

Building Bridges

A Cross Cultural Dialogue on Learning Disabilities

**Integra/ICSSPN Partnership
Workshop
CMHO Conference
Nov 20 2008**

Outline

- Project Objectives
- Project Components
- Lessons Learned
 - Quantitative results
 - Qualitative themes
 - Model of culturally competent service delivery
- Implications for Service Delivery
- Next Steps

Project Objectives

- To promote knowledge and understanding of LD and children's mental health needs among front-line social service providers in the Iranian Canadian community
- To increase Integra's understanding of the needs and barriers to service for children and youth in the Iranian-Canadian community
- To develop a culturally competent model of service delivery

Partners: ICSSPN

- Dr. Mandana Attarzadeh, Project Coordinator
- Coordinating Committee:
 - Mohammad Deghan Pour
 - Afie Mardukhi
 - Parvin Samadzadeh
 - Farzin Abbasi
 - Ali Shamloo
- Willowdale Baptist Church (allowed free use of the church for the workshop series)

Partners: Integra

- Mohammad Deghan Pour, C&F Therapist
- Melissa Rowbotham, Manager of Community Consultation

- Dr. Marjory Phillips, Director of Community Consultation & Psychology
- Dr. Lesley Daniels, psychologist
- Chris Bluthardt, research assistant

Rationale

- 45.7% of newcomers settle in Toronto
- Barriers to adaptation:
 - Language
 - Financial Stresses
 - Losses (pre migration, migration, post-migration)
- Stigma regarding mental health & disability
- Learning disabilities are universal

(Paulesu, 2001)

Original Program Components

Service Components

Focus Group

Series of 4 x 2 hour Workshops

Case Consultation

Population of Interest

Integra staff (including staff member who is also a member of ICSSPN)
ICSSPN representatives

Iranian Canadian social service providers

Iranian Canadian social service providers and by extension, their clients (Iranian Canadian families)

Activities

One 90 minute focus group
Directed by Integra staff to determine learning needs of ICSSPN

4 x 2-hour monthly workshops

ICSSPN would bring their clinical cases to Integra staff for consultation regarding case formulation, services

Short-term Outcomes

Identification of ICSSPN pre-intervention knowledge about LD & mental health
Identification of ICSSPN goals for learning about LD

Increased understanding of what LDs are and how they may present, and how to access services for children with LD

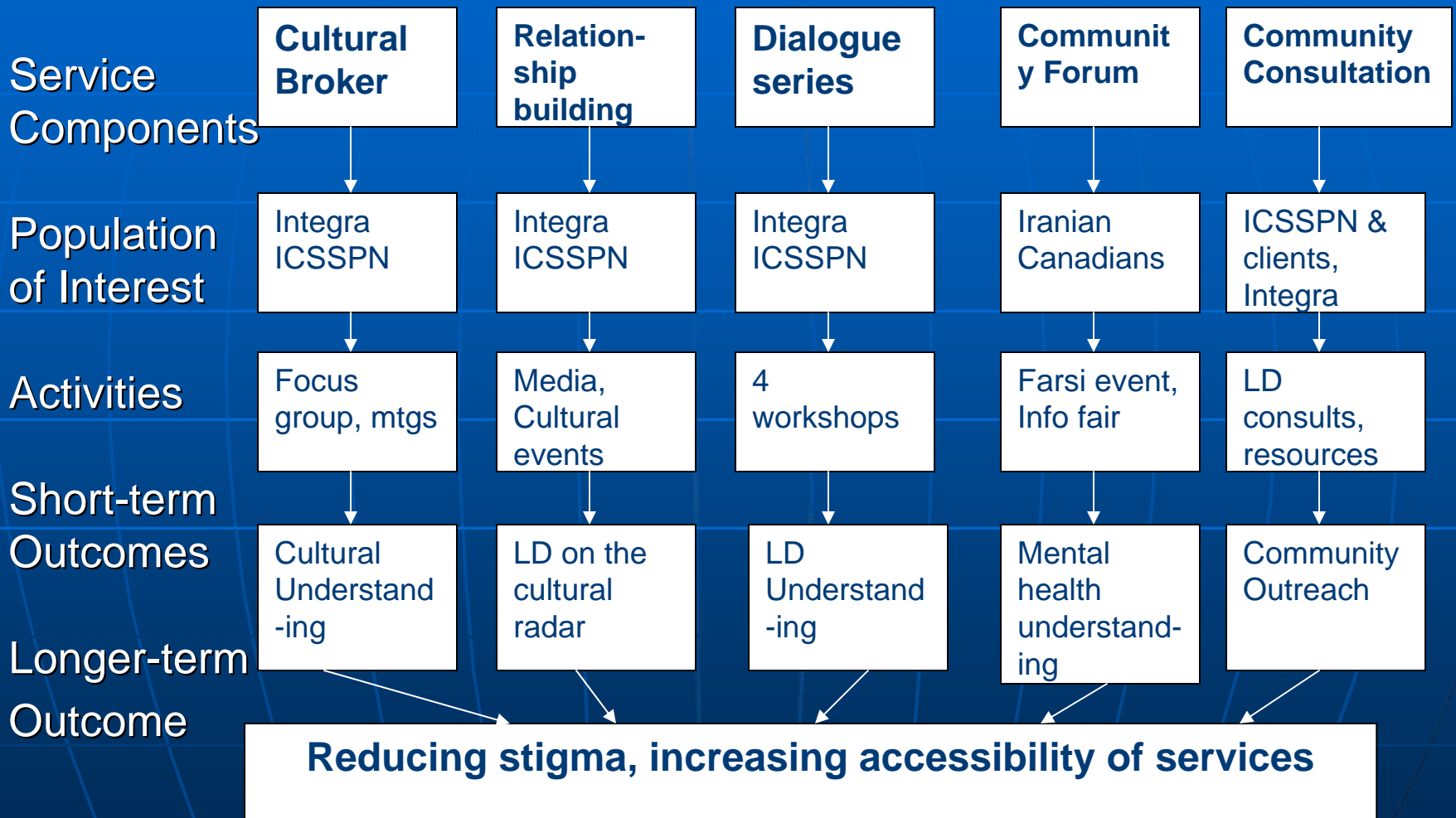
Increased ability of ICSSPN to apply knowledge of LD to their own clinical cases

