A COMPARATIVE STUDY OF THE
COMPETENCE OF COUNSELORS IN THE
UNITED STATES IN COUNSELING ARAB
AMERICANS AND OTHER RACIAL/ETHNIC
GROUPS

Mira F. Sabbah, Julie A. Dinsmore, David D. Hof
University of Nebraska at Kearney, USA

Abstract. Background. Increasing diversification of the United States population has highlighted the need for mental health professionals to gain competence in cross-cultural counseling. Professional ethical codes have been revised to reflect this need, multicultural counseling competencies have been developed, and standards for training programs require curriculum in cross-cultural counseling. In spite of increased research concerning counseling clients from diverse groups, few studies have been conducted concerning counseling Arabs or Arab Americans. Purpose. This study explores (1) the perceptions of counselors in the United States about the importance of cultural competence in counseling Arab Americans, African Americans, Asian Americans, Latino Americans, and American Indians, (2) their current skill levels in counseling members of these groups, and (3) the extent and source of counselors’ knowledge about Arab worldview. Method and Results. Results of a survey of a random sample of counselors in the state of Nebraska indicate that, although counselors perceive cultural competence in counseling Arabs as important, they lack knowledge of Arab worldview and perceive themselves to be less competent in counseling this group than other major minority groups in American society. The most common source of knowledge about Arabs was newspapers, a source shown to often portray Arabs in negative stereotypic images that promote anti-Arab bias. Conclusions. Results imply counselor training programs should include more comprehensive information about Arab American culture in their curriculum.

1 Address for correspondence: Department of Counseling & School Psychology University of Nebraska at Kearney, Kearney, NE, USA 68849; hofdd@unk.edu, Phone: 308-865-8320
and provide an opportunity for students to socially interact with this population. Practicing counselors should advocate for and initiate activities intended to raise others’ knowledge about this ethnic group.

**Key words:** Diversity, Multicultural Counseling, Arab-Americans

Culture is one of the fundamental elements that may influence an individual’s thoughts, feelings, and behaviors as well as one’s sociopolitical experiences and socioeconomic class. Human beings consciously and unconsciously internalize the norms embedded in their cultural group. Many individuals associate the term ‘culture’ with personal characteristics that are part of forming the person’s identity, such as race and ethnicity. As to the former, race is biological in origin; however, in many cases, people’s social interaction and identification is based more on their phenotype, what race they appear to be because of their physical traits, such as skin color, rather than on their actual verification of their biological background (American Psychological Association, 2003; Sternberg, Grigorenko, & Kidd, 2005). Regarding the latter, ethnicity, it is seen as practicing a specific style of living according to certain norms embedded in the person’s culture, an important aspect that provides feelings of belonging and relatedness (American Psychological Association, 2003) and that plays a central role in the person’s identity development (Yip, Gee, & Takeunchi, 2008). Nonetheless, it is worth mentioning there is still a schism among researchers concerning the impact of ‘culture’ on behavior. Some scholars suggest human behavior is originally derived from the cultural context while others minimize the effect of culture (Ho, Bluestein, & Jenkins, 2008; Norenzayan, Choi, & Nisbett, 2002; Sayed, Collins, & Takahashi, 1998).

All cultures embrace their own set of preferred values and behaviors which constitute the common worldview of the group (Felfe, Yan, & Six, 2008; Sue & Sue, 2003). A person’s cultural membership impacts his or her individual worldview, which includes his or her beliefs, values and religious and spiritual rituals (American Psychological Association, 2003; Sue & Sue, 2003). Other group memberships, such as gender, age, disability, social class and educational attainment may also influence the person’s worldview (Sue & Sue, 2003). Cultural worldviews may be similar or contrasting. For example, in Western cultures the primary focus is
on individualism that values personal achievements, self-dependency, freedom and competition (Felfe, Yan, & Six, 2008; Sayed, Collins, & Takahashi, 1998). In such cultures, the individual is the only master for his or her life decisions and the solely responsible figure for changing his or her destiny (Sayed, Collins, & Takahashi, 1998). In contrast, in Middle Eastern cultures collectivism is highly valued, an aspect resulting in a group or familial lifestyle. In most cases, a collectivistic worldview highly appreciates the familial unity and emphasizes the group’s objectives over the individual’s (Hunter, 2008). As Sayed, Collins, and Takahashi (1998) stated, with the collectivist worldview, Middle Eastern cultures emphasize “togetherness, common striving, and a sense of communal interdependence as the hallmarks of existence” (p. 4).

