ivette wakes up and gets herself and her child ready for the day. After breakfast and their morning routine, Jay leaves for daycare on a bus. Ivette attends a vocational training program during the day and applies for apartments and subsidized housing as often as she can. She attends any appointment she may have alone. Ivette is the sole parent and provider for her son. At the end of the day, Ivette returns to the shelter to get Jay off the bus, eat dinner, play, and go to bed.

Ivette has Saturday visitations with her daughter.

Jay’s father is incarcerated, and Jay visits his father’s family every so often.

Values, beliefs, and spirituality

Ivette values family, learning, autonomy, and success.

Body functions and body structures

Ivette is HIV positive and engaged in long-term medical treatments and therapies. She has a leg-length discrepancy but stopped seeing a specialist for this.

Jay's developmental delays present as sensory-related and hyperactivity.

Client's priorities and desired targeted outcomes

- To finish the training program
- To secure an affordable apartment
- To help Jay develop more independence
- To gain a community of support

Advocacy

Client

Steven is an 11-year-old student who lives with his father.

[seen during the COVID-19 pandemic]

Reason the client is seeking service and concerns related to engagement in occupations

Due to the COVID-19 pandemic restrictions, Steven has had to be homeschooled and cannot access necessary supplies and services, such as printouts and reliable computer and Internet access. His father requested support to access services and re-engage with school after the disruption to their routines during the pandemic.

Occupations in which the client is successful and barriers affecting success

Steven has not been able to participate in school virtually for weeks due to a lack of support services and basic school supplies. He does not own a computer or have reliable home Internet access, so his engagement in virtual learning was delayed. With more time at home, he is required to facilitate his own learning experience and make sure his basic needs are met. He is limited to playing at home and is unable to see his friends.

Steven's father is a manual laborer who continues to work full time.

Occupational history

Steven is an 11-year-old elementary student who lives with a single father who works manual labor. Steven had received in-person, school-based occupational therapy since he was 6 years old to support fine and visual motor skill development. Steven had many friends when school was in person. He was inquisitive about the way things in the environment worked and would seek answers. For example, when he had a science question, he would seek answers from the science teacher.

Personal interests and values

Steven and his father like watching and playing with monster trucks together. Steven likes playing with his friends at school, and his father enjoys work and spending time with family.

Environments supporting and inhibiting engagement

At home due to the pandemic, Steven receives care from his grandmother.

They do not have Internet or a computer at home, so Steven cannot access his school material or connect with his teacher and peers. Steven's father has not been able to contact anyone at the school who can help for a few weeks.

Personal factors supporting and inhibiting engagement

Steven was motivated to participate in all academic activities prior to the COVID-19 pandemic.

Performance patterns (e.g., habits, routines, roles, and rituals)

Prior to the COVID-19 pandemic school closures, Steven would get up and get ready for school and eat the breakfast his dad made. During homeschooling/remote learning, his dad leaves early for work, and Steven sleeps in. Steven lost the support of a morning routine; now, after dad was able to secure a school laptop and Internet hotspot, Steven does not always log onto virtual school.

Values, beliefs, and spirituality

Their family values education and hard work.

Body functions and body structures

Both Steven and his father are able bodied and speak English.

Client's priorities and desired targeted outcomes

- To receive equitable resources for Steven and his father. Steven's father does not want Steven to fall behind due to reasons out of his control.
- To learn to be a better advocate for the family for any future issues.

APPENDIX E – Pre- and Postcourse Surveys

PRE-Survey

Please answer the following questions:

1) How comfortable are you with working with Latinx clients?

0	2	3	4	5
Not comfortable	Somewhat comfortable	Neither comfortable nor uncomfortable	Mostly comfortable	Extremely comfortable

2) How confident are you that your skills and knowledge about the Latinx community will improve during this program?

1	2	3	4	5
Not confident	Somewhat confident	Neither confident nor not confident	Mostly confident	Extremely confident

3) How confident do you feel addressing the cultural differences of Latinx families?

1	2	3	4	5
Not Confident	Somewhat confident	Neither confident nor not confident	Mostly confident	Extremely confident

4) What are the skills an occupational therapy practitioner needs to be an effective advocate?

_____

_____

_____

5) How well do you understand the importance of rapport- and trust-building in the Latinx community?

1	2	3	4	5
Not well at all	Well	Neither well nor not well	Very well	Extremely well

6) Please write one to two examples of a scenario where you used rapport-building skills with a client.

_____

_____

_____

POST-Survey

Please answer the following reflection questions:

Participant satisfaction

1) Were you satisfied with the content of each program session?

1	2	3	4	5
Not satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Mostly satisfied	Extremely satisfied

a) What content did you find most valuable?

_____

_____

_____

b) What did you find least valuable?

_____

_____

_____

Changes participants noticed in their working relationship with the Latinx community

2) How competent did you feel advocating for your Latinx clients before starting the program?

1	2	3	4	5
Not competent	Somewhat competent	Neither competent nor incompetent	Mostly competent	Extremely competent

3) Did the information provided during the program help you learn how to build rapport with the Latinx community?

1	2	3
Yes	No	Unsure

a) Please write an example of how the information provided in the program helped you identify how to build rapport with a client.

_____

_____

_____

Increased knowledge and confidence with advocacy skills

4) Did the information provided during the program help you gain an understanding of the steps needed to become an efficient advocate for Latinx clients?

1	2	3
Yes	No	Unsure

a) Please write an example of how the information provided in the program helped you gain an understanding of the steps needed to become an efficient advocate.

Do you have any suggestions for program improvement?

Suggestions for program improvement

Answer format: short answer

5) How well did the program meet your expectations?

1	2	3	4
Exceeded expectations	Met expectations	Below expectations	Not applicable

6) On a scale of 1 to 5, where 1 is *not satisfie*d and 5 is *extremely satisfied*, how satisfied are you regarding the following aspects of the program?

1	2	3	4	5
Not satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Mostly satisfied	Extremely satisfied

   a) Level of knowledge of the program presenter ____
   b) Clearness of content ____
   c) Time spent on each subject area ____
   d) Opportunities to give feedback and ask questions ____
   e) Overall programming ____

7) How well did the program meet your expectations?

1	2	3	4	5
Not at all	Well	Neither well nor not well	Very well	Extremely well

8) Please write examples of how the program met your expectations.

_____

_____

_____

9) How could the program have supported you better?

_____

_____

_____

APPENDIX F – Executive Summary

Introduction

Occupational therapy practitioners (OTPs) are being called upon to provide improved, culturally aware service delivery. The underserved Latinx community is one area that would benefit from OTPs trained in cultural humility. The term *Latinx*—rather than Latino, Latina, Latina/o, Latin, or Latin American—allows inclusivity among the cultures (Milian, 2017, p. 121). Culturally appropriate, evidence-based interventions are vital to properly serve Latinx families and their children. As of July 1, 2021, approximately 62 million Latinx people live in the United States, making up the largest ethnic or racial minority at 19%, according to U.S. Census Bureau (2022). In Massachusetts, 21.1% of students receiving occupational therapy services identify as Latinx (Massachusetts Department of Education, n.d.).