Longer-term Outcome

Outcome

Capacity Building: To provide IC service providers with knowledge of LDs in order to help their clients to better understand LDs and to access services for their children

Final Program Components



Project Components

**Service
Components**

Cultural Broker

**Population of
Interest**

**Member of cultural
community, able to act as
go-between for both cultures**

Activities

**Planning service delivery in
partnership with Integra (knowledge of
community needs, service venue**

**Short-term
Outcomes**

**Increased understanding of cultural issues &
values (eg. meaning of LD & mental health);
Identification of community's goals for
learning about LD**

**Longer-term
Outcome**

**Reducing the stigma and myths associated with Disabilities such as LDs and mental health
issues within the cultural community
Increased understanding of the complex issues surrounding children's well being and
mental health for immigrant families, resulting in more accessible service delivery for this
population**

Project Components

Service Components

Engagement: Actively fostering a relationship

Population of Interest

Families, service providers in cultural community, Integra

Activities

Advertising in community media (radio, print); minutes from meetings; attendance at community meetings

Short-term Outcomes

Increased awareness of and exposure to topic of LD and mental health, “putting it on the community radar”; reducing stigma

Longer-term Outcome

**Reducing the stigma and myths associated with Disabilities such as LDs and mental health issues within the cultural community
Increased understanding of the complex issues surrounding children’s well being and mental health for immigrant families, resulting in more accessible service delivery for this population**

Project Components

Service Components

Educational Dialogue Series

Population of Interest

Cultural service providers; Integra staff

Activities

4 x 3-hour workshops, including break for informal interchanges and bidirectional discussion of issues

Short-term Outcomes

Increased receptivity to idea of LD & mental health; increased awareness of what LDs are and what services are available

Longer-term Outcome

**Reducing the stigma and myths associated with Disabilities such as LDs and mental health issues within the cultural community
Increased understanding of the complex issues surrounding children's well being and mental health for immigrant families, resulting in more accessible service delivery for this population**

Project Components

Service Components

Community Mental Health Forum

Population of Interest

Cultural community members

Activities

One-day educational forum hosted by cultural community, in language of origin, with final expert panel of Integra & community leaders

Short-term Outcomes

Application of knowledge transfer to community service providers; Increased understanding of cultural community for Integra

Longer-term Outcome

**Reducing the stigma and myths associated with Disabilities such as LDs and mental health issues within the cultural community
Increased understanding of the complex issues surrounding children's well being and mental health for immigrant families, resulting in more accessible service delivery for this population**

Project Components

Service Components

Community Consultation

Population of Interest

Cultural service providers and by extension, their clients (community members)

Activities

Consultation between community service providers and Integra regarding LD issues, resources, opportunities for joint program development.