In recent years, the United States (U.S.) has been diversifying demographically, a transition that introduces new worldviews from diverse cultures (American Psychological Association, 2003; Nassar-McMillan, 2003; Sue & Sue, 2003) and each one of those cultures carries on different beliefs and traditions that outline the people’s lifestyle. Due to this transition, the “melting pot” philosophy has been modified and the focus has shifted from the idea of ‘all people are the same under the skin,’ to a more culturally pluralistic view that recognizes and values the increasing differences diversity brings (Nassar-McMillan, 2003). Currently, although the majority of the population in the U.S. are White American, 33 % identify as members of different minority groups; African American (13 %), American Indian (1.5 %), Asian (4.5 %), Latino/Hispanic (13 %) and other groups (7 %) (U.S. Census Bureau, 2000). As the U.S. becomes more racially and ethnically diverse, it increases the urgency for culturally responsive mental health practices and services (American Psychological Association, 2003; Nassar-McMillan, 2003). Due to the on-going demographic changes many mental health professionals have stressed the importance of counselors becoming culturally competent; pointing out that increasing contact with culturally diverse clients is inevitable (Sue, Arredondo, & McDavis, 1992; Sue & Sue, 2003; Thomas, 1998). These concerns are reflected in the ethical code of the American Counseling Association (ACA) (2005) which states that “counselors [should] gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population” (p. 9). Cultural competency is seen in the professionals’ behaviors and attitudes (Cross et al., 1989 as
Cited in Fisher, Burnet, Husang, Chin, & Cagney, 2007), especially while interacting with their culturally diverse clients (Fisher, Burnet, Husang, Chin, & Cagney, 2007).

Cultural competency consists of three domains: (a) the counselors’ willingness to seek self awareness regarding personal beliefs, values and biases about diverse populations, (b) the counselors’ readiness and determination to better understand the worldviews of their clients, who have different cultural backgrounds than their own; and (c) the practitioner’s continuous need to enhance his or her therapeutic skills in working with diverse clients (Sue, Arredondo, & McDavis, 1992; Sue & Sue, 2003). According to Sue and Sue (as cited in Sue, Arredondo, & McDavis, 1992) “These three goals stress the fact that becoming culturally skilled in an active process, that is ongoing, and that is a process that never reaches an end point” (p. 481). Awareness of these cultural competencies is gradually increasing among mental health professionals. Following these standards contributes to their professional development and may protect their diverse clients from any possible harm they may unintentionally do (Sue, Arredondo, & McDavis, 1992).

**ARAB AMERICANS**

**Arab Immigration**

Arab Americans is one of the diverse groups whom mental health practitioners in the U.S. may assist throughout their professional life. Some of them have Middle Eastern heritage, with familial roots in countries “as far as Iran in the east and countries in North Africa up to Morocco in the west” (Budhwar & Mellahi, 2007, p. 2). The Arab American population is a minority group that includes those born in the U.S. who have Arabic heritage, as well as those who immigrated from the Arab world (Erickson, 2001; Suleiman, 2000), which includes 22 Arabic countries, such as Algeria, Bahrain, Egypt, Jordan and Palestine (Erickson, 2001; Haboush, 2007; Moradi & Hasan, 2004).

Arabs immigrated to the U.S. in three waves (Erickson, 2001; Granello, 1995; Nobles & Sciarra, 2000). The first wave, in the 19th century, brought Arab Christians from Syria and Lebanon, many of whom planned to earn
money in the U.S. and then return to their country of origin. The second wave, in the 20th century, which began after the establishment of Israel in 1948, consisted primarily of Palestinians, Iraqis, and Syrians. The third wave, ongoing since the 1960’s, includes many educated individuals from across the Arab world who left their countries to escape political conflicts and instability after the Arab-Israeli war in 1967 (Erickson, 2001; Granello, 1995; Nobles & Sciarra, 2000). Despite the increasing numbers in this minority group, the US government still does not recognize Arab Americans as a minority, thus depriving them of any official minority protection, such as protection in case of hate-crimes (American Arab, 1997; Moradi & Hasan, 2004).

