

Working with Arab American Clients:
A culturally relevant, sensitive, and
competent approach

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County
Behavioral Health and Recovery Services
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Objectives

- Develop a better understanding of the Arab American population.
- Examine the expectations and perceptions Arab American clients have of their mental health providers.
- Learn culturally sensitive strategies for working with Arab American clients; gain confidence in using these strategies in practice.

ARAB

When you hear the word Arab
what comes to mind?

Where are Arab's from?

Arab Defined

An Arab identifies as being from one of the following 22 Arab countries that stretch from North Africa to the Arabian Gulf. Iran and Turkey are not Arab countries.



Arab Societies

- Arabs are ethnically, religiously and politically diverse but descend from a common linguistic and cultural heritage. Despite the variations in dialects and accents across the region all Arab countries understand classical Arabic which is spoken formally in print and news etc.
- To be an Arab, like an American, is a cultural trait rather than racial.
- Arab Americans began arriving to the United States during the late 19th century and early 20th century.

Arab Societies Cont.

- Today there are over 3.5 million Arab Americans in the U.S. Most recently Arabs have immigrated to the U.S. in response to traumatic events such as war.
- The cities with the largest Arab American populations are Los Angeles, Detroit, New York, Chicago and Washington, D.C.
- In California Arabs are reported at about 715,000 with the largest demographic being Lebanese, Syrian and Palestinian. Numbers are difficult to come by since the American census does not have a box for Arab.

Acculturation

- Acculturation is the process of adapting to a new culture
 - May involve learning the dominant language, adopting new values and behaviors
- It appears that length of residence, distribution, and intermarriage all have a positive correlation with acculturation, while distinguishing physical characteristics, cultural and religious differences, and discrimination have a negative correlation with acculturation

Acculturation Cont.

- There has been little research conducted on the acculturation of immigrants from Arabic-speaking countries. Surprising since Arab immigrants have been coming to the United States since at least 1854, and they number over three million today
- Studies suggest that Arabs find acculturation to be more difficult than many other immigrant groups
 - Especially true for those who are Muslim

Acculturation Cont.

- Feel as though they are viewed more as Arabs, and less as Americans
- Discrimination seems to be the most important factor affecting the acculturation of Arab-Americans. Ethnic
- Arab immigrants to Western countries are known to experience divided loyalties between the ways of the new country and those of the old and the dilemma "of whether to reject or embrace assimilation, secularism, and Western education"
- Ex. Yemeni Community Oakland
- A researcher once describe some ethnic Arab communities in the West as "a nation in exile rather than as immigrants"

Arab Values

Arab Culture Values

- Collective
- Interdependence of family
- Family decision making
- Relationships
- Tradition
- Fate is my master
- Education

Western Values

- Individualistic
- Independence / Self-reliant
- Autonomous decision-making
- Possessions
- Technology
- Master of my fate
- Experience

Cultural Norms

- Greeting
- Touch
- Dignity and honor everything one does reflects on family honor of past, present, and future generations
- Reputation is critical
- Personal space
- Eye contact
- Respect (elderly)
- Implications for nursing homes & elder care

Religion

- Common Misconceptions: Not all Arabs are Muslim. Not all Muslims are Arab.
- The Arab American community is religiously diverse. Almost every major religion is represented in the Arab American community.
- Christians: Maronite Catholic, Melkite Catholic, Syrian Catholic, Chaldean Catholic, Roman Catholic, Antiochian Orthodox, Syrian Orthodox, Coptic Orthodox, Protestant
- Muslims: Sunni, Shia and Druze

Cultural Competence is a Journey, Not a Destination.

Cultural competence does not mean endorsing another's beliefs, but simply making room in your world for that person to hold their beliefs. A good way to think about cultural competency is through practicing Cultural humility.

Cultural humility is the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]. Which is a life long process that individuals consciously enter into with clients, colleagues, friends and themselves.