Researchers have identified that OTPs may lack the skills to effectively work with culturally diverse groups (Govender et al., 2017; Suarez-Balcazar et al., 2009; Wray & Mortenson, 2011). This skills gap reduces the OTPs' ability to provide culturally appropriate, evidence-based interventions and holistic care to Latinx children and their families. The OTPs' lack of cultural knowledge and the lack of available training to develop the skills needed to work with the Latinx culture may challenge rapport and create a disconnect between the OTPs and their clients. Current findings suggest that there is little opportunity for developing OTPs' readiness to serve Latinx clients in their communities due to this limited training around cultural differences, inaccurate biases, and assumptions about the Latinx client and culture. This combined lack of knowledge

and training opportunities can lead to inhibited rapport and create a disconnect in the client–clinician relationship. Improving service provision with these culturally diverse clients is vital to the progression of the profession (Thom, 2018). Only with improved cultural humility will the goals of Latinx families be truly understood and effective service provision be provided.

Project Overview

The intended approach to solve this problem is a unique opportunity—the *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children*. This is a theory- and evidence-based online learning program designed to address the gap in knowledge and competencies for advocacy skills when working with Latinx clients. The six-module virtual program dives into the distinct value of how cultural humility and advocacy skills enrich the client–clinician relationship and improve the overall quality of occupational therapy services in the Latinx community. The program's unique characteristics include its culture-focused modules, small-group-based learning, and nonjudgmental environment where all participants are respected.

The program outcomes aim at promoting increased self-efficacy around cultural humility and rapport- and trust-building when working with Latinx clients. This professional-level program addresses issues Latinx families face from providers without cultural awareness. The I AM Program outcomes will ensure professionals working in the community consider and learn to work with cultural differences to enhance services for the client and build strong, trusting relationships and thriving communities.

Theoretical Base

Theories and frameworks guiding the I AM Program are Bandura's (1977) self-efficacy theory (SET) and the anti-oppression practice framework (AOP). Bandura's SET helps us understand that if OTPs receive cultural humility training, they will perceive their skills as stronger when working with Latinx clients. The lack of cultural humility training fosters an environment wherein the OTP's inaccurate biases toward the Latinx community may negatively influence their relationships with Latinx clients.

The SET and AOP help explain how OTPs' understanding of cultural implications affects their ability to carry out and teach advocacy skills. The AOP addresses problems Latinx families experience with being unable to advocate for themselves. This lack of self-advocacy stems, in part, from a history of systemic oppression. Racial and ethnic minorities continue to experience persistent disparities in their access to and quality of health care compared with the rest of the American population (Horvat et al., 2014).

Latinx communities in the United States have lived through historical traumas, "multiple waves of colonization, genocide and political and economic dominance by white racial superiority and oppression" (Cacari Stone et al., 2021, p. 266). The I AM Program will help eradicate some inequities Latinx clients face when working with OTPs.

Key Findings

Without suitable training, OTPs may make inaccurate assumptions or have biases about Latinx families. Particularly when working with Latinx families that have small

children, those assumptions and biases include that Latinx families only want government handouts, do not provide their children with adequate environments, and are unconcerned with their children's education or occupational therapy services. These biases and assumptions may stem from the OTPs' lack of specific training and resources provided prior to working with Latinx families.

The OTPs' potential lack of understanding of the cultural differences and strengths in the Latinx community results in their inability to demonstrate the skills to best serve the families, which might cause a power imbalance between the Latinx families and the OTPs. Such inequity and lack of respect in the client–practitioner relationship often result in decreased trust between the Latinx family and the OTP. Consequently, Latinx communities with young children are underserved. This problem affects individuals at a basic level with a lack of confidence and trust in practitioners. The community suffers when its families do not receive the services or advocacy they need to thrive. Although OTPs work with diverse populations, there is still work to be done in understanding cultural differences.

Schools and their communities are affected when students do not receive culturally appropriate occupational therapy services. Studies show that Latinx families often feel unheard or unable to ask for what they want or need due to a language barrier. Garcia and Duckett's (2009) study found that "language barriers were key reasons for difficulties accessing U.S. health care services" (p. 124). Their participants identified language barriers associated with accessing health care, including setting up appointments on the phone and interacting with providers during visits. This, in turn,

limits occupational therapy services. Some Latinx clients feel powerless against "professionals," as though they have no right to question what the professional is saying or recommending. "Problems from language or cultural differences is a major reason why Latinx people have generally worse health outcomes than other people in the U.S." (Funk & Lopez, 2022, p. 1). "Women of color lack access to many resources, which causes a concrete relationship to feelings of powerlessness" (Gutiérrez, 1990, p. 149).

Advocacy is an essential skill for OTPs throughout the profession. However, it may be most important for helping underserved populations, such as when working with Latinx families. Although the occupational therapy literature encourages therapists to advocate, there is still a need to determine *why* occupational therapists provide these services and *how* they learn to advocate. Dhillon et al. (2010) aimed "to understand the meaning of advocacy for occupational therapists by exploring their reasons for advocating" (p. 243). They reported that OTPs' reasons for advocating include engaging in occupations and client-centered practice. Learning to be better advocates directly affects the client–therapist relationship. By considering the specific occupations of the Latinx client, OTPs can make the advocacy client-centered and build the client–therapist relationship.

Recommendations

A proposed solution to this problem is the *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children*, an educational training program for OTPs who work with Latinx families. The program increases self-efficacy

around cultural humility and rapport- and trust-building when working with Latinx clients. This professional-level program addresses issues Latinx families face when working with providers lacking cultural awareness. The OTP participants learn about the uniqueness of the Latinx culture so they can serve their diverse clients and align with the discipline's code of ethics and principles. They learn about adverse childhood experiences and trauma-informed care relative to Latinx culture, acquire skills to better serve the advocacy needs of Latinx families with school-aged children, and learn to put those newly acquired skills into practice. The OTPs gain an understanding of rapport-building with the Latinx community they serve and the perceived power imbalance in encounters with medical professionals due to cultural and language barriers.

Programming will further improve the quality of occupational therapy treatment and community cohesiveness, building upon existing knowledge of Latinx culture and community. Teaching strategies include self-reflection, group discussions, case studies, cultural awareness, and group facilitation to develop self-efficacy for cultural humility. The I AM Program fills the current gap in occupational therapy practice by providing participants from the OTP community with a skill set to better advocate for the urban Latinx population (Kain, 2002; Lohman, 2002).

Funding Plan/Programming Costs

Program expenses to be considered include those before implementation (associated with planning) and then costs to implement and disseminate the program and execute and maintain the programming. Costs to run the initial program will be approximately $5,364 for the 2 years. Local grants and funding sources whose mission

statements align with the I AM programming will be solicited to offset these costs.

The greatest investment to trial the program will be the author's time. However, there will be no personnel costs in the first year of program implementation (soft launch) because the author/program designer will not take a salary during the author's doctoral program. In the second year, the author will collect $150 for each of the six monthly 90-minute modules, totaling $900. Further, the program will be developed and administered on a free virtual platform, such as Google Classroom, which the author currently owns. A manual for the program's modules was completed as part of the authors' doctoral project, so no costs were incurred. Once the program is up and running, the author will take responsibility for billing the participants. A one-time cost of $350 per the American Occupational Therapy Association pricing for course approval to provide continuing education credits is vital to obtain approval and attract participants looking to earn credits toward renewal of their state OT licensure. In the future, local companies and agencies may be asked to sponsor an event, and local graduate occupational therapy programs may be solicited for volunteers.