Short-term Outcomes

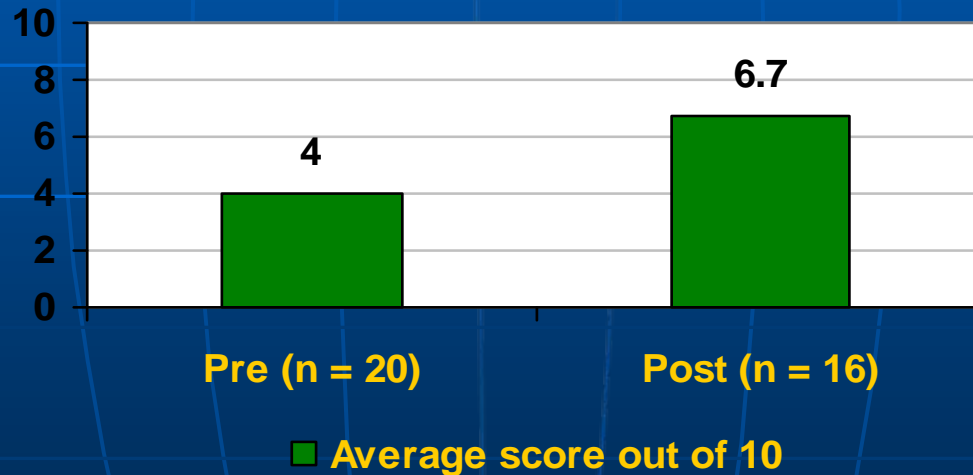
Community outreach services; Building active professional collaboration with cultural community

Longer-term Outcome

**Reducing the stigma and myths associated with Disabilities such as LDs and mental health issues within the cultural community
Increased understanding of the complex issues surrounding children's well being and mental health for immigrant families, resulting in more accessible service delivery for this population**

Quantitative Results

Average change score in self-reported knowledge of Learning Disabilities before and after workshop series



Qualitative Results: Methodology

- Developed qualitative interview (joint venture between Integra & ICSSPN)
- Worked with cultural broker to conduct the interviews
- Selected N=5 ICSSPN participants
- Videotaped the interviews (conducted in English)
- Integra/ICSSPN partnership in 'coding' the interviews, identifying themes

Qualitative Results: Overview of Themes

Engaging with the Content

Education/Learning

"All kids have to go to university"

Barriers to Engagement

Identity/acculturation

"They are not ready"

Stigma

*"LD is not popular
in our culture"*

Qualitative Results: Overview of Themes

Engaging with the Process

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graph TD; A[Engaging with the Process] --> B[Time]; A --> C[Relationships]; D[Future Directions]
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Time

“..to allow the culture to present itself”

Relationships

“a partnership from the beginning”

Future Directions

“it’s ongoing...not something to just come to an end”

Engaging with the Content

Education / Learning
"All kids have to go to university"

- value of higher education in Iranian culture
- importance of active learning, taking responsibility for learning (e.g., desire for assignments between sessions, readings, research literature, video tapes demonstrating work with clients, etc.) – “took lots of notes”, “got books from library”, etc.
- expectations of others within the learning community (e.g., to bring in cases for discussions) – “I expected to hear more from the other participants”
- importance of group learning, multidisciplinary composition of group (to “be on the same page” in understanding an issue, identifying LD, etc.) – “engaging the community to learn collectively”
- respect for professional competence (e.g., aware of expertise of psychologists or medical doctors regarding diagnosis – would refer – “I never talk about it ... better to contact a specialist in this field” – “I’m not a psychologist”)

Barriers to Engagement

Identity / Acculturation

"They are not ready"

- come to Canada for “something new, something better but everything gets worse ... more expensive, no jobs, child is struggling in school” – might not be ready to receive a diagnosis
- importance of timing of receiving a diagnosis – “That is a disaster for the child. I protected my family and moved here and you – not even an Iranian – you talk about my child. You are forcing me to take this problem.”
- Children’s education is a priority for the family – “We sacrifice all for the children’s higher education”
- potential for child’s learning problem to impact on parent and family function (“If a child has any kind of problem, [Iranian parents] don’t focus on their job training.”)
- acknowledgement of barriers to understanding (e.g., “You don’t understand me. You’ve been here ... you have your own job ...”, “Who are you to talk about my son?”)
- desire to be understood by professionals in the new culture (“need an ear to listen to [Iranian parents]”) – importance of professionals “having understanding of what’s going on back home”, “how (members of other cultures) react to LD ... how it works in their country”
- value of professional development as a community (“good to get together as a network”)

Barriers to Engagement

Stigma / “Dis-ability”

“LD is not popular in our culture”