**Arab Worldview**

To better understand Arab Americans it is important to briefly discuss a few aspects of Arab American worldview and its cultural roots. It is important to caution mental health professionals to determine if the client is an immigrant or if he or she was born in the United States and, if so, in which generation. Counselors should also keep in mind that the client’s acculturation level and the stage of his or her cultural identity development may affect the client’s acceptance of his or her own cultural worldview or his or her adoption of some aspects of the cultural worldview of the dominant culture in the U.S.

**Language.** Arabic is the most popular language used by Arabs (Haboush, 2007; Hakim-Larson, Kamoo, Nassar-McMillan, & Porcerelli, 2007; Nassar-McMillan, 2003; Nobles & Sciarra, 2000; Wingfield, 2006). Arabic is considered the fourth most often spoken language in the world. Savory (as cited in Nobles & Sciarra, 2000) stated “the most important formative factor creating the Arab consciousness . . . which is the bearer of their culture, the vehicle of their history and the sacred tongue of the majority” (p. 3).

**Religion.** For Arabs, religion is a central and significant dimension in their lives (Erickson, 2001; Granello, 1995; Haboush, 2007; Nassar-McMillan, 2003) and for many it may be a major part of their self-identity (Erickson, 2001; Granello, 1995; Nassar-McMillan, 2003). The most common myth about Arabs’ spiritual approach is that all Arabs are Muslims (American Arab, 1997). However, in spite of the fact that not all Arabs are
Muslims, Islam highly affects the Arab world (Nobles & Sciarra, 2000). The other two main religions practiced by Arabs are Christianity and Druze (Al-Krenawi & Graham, 2000; Suleiman, 2001).

**Family structure and gender role.** The family system is the core of Arabic societies (Haboush, 2007; Nassar-McMillan, 2003; Suleiman, 2001) and provides the basic foundation needed for each member. Typically, family members’ lives are structured around the collective familial benefit rather than the individual’s interest only. Importance is also given to both the nuclear and the extended family members who together share one familial bond. Arabic family structure tends to be patriarchal (Gladding, 2007; Granello, 1995; Haboush, 2007), “with husbands the disputed head of the household and husbands subordinate to their fathers who in turn defer to the authority of the head of the clan” (Gladding, 2007, p. 325). Gender roles in Arab culture still maintain an unequal balance that reflects an image of strong masculinity compared to the weakness and helplessness associated with femininity (Al-Krenawi & Graham, 2000). However, recent and frequent exposure to the Western world has resulted in acceptance of some Western values in several Arab countries, as has been the case of Lebanon (Dwairy & Achoui, 2006).

**Time orientation.** In Arab culture the time element is not as fixed and structured as it is in Western cultures (Erickson, 2001; Granello, 1995). People are more likely to focus on the present moment rather than planning ahead or thinking about future events. This perspective leads people to postpone various matters or events for another day since “it can be dealt with tomorrow anyway” (Erickson, 2001, p. 9).

**Communication style.** Arabs most often use a lot of gestures as well as touch when interacting with same gender (Granello, 1995). Their communication style is usually formal and impersonal, and involves the use of multiple proverbs and expressions (Al-Krenawi & Graham, 2000). Many Arabs may also avoid matters that trigger emotions (Al-Krenawi & Graham, 2000) because divulging feelings signifies shame and dishonor (Haboush, 2007).

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**Arab Clients and American Counselors**

**Arab clients’ view of mental health services.** Most clients of Arab ethnicity reject counseling and consider mental health services as their last
alternative since many of them hold negative associations concerning these resources (Al-Krenawi & Graham, 2000; Granello, 1995; Nobles & Sciarra, 2000). They even consider such services as offered only to insane individuals, who should be hospitalized for long periods of time because of their chronic craziness. In addition to holding these negative perceptions, many Arab persons do not differentiate between psychiatrists, psychologists, counselors or other professionals in the mental health field and they consider them all untrustworthy (Al-Krenawi & Graham, 2000). Furthermore, clients of Arab heritage under-use mental health services because of their culture which usually encourages individuals to seek assistance from informal resources in resolving their problems, such as family members or religious figures (Al-Krenawi & Graham, 2000; Haboush, 2007). However, when Arab clients do approach a mental health resource, they tend to see their therapist as similar to a medical doctor (Al-Krenawi & Graham, 2000). Arab clients are more passive in this process and many times they wait for their therapist to come up with a solution for their problem without their active participation and with no in-depth clarification about their lives. Thus, when faced with the reality of the therapeutic process they are more likely to terminate the therapeutic process prematurely (Al-Krenawi & Graham, 2000).