Evaluation

Participants will complete short questionnaires and surveys, both standardized and designed by the author, to determine whether the I AM Program is meeting its objectives to teach cultural humility and advocacy skills. Questions will be scaled to assess learning skills identified in the summary. The instructor can use information gathered from the questionnaires and surveys to assess improvements in cultural humility and advocacy skills and justify future programming adjustments that might need to be made.

Conclusion

Understanding the importance of improved cultural humility, especially around advocacy skills in OTPs' service delivery, contributes to the Latinx community feeling valued and finding importance in occupational therapy services. The *I AM. Intercultural Advocacy and Mentoring Program: Increasing Occupational Therapy Practitioners' Advocacy Skills in Collaboration With Latinx Families With Young Children* provides advocacy training that enriches OTPs' educational efforts and addresses the gap in their relevant cultural skills. This online educational program builds skills in advocacy, Latinx culture, and trust- and rapport-building applicable for current and future school-based and community-based OTPs. The I AM Program will positively change how OTPs approach service delivery to other cultures—namely, the Latinx culture and community—and contribute to an equitable therapeutic relationship.

References

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*(2), 191–215. https://doi.org/10.1037/0033-295X.84.2.191

Cacari Stone, L., Avila, M., & Duran, B. (2021). El nacimiento del pueblo mestizo: Critical discourse on historical trauma, community resilience, and healing. *Health Education & Behavior*, *48*(3), 265–275. https://doi.org/10.1177/10901981211010099

Dhillon, S. K., Wilkins, S., Law, M. C., Stewart, D. A., & Tremblay, M. (2010). Advocacy in occupational therapy: Exploring clinicians' reasons and experiences

of advocacy. *Canadian Journal of Occupational Therapy*, *77*(4), 241–248. https://doi.org/10.2182/cjot.2010.77.4.6

Funk, C., & Lopez, M. (2022). *Hispanic Americans experience with healthcare*. Pew Research Center. https://www.pewresearch.org/science/2022/06/14

Garcia, C. M., & Duckett, L. J. (2009). No te entiendo y tú no me entiendes: Language barriers among immigrant Latino adolescents seeking health care. *Journal of Cultural Diversity*, *16*(3), 120–126.

Govender, P., Mpanza, D. M., Carey, T., Jiyane, K., Andrews, B., & Mashele, S. (2017). Exploring cultural competence amongst OT students. *Occupational Therapy International*, *2017*, Article 2179781-8. https://doi.org/10.1155/2017/2179781

Guitérrez, L. M. (1990). Working with women of color: An empowerment perspective. *Social Work, 35*(2), 149–153. https://doi.org/10.1093/sw/35.2.149

Horvat, L., Horey, D., Romios, P., & Kis-Rigo, J. (2014). Cultural competence education for health professionals. *Cochrane Database of Systematic Reviews*, *5*, Article CD009405. https://doi.org/10.1002/14651858.CD009405.pub2

Kain, E. (2002). Perspectives: Behind the curtain; my experience with advocacy. *OT Practice*, 7, 8–9.

Lohman, H. (2002). Perspectives: Becoming involved with advocacy. *OT Practice*, *7*, 35–36.

Massachusetts Department of Education. (n.d.). *DESE directory of datasets and reports.* Retrieved March 3, 2023, from https://www.mass.gov/info-details/dese-directory-of-datasets-and-reports

Milian, C. (2017). Extremely Latin, XOXO: Notes on LatinX. *Cultural Dynamics*, *29*(3), 121–140. https://doi.org/10.1177/0921374017727850

Suarez-Balcazar, Rodawoski, J., Balcazar, F., Taylor-Ritzler, T., Portillo, N., Barwacz, D., & Willis, C. (2009). Perceived levels of cultural competence among occupational therapists. *American Journal of Occupational Therapy*, *63*(4), 498–505. https://doi.org/10.5014/ajot.63.4.498

Thom, C. (2018). Practitioners' perspective on family-centered care with the Hispanic/Latino population. *American Journal of Occupational Therapy*, *72*(4_Supp_1), 7211510206–7211510206p1. https://doi.org/10.5014/ajot.2018.72S1-PO7023

U.S. Census Bureau. (2022, September 8). *Hispanic heritage month: September 2022* (Press Release Number CB22-FF.09). https://www.census.gov/newsroom/facts-for-features/2022/hispanic-heritage-month.html

Wray, E. L., & Mortenson, P. A. (2011). Cultural competence in occupational therapists working in early intervention therapy programs. *Canadian Journal of Occupational Therapy*, *78*(3), 180–186. https://doi.org/10.2182/cjot.2011.78.3.6

APPENDIX G – Fact Sheet

BOSTON UNIVERSITY

I AM: Intercultural Advocacy and Mentoring Program

Increasing occupational therapy practitioners' advocacy skills in collaboration with Latinx families with young children

Jennifer Nascimento, OTR/L, Doctoral Candidate

Latinx families and children in the US

- Largest ethnic or racial minority, at 19% (U.S. Census Bureau, 2022).

- Disproportionately affected by the COVID-19 pandemic (Vargas & Sanchez, 2020).

- In Massachusetts, 21.1% of students receiving occupational therapy (OT) services identify as Latinx (Mass DOE, n.d.).

School-based OT services are mandated regardless of race, culture, or ethnicity. They focus on academics, play and leisure, social participation, activities of daily living, and transition/work skills (AOTA, 2020).

OT practitioners (OTPs) may lack training on cultural humility with Latinx clients. This can create inaccurate biases, exaggerate client-clinician power imbalances, and decrease trust and rapport. Ultimately, Latinx clients may go underserved.

Everyday advocacy builds trust and advances your vital role with clients. (AOTA.com)

Evidence-based, online educational training for OTPs working with Latinx clients → OTPs gain skills in cultural awareness, trauma, and improved advocacy skills → Latinx clients feel like valued members of the process and learn how to self-advocate → Latinx clients receive high-quality, client-centered care and improve their quality of life

I AM: Intercultural Advocacy and Mentoring

Participants
- 12-20 OTPs interested or working with Latinx families and children

Duration/Location
- 6 consecutive monthly sessions online

Outcomes

- ↑ knowledge of Latinx culture
- ↑ self-efficacy working with Latinx clients
- ↑ rapport-building skills
- ↑ advocacy skills
- ↑ client access to resources
- ↑ trust between OTPs and clients
- ↑ client engagement in OT services

Development and Evaluation
- Self-efficacy theory (SET)
- Anti-oppression practice (AOP)
- Pre & post surveys

Price
- $350/participant

Figure 1. Man with young child on shoulders (pexels.com)

Course Outline

Month 1: Setting the tone and introducing areas of personal growth
Month 2: Rapport-building
Month 3: Trust in the Latinx community
Month 4: Generational trauma & Adverse Childhood Experiences Study
Month 5: Advocacy skills and resources
Month 6: Takeaways for long-term practice

Course Features

Evidence-based and theory-driven online education

- Case studies
- Small-group reflections
- Nonhierarchical discussions
- Opportunity for practice and feedback
- Personal growth exercises

Figure 3. Image of case study text on laptop screen (created by author)

Figure 2. Woman looking at laptop (wocintechchat.com)

Marketing and Dissemination Plan

Stakeholders

- Local schools, community agencies, hospitals
- Occupational therapy practitioners
- Latinx families and their children

Dissemination efforts include

- Direct referrals / "word of mouth"
- Written materials
- Email/social media correspondence

References

American Occupational Therapy Association. *Advocacy*. https://www.aota.org/advocacy/everyday-advocacy

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191–215. https://doi.org/10.1037/0033-295X.84.2.191

Massachusetts Department of Education. (n.d.). *DESE directory of datasets and reports*. Retrieved March 3, 2023, from https://www.mass.gov/info-details/dese-directory-of-datasets-and-reports

Morgaine, K., & Capous-Desyllas, M. (2015). *Anti-oppressive social work practice: Putting theory into action*. Sage.