Mental Health Services and Stigmatization

- Mental health services can be stigmatizing, particularly for women.
- Arab clients, like those in other non-Western societies, find psychiatric and psychological intervention stigmatizing.
- For women, the stigma of mental health services could damage their marital prospects, increase the likelihood of separation or divorce.
- Clients of ethnic Arab origin have a negative view of mental health services and may tend to mistrust and underuse them.
- Arab peoples, particularly in Arab countries, do not distinguish among psychiatrists, psychologists, or other professionals in the mental health field.
- Taboo Topics Depression/Posttraumatic Stress Disorder, Abuse (sexual, physical, emotional)

Role of Family in Interventions

- Family is important within Arab communities.
- They are expected to be involved and are consulted in times of crisis.
- The family's involvement in individual life often makes the work more complicated.
- Arabs value and guard privacy but their personal privacy within the family is virtually non-existent.
- Decisions regarding health care are made by the family group and are not the responsibility of the individual alone.
- In some cases the family will intervene on behalf of the identified clients

Role of Religion in Interventions

- Consideration must be given to the role religion may play in helping the intervention process when working with some Arab-Americans.
- Acceptance
- Gods Will: Inshallah
- I3kal wa Tawakel

Practical recommendations for clinicians working with Arab-Americans: Attitudes

- Flexibility, open-mindedness, and non-judgment
- Awareness of own biases, worldview and privileges
- Respect for cultural and religious differences
- Openness to other worldviews and ways of being
- Awareness that collectivist cultures often address problems in different ways
- Awareness that internalizing disorders can be more common in collectivist oriented family systems
- Awareness that ethnic identity is an important part of personal identity
- Attitude of flexibility and curiosity

Practical recommendations for clinicians working with Arab-Americans: Knowledge

- Knowledge of ethnic, religious, socioeconomic, political diversity within Arab-American communities
- Understand the absence of mainstream dialogue about mental health issues in Arab-American communities
- Lack of spectrum of mental health issues in Arab awareness; patients and their families may not see gray area between sane and “crazy”
- Mental illness and psychological distress carrying indicant stigma and same in Arab culture
- It is uncommon to discuss problems with nonfamily members
- Symptoms are often minimized to protect family or because it is culturally inappropriate to complain

Practical recommendations for clinicians working with Arab-Americans: Knowledge Cont.

- Grieving in Arab cultures is qualitatively different from majority U.S. culture
- Arab people may expect to be judged negatively by the therapist
- Knowledge about immigrant experiences is important
- Trauma symptoms may be minimized in Arab cultures
- Arab American clients may have low expectations of the efficacy of psychotherapy
- Family dynamics are different in Arab cultures
- Gender: Same gender clinician preferred

Practical recommendations for clinicians working with Arab-Americans: Skills

- Assess for acculturation, socioeconomic status, and ethnic identity development
- Explore expectations of therapy
- Do not assume that all patients had a typical American childhood
- Assess for internalizing disorders and expect minimization of symptoms
- Assess for trauma symptoms. Offer psych education on typical trauma symptoms and effects
- Explore uncertainty about attending psychotherapy and clearly explain process
- Focus upon therapeutic alliance before engaging specific therapeutic interventions; get to know person's history, family system, and ethnic identity before focusing upon presenting problem

TedTalk

“The single story creates stereotypes, and the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story.”

Link : http://www.ted.com/talks/maz_jobrani_make_jokes_not_bombs

Link : http://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story

Remember

- Be respectful
- Non-judgmental
- Ask how *YOU* can make *THEIR* experience more comfortable and congruent with their culture and religion
- Just because a person identifies as a member of an ethnic, religious or demographic community *DOES NOT* mean they value the entire cultural perspective.
- APOLOGIZE for cultural mistakes
- Ask Questions

Resources

- Google.com
- Haboush, K. L. (2007), Working with Arab American families: Culturally competent practice for school psychologists.
- Journal of Cultural Diversity- The cultural gap delivering health care services to Arab American populations in the United States.
- ACCESS Guide to Arab Culture: Health Care Delivery to the Arab American Community- Adnan Hammad, Ph.D
- Arab Cultural Center : www.arabculturalcenter.org/
- Arab American Institute: <http://www.aaiusa.org>