- stigma and denial as barriers (belief that LD = cannot learn or achieve goals; disability = “not normal”, “inability”) – surprise about computer expert with LD (“You’re like a normal person”) – “Oh my god – they are not able to think or act like a normal person”
- response of Iranian parents to LD – “When (parents) hear ‘LD’, they start crying, they don’t want to hear the reality” – “learning disabilities ruin all dreams” – “taboo”
- lack of awareness of LD – need to put LD on the radar (“magnet on the fridge”)
- preference for considering other factors first (before LD)
 - *but ...*
series instilled hope (“It’s not the end of the world”, “If you approach it correctly, you can be very successful”, “there is a solution, somewhere you can get help”)
- learned that kids can have “difficulty learning but they can learn with support” (learning differently vs. not learning at all) – although LD lasts a lifetime, can be managed (“manageable, not treatable”) – resources and help are available
- more sensitive to possibility of LD when working with clients – “rings bells”/alert

Engaging with the Process

Time

“... to allow the culture to present itself”

- lack of time as a barrier to more active engagement with the workshop material
- need for more time to absorb information and reflect (e.g., informal discussions during breaks, time to go away then come back to talk) – format was too “cut and dried ... didn’t allow for exchange of specifics of Iranian community”
- need for more time to learn about Iranian culture – “topic of meetings wasn’t Iranian culture” (so wouldn’t have expected Integra staff to learn everything about it) – “could be more interactive if we had more time”
- importance of discussion periods at the end of each workshop – desire for more opportunity for discussions like these (value of final workshop where “purpose was dialogue”)
- re: timing between workshops, would want longer intervals if assignments were involved (otherwise, prefer weekly sessions for momentum, retention of information)
- importance of regular updates, ongoing connections
- wanted to learn more “even though (Integra staff) didn’t have time” – “needed at least 2 more sessions” ... “felt like discussions were cut off”

Engaging with the Process

Relationships

“A partnership from the beginning ...”

- importance of openness, showing interest – “observing, listening, hearing to gain understanding” (e.g., learning about calendar differences), “it seemed that she cared to learn about Iranian culture”
- mutual awareness, understanding (“I know there is a centre called Integra I can refer to” – “good bridge between community and agency”)
- mutual respect for others’ knowledge (“bank on strengths and accommodate challenges”, “not – ‘I’m the presenter’”)
- importance of non-specific / relational factors in developing “cultural competence” – providing opportunity for discussion (“presenters gave opportunities to participants to share”) – empathy, acknowledgment, compassion, good listening
- importance of Integra staff admitting lack of knowledge
- importance of Afie and Mohammad as representatives (making “a bridge”)
- sharing in Iranian events (e.g., market, New Year celebration, parties)
- food as social mechanism (sharing, host function, social time/sharing)
- “Collaborative partnership.” – (“We asked and you listened and delivered.”)

Engaging with the Process

Future Directions

“It’s ongoing ... not something to just come to an end”

- series has helped participants to “put all the parts together” (before, “understanding [of learning and mental health issues] was scattered”) and resulted in “confidence to do advocacy on the part of the client” (“right now I think I can help a lot of people ... show them to look outside the box”, “feel more comfortable making a referral”, “had little knowledge before ... now feel more comfortable talking to clients”)
- partnership “has started ... needs to continue” – “the more you bring to a community, the more they warm up to it”
- “left room for more study, workshops... I really want to learn about all those topics”
- “lots [Integra] can do in the future to learn more” about Iranian culture (sharing in traditions)
- importance of sustainability – bringing the issue to the Iranian community (e.g., through ethnic media) – newsletters, mailing lists, targeted advertising of workshops and special events at Integra
- role of technology to enhance the partnership (e.g., shared website, email communication)
- conducting a community needs assessment to deliver targeted services
- “Integra is saying, ‘Let us help you’. The vision is there ... actions are on the right path to helping the community to develop cultural competence” – “It is like an investment of knowledge.”
- suggestion to expand to other communities ...

Lessons Learned

- Stigma of term 'disability'
 - Importance of determining meaning of constructs for that community
- Need to learning to occur:
 - Over time
 - At the level / in the form that the community needs

Lessons Learned

- Challenges for both partners:
 - Time: deadlines, schedules, time to get to know each other, time for learning to occur
- Expectations for change:
 - Naïve belief that we knew how to dispel stigma (e.g., through direct education)

Applications to Clinical Service

- More time required for assessment
 - Find out about the culture, meaning
 - Gather a careful history (pre, post migration, losses)
 - Examples: different calendar
- More time for relationship
 - Express genuine interest and curiosity
- Identify a 'cultural broker' for the family

Applications to Education & Training

- Model provides a 'road map' for actively engaging diverse communities
- Knowledge exchange is not simply bi-directional but rather multi-faceted
- Need to invest in the relationship with the community

Next Steps

- Opportunity to test the model of cultural competence with another cultural group
- Project served as a 'catalyst for change' within our agency
- Continue the partnership in creative ways

For more information...

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