U.S. Census Bureau. (2022, September 9). *Hispanic heritage month* (Press release number CB22-FF.09). https://www.census.gov/newsroom/facts-for-features/2022/hispanic-heritage-month.html

Vargas, E., & Sanchez, G. R. (2020). COVID-19 is having a devastating impact on the economic well-being of Latino families. *Journal of Economics, Race, and Policy, 3*, 262–269. https://doi.org/10.1007-s41996-020-00071-0

Figures

Figure 1: RODNAE Productions on pexels.com; Figure 2: wocintechchat.com

REFERENCES

Accreditation Council for Occupational Therapy Education. (2018). *Standards and interpretive guide* [August 2020 interpretive guide version]. https://acoteonline.org/wp-content/uploads/2020/10/2018-ACOTE-Standards.pdf

Acton, D. (2001). The “color blind” therapist. *Art Therapy*, *18*(2), 109–112. https://doi.org/101080/07421656.2001.10129749

Ali, A. (2013). The therapist as advocate: Anti-oppression advocacy in psychological practice. *Journal of Clinical Psychology*, *69*(2), 162–171. https://doi.org/10.1002/jclp.21955

Alizadeh, S., & Chavan, M. (2016). Cultural competence dimensions and outcomes: A systematic review of the literature. *Health & Social Care in the Community*, *24*(6), e117–e130. https://doi.org/10.1111/hsc.12293

American Occupational Therapy Association. (n.d.-a). *2025 AOTA Annual Conference and Expo*. https://www.aota.org/events/calendar/2025-aota-annual-conference-and-expo

American Occupational Therapy Association. (n.d.-b). *Approved provider program: Benefits and pricing*. Retrieved February 1, 2023, from https://www.aota.org/career/continuing-education/approved-providers/app-pricing

American Occupational Therapy Association. (n.d.-c). *Continuing education and professional developmen*t. https://www.aota.org/career/continuing-education

American Occupational Therapy Association. (n.d.-d). *DEI word bank.* https://www.aota.org/practice/practice-essentials/dei/dei-toolkit-word-bank

American Occupational Therapy Association. (n.d.-e). *Our commitment to diversity, equity, and inclusion (DEI).* https://www.aota.org/about/diversity-equity-and-inclusion

American Occupational Therapy Association. (n.d.-f). *What is the role of the school-based occupational therapy practitioner? Questions and answers for school administrators.* https://www.aota.org/~/media/Corporate/Files/Practice/Children/School-Administrator-Brochure.pdf

American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, *62*, 625–683. https://doi.org/10.5014/ajot.62.6.625

American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy, 68*(Suppl_1), S1–S48. http://doi.org/10.5014/ajot.2014.682006

American Occupational Therapy Association. (2015). Occupational therapy code of ethics. *American Journal of Occupational Therapy*, *69*(Suppl. 3), 6913410030. http://doi.org/10.5014/ajot.2015.696S03

American Occupational Therapy Association. (2017). Vision 2025. *American Journal of Occupational Therapy*, *71*, 7103420010.

American Occupational Therapy Association. (2020a). Educator's guide for addressing cultural awareness, humility, and dexterity in occupational therapy curricula. *American Journal of Occupational Therapy, 74*(Supp_3), 7413420003p1–

7413420003p19. http://doi.org/10.5014/ajot.2020.74S3005

American Occupational Therapy Association. (2020b). Occupational therapy code of ethics. *American Journal of Occupational Therapy*, *74*(Supp_3), 7413410005p1–7413410005p13. https://doi.org/10.5014/ajot.2020.74S3006

American Occupational Therapy Association. (2020c). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Supp_2), 7412410010. https://doi.org/10.5014/ajot.2020.74S2001

Americans With Disabilities Act of 1990, 42 U.S.C. § 12101 *et seq*. (1990). https://www.ada.gov/pubs/adastatue08.htm

Anderson, L. M., Scrimshaw, S. C., Fullilove, M. T., Fielding, J. E., & Normand, J. (2003). Culturally competent healthcare systems: A systematic review. *American Journal of Preventive Medicine*, *24*(3), 68–79. https://doi.org/10.1016/S0749-3797(02)00657-8

Annesi, J. J., & Vaughn, L. L. (2015). Evidence-based referral: Effects of the revised "Youth Fit 4 Life" protocol on physical activity outputs. *Permanente Journal*, *19*(3), 48–53. https://doi.org/10.7812/TPP/14-228

Annesi, J. J., Westcott, W. L., Faigenbaum, A. D., & Unruh, J. L. (2005). Effects of a 12-week physical activity protocol delivered by YMCA after-school counselors (Youth Fit for Life) on fitness and self-efficacy changes in 5–12-year-old boys and girls. *Research Quarterly for Exercise and Sport*, *76*(4), 468–476. https://doi.org/10.1080/02701367.2005.10599320

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*(2), 191–215. https://doi.org/10.1037/0033-295X.84.2.191

Bandura, A. (1994). *Self-efficacy*. Wiley.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. W.H. Freeman.

Behnke, A. O., & Kelly, C. (2011). Creating programs to help Latinx youth thrive at school: The influence of Latinx parent involvement programs. *Journal of Extension*, *49*(1), 1–11.

Bilaver, L. A., & Havlicek, J. (2019). Racial and ethnic disparities in autism-related health and educational services. *Journal of Developmental & Behavioral Pediatrics*, *40*(7), 501–510. https://doi.org/10.1097/DBP.0000000000000700

Black, J. D., & Purnell, L. D. (2002). Cultural competence for the physical therapy professional. *Journal of Physical Therapy Education*, *16*(1), 3–10. https://doi.org/10.1097/00001416-200201000-00002

Blue Cross and Blue Shield Foundation of Massachusetts. (n.d.). *Racial justice in health.* Retrieved January 21, 2023, from https://www.bluecrossmafoundation.org/grant/racial-justice-health

Boop, C., Cahill, S. M., Davis, C., Dorsey, J., Gibbs, V., & Herr, B. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, *74*(S2), 7412410010p1–7412410010p87. http://doi.org/10.5014/ajot.2020.74S2001

The Boston Foundation. (n.d.). *Latino Equity Fund.* Retrieved January 21, 2023, from https://www.tbf.org/nonprofits/grant-making-initiatives/latino-equity-fund

Boston Women's Fund. (n.d.). *About Boston Women's Fund.* Retrieved January 21, 2023, from https://www.bostonwomensfund.org/about

Brashers, D. E., Haas, S. M., & Neidig, J. L. (1999). The patient self-advocacy scale: Measuring patient involvement in health care decision-making interactions. *Health Communication, 11*(2), 97–121. https://doi.org/10.1207/s15327027hc1102_1

Brown, E. V. D., Muñoz, J. P., & Powell, J. M. (2011). Multicultural training in the United States: A survey of occupational therapy programs. *Occupational Therapy in Health Care, 25*(2–3), 178–193. https://doi.org/10.3109/07380577.2011.560240

Bullock, H. E. (2004). Diagnosis of low-income women. In P. J. Caplan & L. Cosgrove (Eds.), *Bias in psychiatric diagnosis* (pp. 115–120). Jason Aronson.

Cacari Stone, L., Avila, M., & Duran, B. (2021). El nacimiento del pueblo mestizo: Critical discourse on historical trauma, community resilience, and healing. *Health Education & Behavior, 48*(3), 265–275. https://doi.org/10.1177/10901981211010099

Canadian Association of Occupational Therapy. (2020). *No silence in the face of inequality and injustice.* https://www.caot.ca/document/7299

Ciechanowski, P. S., Katon, W. J., Russo, J. E., & Hirsch, I. B. (2003). The relationship of depressive symptoms to symptom reporting, self-care and glucose control in

diabetes. *General Hospital Psychiatry, 25*(4), 246–252. https://doi.org/10.1016/S0163-8343(03)00055-0

Coleman, P. K., & Karraker, K. H. (1998). Self-efficacy and parenting quality: Findings and future applications. *Developmental Review, 18*(1), 47–85. https://doi.org/10.1006/drev.1997.0448

Community Foundation of Western Massachusetts. (n.d.). *Mission grants*. Retrieved January 21, 2023, from https://communityfoundation.org/nonprofits/mission-grants/

Connecticut Occupational Therapy Association. (n.d.). *The Connecticut Occupational Therapy Association (ConnOTA)*. Retrieved February 4, 2023, from https://connota.memberclicks.net/

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed.* CASSP Technical Assistance Center, Georgetown University Child Development Center. http://files.eric.ed.gov/fulltext7ED330171.pdf

Davis, J. L. (2005). *In search of an identity: Occupational therapy students' images of practice* (Publication No. 3185147) [Doctoral dissertation, University of Kansas]. ProQuest Dissertations and Theses Global.

Davoodvand, S., Abbaszadeh, A., & Ahmadi, F. (2016). Patient advocacy from the clinical nurses' viewpoint: A qualitative study. *Journal of Medical Ethics and History of Medicine, 9*(1), 5.

De Gaetano, Y. (2007). The role of culture in engaging Latino parents' involvement in school. *Urban Education, 42*(2), 145–162. https://doi.org/10.1177/0042085906296536

De La Cruz, M. (2020). *Latinx parent involvement in schools: Barriers and interventions* [Master's thesis, California State University, Northridge]. Scholarworks. https://scholarworks.calstate.edu/downloads/ff365842h

Delgado-Gaitan, C. (2004). *Involving Latino families in schools: Raising student achievement through home-school partnerships*. Corwin Press.

Demers, M., Phenix, A., Schmitz, C., & Storr, C. (2021). Socially accountable Canadian occupational therapy fieldwork with Indigenous peoples: Where are we at? *Occupational Therapy in Health Care, 35*(2), 182–197. https://doi.org/10.1080/07380577.2021.1919953

Dhillon, S. K., Wilkins, S., Law, M. C., Stewart, D. A., & Tremblay, M. (2010). Advocacy in occupational therapy: Exploring clinicians' reasons and experiences of advocacy. *Canadian Journal of Occupational Therapy, 77*(4), 241–248. https://doi.org/10.2182/cjot.2010.77.4.6

Dryden, E. M., Desmarais, J., & Arsenault, L. (2017). Effectiveness of IMPACT: Ability to improve safety and self-advocacy skills in students with disabilities; follow-up study. *Journal of School Health, 87*(2), 83–89. https://doi.org/10.1111/josh.12474

Durand, T. M. (2018). Intersectionality as a framework for understanding school involvement and advocacy beliefs of Latina/o families of young children. In S. Sonnenschein & B. E. Sawyer (Eds.), *Academic socialization of young Black*

and Latino children: Building on family strengths (pp. 141–164). Springer.

Egede, L. E. (2006). Race, ethnicity, culture, and disparities in health care. *Journal of General Internal Medicine*, *21*(6), 667–669. https://doi.org/10.1111/j.1525-1497.2006.0512.x

eXtension Foundation. (2021, October 20). *Diversity, equity, and inclusion: A framework.* https://dei.extension.org/

Facebook. (n.d.). *Buy Facebook ads on any budge*t. Retrieved February 4, 2023, from https://www.facebook.com/business/ads/pricing

Fernandez, C. S. P., & Corbie-Smith, G. (2021). *Leading community-based changes in the culture of health in the US: Experiences in developing the team and impacting the community*. InTechOpen.

Fernández, J. S., Guzmán, B., L., Bernal, I., & Flores, Y. G. (2020). Mujeres en acción: The power of community cultural wealth in Latinas organizing for health equity. *American Journal of Community Psychology, 66*(3–4), 314–324. https://doi.org/10.1002/ajcp.12442

Fortuna, L. R., Tolou-Shams, M., Robles-Ramamurthy, B., & Porche, M. V. (2020). Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: The need for a trauma-informed social justice response. *Psychological Trauma*, *12*(5), 443–445. https://doi.org/10.1037/tra0000889

Funk, C., & Lopez, M. H. (2022, June 14). *Hispanic Americans experience with healthcare*. Pew Research Center. https://www.pewresearch.org/science/2022/06/14

Galheigo, S. M. (2011). What needs to be done? Occupational therapy responsibilities and challenges regarding human rights. *Australian Occupational Therapy Journal*, *58*(2), 60–66. https://doi.org/10.1111/j.1440-1630.2011.00922.x

Garcia, C. M., & Duckett, L. J. (2009). No te entiendo y tú no me entiendes: Language barriers among immigrant Latino adolescents seeking health care. *Journal of Cultural Diversity*, *16*(3), 120–126.

García-Sánchez, J.-N., & Fidalgo-Redondo, R. (2006). Effects of two types of self-regulatory instruction programs on students with learning disabilities in writing products, processes, and self-efficacy. *Learning Disability Quarterly*, *29*(3), 181–211. https://doi.org/10.2307/30035506

Gazmararian, J., Weingart, R., Campbell, K., Cronin, T., & Ashta, J. (2021). Impact of COVID-19 pandemic on the mental health of students from 2 semi-rural high schools in Georgia. *Journal of School Health*, *91*(5), 356–369. https://doi.org/10.1111/josh.13007

Gillanders, C., McKinney, M., & Ritchie, S. (2012). What kind of school would you like for your children? Exploring minority mothers' beliefs to promote home-school partnerships. *Early Childhood Education Journal*, *40*(5), 285–294. https://doi.org/10.1007/s10643-012-0514-0

Gist, M. E., & Mitchell, T. R. (1992). Self-efficacy: A theoretical analysis of its determinants and malleability. *Academy of Management Review*, *17*(2), 183–211. https://doi.org/10.5465/amr.1992.4279530

Govender, P., Mpanza, D. M., Carey, T., Jiyane, K., Andrews, B., & Mashele, S. (2017). Exploring cultural competence amongst OT Students. *Occupational Therapy International, 2017,* Article 2179781-8. https://doi.org/10.1155/2017/2179781

Gutiérrez, L. M. (1990). Working with women of color: An empowerment perspective. *Social Work*, *35*(2), 149–153. https://doi.org/10.1093/sw/35.2.149

Hajihashemi, M., Mazaheri, M. A., & Hasanzadeh, A. (2019). Assessment of educational intervention in enhancing parenting self-efficacy in parents of primary school students. *Journal of Education and Health Promotion*, *8*(1), 43–43. https://doi.org/10.4103/jehp.jehp_260_18

Hammel, J., Magasi, S., Mirza, M. P., Fischer, H., Preissner, K., Peterson, E., & Suarez-Balcazar, Y. (2015). A scholarship of practice revisited: Creating community-engaged occupational therapy practitioners, educators, and scholars. *Occupational Therapy in Health Care, 29*(4), 352–369. https://doi.org/10.3109/07380577.2015.1051690

Harmsen, J. A. M., Bernsen, R. M. D., Bruijnzeels, M. A., & Meeuwesen, L. (2008). Patients' evaluation of the quality of care in general practice: What are the cultural and linguistic barriers? *Patient Education and Counseling*, *72*(1), 155–162. https://doi.org/10.1016/j.pec.2008.03.018

Healing Racism Institute. (2020, June 2). *Vanessa Otero named interim director*. https://www.healingracismpv.org/vanessa-otero-named-interim-director

Horvat, L., Horey, D., Romios, P., & Kis-Rigo, J. (2014). Cultural competence education for health professionals. *Cochrane Database of Systematic Reviews*, *5,* Article

CD009405. https://doi.org/10.1002/14651858.CD009405.pub2

Iadarola, S., Pellecchia, M., Stahmer, A., Lee, H. S., Hauptman, L., Hassrick, E. M., Crabbe, S., Vejnoska, S., Morgan, E., Nuske, H., Luelmo, P., Friedman, C., Kasari, C., Gulsrud, A., Mandell, D., & Smith, T. (2020). Mind the gap: An intervention to support caregivers with a new autism spectrum disorder diagnosis is feasible and acceptable. *Pilot and Feasibility Studies*, *6*(1), 124–124. https://doi.org/10.1186/s40814-020-00662-6

Individuals With Disabilities Education Improvement Act of 2004, Pub. L. No. 108-446, 20 U.S.C. § 1400 *et seq*. (2004). https://www.copyright.gov/legislation/pl108-446.pdf

The Irene E. and George A. Davis Foundation. (n.d.). *Funding application*. Retrieved January 21, 2023, from https://www.davisfdn.org/

Jonikas, J., Grey, D., Copeland, M., Razzano, L., Hamilton, M., Floyd, C., Hudson, W., & Cook, J. (2013). Improving propensity for patient self-advocacy through wellness recovery action planning: Results of a randomized controlled trial. *Community Mental Health Journal, 49*(3), 260–269. https://doi.org/10.1007/s10597-011-9475-9

Kain, E. (2002). Behind the curtain: My experience with advocacy. *OT Practice*, *7*, 8–9.

Kenny, M. C., Vazquez, A., Long, H., & Thompson, D. (2017). Implementation and program evaluation of trauma-informed care training across state child advocacy centers: An exploratory study. *Children and Youth Services Review, 73*, 15–23. https://doi.org/10.1016/j.childyouth.2016.11.030

Khan, S. (2021, March 9, 2021). Cultural humility vs. cultural competence—and why providers need both. *HealthCity*. https://healthcity.bmc.org/policy-and-industry/cultural-humility-vs-cultural-competence-providers-need-both

Kimura-Walsh, E., Yamamura, E. K., Griffin, K. A., & Allen, W. R. (2009). Achieving the college dream? Examining disparities in access to college information among high achieving and non-high achieving Latina students. *Journal of Hispanic Higher Education*, *8*(3), 298–315. https://doi.org/10.1177/1538192708321648

Lakind, D., & Atkins, M. S. (2018). Promoting positive parenting for families in poverty: New directions for improved reach and engagement. *Children and Youth Services Review*, *89*, 34–42. https://doi.org/10.1016/j.childyouth.2018.04.019

Larios, R., & Zetlin, A. (2012). Parental involvement and participation of monolingual and bilingual Latino families during individual education program meetings. *Journal of Education Research*, 6(3), 279–298.

Latinos for Education. (n.d.). *About us*. https://www.Latinxsforeducation.org/about-us/

Latinx Network. (n.d.). *Juntos Aprendemos*. http://www.latnet.org/juntos-aprendemos-2

Lindsay, S., Tétrault, S., Desmaris, C., King, G. A., & Piérart, G. (2014). The cultural brokerage work of occupational therapists in providing culturally sensitive care. *Canadian Journal of Occupational Therapy: Revue canadienne d'ergotherapie*, *81*(2), 114–123. https://doi.org/10.1177/0008417413520441

Lo, M. C. M. (2010). Cultural brokerage: Creating linkages between voices of lifeworld and medicine in cross-cultural clinical settings. *Health*, 14(5), 484–504. https://doi.org/10.1177/1363459309360795

Logue, J. (2015, December 8). Latina/o/x. *Inside Higher Ed*. https://www.insidehighered.com/news/2015/12/08/students-adopt-gender-nonspecific-term-latinx-be-more-inclusive

Lohman, H. (2002a). Becoming involved with advocacy. *OT Practice, 7*, 35–36.

Lohman, H. (2002b). Perspectives: Becoming involved with advocacy. *OT Practice, 7*, 35–36.

Luelmo, P., & Kasari, C. (2021). Randomized pilot study of a special education advocacy program for Latinx/minority parents of children with autism spectrum disorder. *Autism*, *25*(6), 1809–1815. https://doi.org/10.1177/1362361321998561

Malfitano, A. P., & Lopes, R. (2018). Social occupational therapy: Committing to social change. *New Zealand Journal of Occupational Therapy*, *65*(1), 20–26. https://doi.org/10.1177/1539449216669133

Martinez, J., & Leland, N. (2015). Language discordance and patient-centered care in occupational therapy: A case study. *OTJR: Occupation, Participation and Health*, *35*(2), 120–128. https://doi.org/10.1177/1539449215575265

Martinez-Bianchi, V., Maradiaga Panayotti, G. M., Corsino, L., Flesman, I., Gonzalez-Guarda, R., Nagy, G. A., & Pena, A. (2021). Health and wellness for our Latina community: The work of Latinx Advocacy Team and Interdisciplinary Network for COVID-19 (LATIN-19). *North Carolina Medical Journal*, *82*(4), 278–281. https://doi.org/10.18043/ncm.82.4.278

Massachusetts Advocates for Children. (n.d.). *An act relative to the training, assessment, and assignment of qualified school interpreters in educational settings (HD 1915,*

SD 461). https://www.massadvocates.org/interpreter-bill

Massachusetts Association of Occupational Therapists. (n.d.-a). *MAOT executive board*. Retrieved February 9, 2023, from https://mafot.wildapricot.org/page-18079

Massachusetts Association of Occupational Therapists. (n.d.-b). *What is occupational therapy? What is MAOT?* https://mafot.wildapricot.org/

Massachusetts Department of Education. (n.d.). *DESE directory of datasets and reports.* Retrieved March 3, 2023, from https://www.mass.gov/info-details/dese-directory-of-datasets-and-reportshttps://www.doe.mass.edu.research.reports

Massachusetts Immigration and Refugee Advocacy Coalition. (n.d.). *Our vision, mission and values.* https://miracoalition.org/about-us/mission/

MassMutual. (n.d.). *Live mutual project.* Retrieved January 21, 2023, from https://www.massmutual.com/sustainability/community-impact/live-mutual-project

McGee, V. (2022, September 23). Latino, Latinx, Hispanic, or Latine? Which term should you use? *Best Colleges*. https://www.bestcolleges.com/blog/hispanic-latino-latinx-latine/

Mehta, T. G., Lakind, D., Rusch, D., Walden, A. L., Cua, G., & Atkins, M. S. (2019). Collaboration with urban community stakeholders: Refining paraprofessional-led services to promote positive parenting. *American Journal of Community Psychology*, *63*(3–4), 444–458. https://doi.org/10.1002/ajcp.12316

Mental Health Technology Transfer Center Network. (n.d.). *Racial equality and cultural diversity.* Retrieved July 26, 2022, from https://mhttcnetwork.org/centers/global-

mhttc/racial-equity-cultural-diversity

Merriam-Webster. (n.d.-a). *Merriam-Webster.com dictionary*. Retrieved March 11, 2023, from https://www.merriam-webster.com/dictionary/Latinx

Merriam-Webster. (n.d.-b). *Merriam-Webster.com dictionary*. Retrieved June 21, 2022, from https://www.merriam-webster.com/dictionary/oppression

Microsoft. (n.d.). *Microsoft 365.* Retrieved February 1, 2023, from https://www.microsoft.com/en-us/microsoft-365/buy/compare-all-microsoft-365-products

Migueliz Valcarlos, M., Wolgemuth, J. R., Haraf, S., & Fisk, N. (2020). Anti-oppressive pedagogies in learning: A critical review. *Distance Education, 41*(3), 345–360. https://doi.org/10.1080/01587919.2020.1763783\

Milian, C. (2017). Extremely Latin, XOXO: Notes on LatinX. *Cultural Dynamics*, *29*(3), 121–140. https://doi.org/10.1177/0921374017727850

Miller, H., Robinson, M., Valentine, J. L., & Fish, R. (2016). Is the feeling mutual? Examining parent-teacher relationships in low-income, predominantly Latinx schools. *American Journal of Education*, *123*(1), 37–67. https://doi.org/10.1086/688167

Mirza, M., & Harrison, E. A. (2019). *Occupational therapy across languages: Working with interpreters to ensure effective and ethical practice*. https://www.aota.org/~/media/Corporate/Files/Publications/CE-Articles/CE_article_July_2019.pdf

Mitchell, C. (2020, November 9). Schools struggled to serve students with disabilities, English-learners during shutdowns. *Education Week*. https://www.edweek.org/teaching-learning/schools-struggled-to-serve-students-with-disabilities-english-learners-during-shutdowns/2020/11

Montelongo, A. (2014). Latino parents' perceptions of IEP meetings. *McNair Scholars Journal, 16,* 109–129.

Moore, P. (2001). Critical components of an anti-oppressive framework. *Journal of Child and Youth Care*, 14(3), 25–32.

Morgaine, K., & Capous-Desyllas, M. (2015). *Anti-oppressive social work practice: Putting theory into action*. Sage.

Mu, K., Coppard, B. M., Bracciano, A., Doll, J., & Matthews, A. (2010). Fostering cultural competency, clinical reasoning, and leadership through international outreach. *Occupational Therapy in Health Care, 24*(1), 74–85. https://doi.org/10.3109/07380570903329628

Munsey, C. (2009, November). Working with Latino clients. *GradPsych Magazine.* https://www.apa.org/gradpsych/2009/11/latino-clients

Murray, M. M., Ackerman-Spain, K., Williams, E. U., & Ryley, A. T. (2011). Knowledge is power: Empowering the autism community through parent-professional training. *The School Community Journal, 21*(1), 19–36.

Nelson, A. (2002). Unequal treatment: Confronting racial and ethnic disparities in health care. *Journal of the National Medical Association*, *94*(8), 666–668.

New England Grassroots Environment Fund. (n.d.). *Grass Roots Fund*. Retrieved January 21, 2023, from https://grassrootsfund.org/

O'Donnell, J., & Kirkner, S. (2014). The impact of a collaborative family involvement program on Latinx families and children's educational performance. *The School Community Journal, 24*(1), 211–234.

Ortiz-Castillo, C. (2011). *Engaging Latinx families in schools: A grant proposal project* (Publication 892712883) [Master's thesis, California State University, Long Beach]. ProQuest Dissertations & Theses Global.

Ozcan Edeer, A., & Rust, N. (2022). Effectiveness of interprofessional education modules on cultural competency of physical therapy and occupational therapy students. *Internet Journal of Allied Health Sciences & Practice, 20*(2), Article 15.

Pastorelli, C., Caprara, G., Barbaranelli, C., Rola, J., Rozsa, S., & Bandura, A. (2001). The structure of children's perceived self-efficacy: A cross-national study. *European Journal of Psychological Assessment*, *17*(2), 87–97. https://doi.org/10.1027/1015-5759.17.2.87

PESI. (n.d.). *Home*. https://www.pesi.com/

Phelan, J. C., Link, B. G., & Tehranifar, P. (2010). Social conditions as fundamental causes of health inequalities: Theory, evidence, and policy implications. *Journal of Health and Social Behavior*, *51*(1_suppl), S28–S40. https://doi.org/10.1177/0022146510383498

Pooley, E. A., & Beagan, B. L. (2021). The concept of oppression and occupational therapy: A critical interpretive synthesis. *Canadian Journal of Occupational*

Therapy, *88*(4), 407–417. https://doi.org/10.1177/00084174211051168

Pstross, M., Rodríguez, A., Knopf, R. C., & Paris, C. M. (2016). Empowering Latino parents to transform the education of their children. *Education and Urban Society*, *48*(7), 650–671. https://doi.org/10.1177/0013124514541464

Qualtrics. (n.d.). *Your guide to diversity, equity and inclusion (DEI) in the workplace*. Retrieved March 11, 2023, from https://www.qualtrics.com/experience-management/employee/dei/

Ramirez, T. L., & Blay Z. (2017, October). Why people are using the term "Latinx": Do you identify as "Latinx"? *Huffpost*. https://www.huffpost.com/entry/why-people-are-using-the-term-latinx_n_57753328e4b0cc0fa136a159

Raymond-Flesch, M., Siemons, R., Pourat, N., Jacobs, K., & Brindis, C. D. (2014). "There is no help out there and if there is, it's really hard to find": A qualitative study of the health concerns and health care access of Latino "DREAMers." *Journal of Adolescent Health*, *55*(3), 323–328. https://doi.org/10.1016/j.jadohealth.2014.05.012

Robards, F., Kang, M., Usherwood, T., & Sanci, L. (2018). How marginalized young people access, engage with, and navigate health-care systems in the digital age: Systematic review. *Journal of Adolescent Health*, *62*(4), 365–381. https://doi.org/10.1016/j.jadohealth.2017.10.018

Rodriguez, R. J., Blatz, E. T., & Elbaum, B. (2014). Strategies to involve families of Latino students with disabilities: When parent initiative is not enough. *Intervention in School and Clinic*, *49*(5), 263–270.

https://doi.org/10.1177/1053451213513956

Sakamoto, I., & Pitner, R. O. (2005). Use of critical consciousness in anti-oppressive social work practice: Disentangling power dynamics at personal and structural levels. *British Journal of Social Work*, *35*(4), 435–452. https://doi.org/10.1093/bjsw/bch190

Schmidt, E. K., Faieta, J., & Tanner, K. (2020). Scoping review of self-advocacy education interventions to improve care. *OTJR*, *40*(1), 50–56. https://doi.org/10.1177/1539449219860583

Springtide Resources. (n.d.). *A toolkit for community service organizations*. https://endvaw.ca/wp-content/uploads/2016/05/An-Integrated-Anti-Oppression-Framework-for-Reviewing-and-Developing-Policy-OAITH-2008.pdf

Staples. (n.d.). *Brochures*. Retrieved January 29, 2023, from https://www.staples.com/services/printing/sales-marketing/brochures/

Suarez-Balcazar, Y., Early, A., Maldonado, A., Garcia, C. P., Arias, D., Zeidman, A., & Agudelo-Orozco, A. (2018). Community-based participatory research to promote healthy lifestyles among Latino immigrant families with youth with disabilities. *Scandinavian Journal of Occupational Therapy*, *25*(5), 396–406. https://doi.org/10.1080/11038128.2018.1502348

Suarez-Balcazar, Y., & Rodakowski, J. (2007). Becoming a culturally competent occupational therapy practitioner. *OT Practice*, *12*(17), 14–17.

Suarez-Balcazar, Y., Rodawoski, J., Balcazar, F., Taylor-Ritzler, T., Portillo, N., Barwacz, D., & Willis, C. (2009). Perceived levels of cultural competence among

occupational therapists. *American Journal of Occupational Therapy*, *63*(4), 498–505. https://doi.org/10.5014/ajot.63.4.498

Substance Abuse and Mental Health Services Administration. (2016). *Improving cultural competence: A quick guide for clinicians.* https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4931.pdf

Sutton, S. (2001). Health behavior: Psychosocial theories. In *International encyclopedia of social & behavioral sciences* (1st ed.; pp. 6499–6506). Elsevier. https://doi.org/10.1016/B0-08-043076-7/03872-9

Tauriac, J. J., Kim, G. S., Lambe Sariñana, S., Tawa, J., & Kahn, V. D. (2013). Utilizing affinity groups to enhance intergroup dialogue workshops for racially and ethnically diverse students. *Journal for Specialists in Group Work*, *38*(3), 241–260. https://doi.org/10.1080/01933922.2013.800176

Tervalon, M. (2013). *Cultural humility: People, principles and practices*. Melanie Tervalon Consulting. https://melanietervalon.com/wp-content/uploads/2013/08/Cultural-Humility-A-Video.pdf

Thom, C. (2018). Practitioners' perspective on family-centered care with the Hispanic/Latino population. *American Journal of Occupational Therapy*, *72*(4), 7211510206–7211510206p1. https://doi.org/10.5014/ajot.2018.72S1-PO7023

Toomey, R. B., Storlie, C. A., Toomey, R. B., & Storlie, C. A. (2016). School counselors' intervention in bias-related incidents among Latino students. *Journal of School Violence*, *15*(3), 343–364. https://doi.org/10.1080/15388220.2015.1049354

Torregrosa, L. L. (2021, December 14). Many Latinos say “Latinx” offends or bothers them: Here’s why. *NBC News*. https://www.nbcnews.com/think/opinion/many-latinos-say-latinx-offends-or-bothers-them-here-s-ncna1285916

Torres, L. (2018). Latinx? *Latino Studies, 16*(3), 283–285. https://doi.org/10.1057/s41276-018-0142-y

Trusty, J., Plata, M., & Salazar, C. F. (2003). Modeling Mexican Americans’ educational expectations: Longitudinal effects of variables across adolescence. *Journal of Adolescent Research, 18*(2), 131–153. https://doi.org/10.1177/0743558402250345

Tufts Health Plan. (n.d.). *Community engagemen*t. Retrieved January 21, 2023, from https://tuftshealthplan.com/diversity-and-inclusion/community-engagement/overview-en

Tyminski, Q., Bates, M., & Fette, C. (2019). Building community capacity for mental health program development in underserved populations. *SIS Quarterly Practice Connections*, *4*(1), 20–22.

UnidosUS. (2022). *Latino student success: Advancing U.S. educational progress for all.* https://www.unidosus.org/wp-content/uploads/2022/07/UnidosUS_Latino-Education_2022.pdf

U.S. Census Bureau. (2002). *The Hispanic population in the United States: March 2000* [Current Population Reports, P20-535]. https://www.census.gov/library/publications/2001/dec/c2kbr01-03.html

U.S. Census Bureau. (2003). *Current population survey: Annual social and economic supplement.* https://www2.census.gov/programs-

surveys/cps/techdocs/cpsmar03.pdf

U.S. Census Bureau. (2010). *American Fact Finder: Table United States: Race, Hispanic or Latinx, age, and housing occupancy, 2010.* http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresht

U.S. Census Bureau. (2022, September 9). *Hispanic heritage month* (Press release number CB22-FF.09). https://www.census.gov/newsroom/facts-for-features/2022/hispanic-heritage-month.html

U.S. Postal Service. (n.d.). *First-class mail.* Retrieved January 29, 2023, from https://www.usps.com/ship/first-class-mail.htm

Vega, W. A., Rodriguez, M. A., & Gruskin, E. (2009). Health disparities in the Latino population. *Epidemiologic Review*, *31*, 99–112. https://doi.org/10.1093/epirev/mxp008

Wilcock, A. A., & Townsend, E. A. (2019). Occupational justice. In B. A. B. Schell & G. Gillen (Eds.), *Willard and Spackman's occupational therapy* (13th ed., pp. 643–659). Lippincott Williams & Wilkins.

Workgroup on Adapting Latinx Services. (2008). *Adaptation guidelines for serving Latinx children and families affected by trauma*. Chadwick Center for Children and Families. https://safehousingpartnerships.org/sites/default/files/2017-01/Adaptation%20Guidelines%20for%20Serving%20Latinx%20Children%20and%20Families%20Affected%20by%20Trauma.pdf

World Federation of Occupational Therapy. (2020). *WFOT statement on systemic racism*. https://wfot.org/wfot-statement-on-systemic-racism

Wraparound Ohio. (n.d.). *Cultural humility training: Working with Latinx youth and families and recovery from trauma*. https://wraparoundohio.org/cultural-humility-training-working-with-latinx-youth-families/

Wray, E. L., & Mortenson, P. A. (2011). Cultural competence in occupational therapists working in early intervention therapy programs. *Canadian Journal of Occupational Therapy, 78*(3), 180–186. https://doi.org/10.2182/cjot.2011.78.3.6

Wu, D., Saint-Hilaire, L., Pineda, A., Hessler, D., Saba, G., Salazar, R., & Olayiwola, N. (2018). The efficacy of an anti-oppression curriculum for health professionals. *Family Medicine*, *51*, 21–29 https://doi.org/10.22454/FamMed.2018.227415

Young, A. (2002). Student involvement in political advocacy. *OT Practice, 7*, 6–7.

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