American counselors’ stereotypes about Arab clients. “Critical analyses of popular press, movies, pulp novels, educational texts, and political discourse in the [U.S.] media have documented the fact that Arabs and Arab Americans are frequently portrayed in negative stereotypic images that promote anti-Arab biases” (Ghareeb, 1983; Hudson & Wolfe, 1980; Mansfield, 1990; Said, 1997; Shaheen, 1984; Suleiman, 1988; Terry, 1985, as cited in Erickson, 2001, p. 10). Media plays an integral part in stereotyping Arabs and in reinforcing the common biases of the public that Arabs are terrorists (American Arab, 1997; Suleiman, 2001). Additional common stereotypes American individuals hold about Arabs are that they are suspicious, barbaric, their men are oppressive and polygamous, and that they are rich and greedy and do not contribute anything valuable to the Western world (Erickson, 2001). The possibility of internalizing these stereotypes from media may directly influence the counselors’ assumptions and perspectives about Arab clients, something that may be harmful to the therapeutic interaction, particularly if counselors are unaware of the whole process. Unfortunately, “because of bias, mental
health professionals may have difficulty seeing their clients as they really are and have impaired ability to accurately understand and empathize with clients” (Erickson, 2001, p. 12).

In spite of the increased research concerning multicultural counseling competencies, few studies have been done in the mental health field concerning Arab Americans or Arabs in general. Existing studies focus on Arabs’ worldviews and background as well as history (Al-Krenawi & Graham, 2000; American Arab, 1997; Haboush, 2007; Erickson, 2001; Gladding, 2007; Granello, 1995; Nassar-McMillan, 2003; Nobles & Sciarra, 2000; Suleiman, 2001), stereotypes about Arabs and their experiences of discrimination (American Arab, 1997; Erickson, 2001; Moradi & Hasan, 2004; Suleiman, 2001; Wingfield, 2006), the effect of September 11, 2001 on Arabs (Haboush, 2007; Moradi & Hasan, 2004; Wingfield, 2006), and Arabs’ stereotypes about mental health services (Al-Krenawi & Graham, 2000; Erickson, 2001; Granello, 1995; Haboush, 2007; Nobles & Sciarra, 2000). However, no study has compared American counselors’ perceived level of cultural competence in counseling clients from the

major ethnic minorities in the United States to their perceived level of cultural competence in counseling Arab Americans. Thus, the purpose of this research is to study American counselors’ perceptions of the importance of being culturally competent to work with Arab American clients as well as their current competency level in working with this client group. The study also compared their levels of perceived importance and competency in counseling Arab Americans to their levels of perceived importance and competency related to the major minority groups in the United States: African Americans, Asian Americans, Latino Americans, and American Indians. The study also examined if there are significant differences in their perceptions of importance or competency among these mentioned groups.

**RESEARCH QUESTIONS**

The study addressed the following research questions:

1. How important do counselors perceive cultural competency to be in their professional career?
2. How important do counselors perceive cultural competency to be in counseling the following minority groups: African Americans, Latino Americans, Asian Americans, American Indians, and Arab Americans?

3. Are there significant differences among levels of perceived importance of cultural competency in counseling clients by racial/ethnic group?

4. To what extent do counselors perceive themselves to be competent in counseling clients from the following racial/ethnic groups: African Americans, Latino Americans, Asian Americans, American Indians, and Arabs Americans?

5. Are there significant differences among levels of perceived cultural competence in counseling clients by racial/ethnic group?

6. Is there any correlation between the level of perceived importance and the level of competency in counseling specific racial/ethnic groups?

7. To what extent are counselors knowledgeable about aspects of Arab worldview?

8. What are counselors’ most common sources of information about Arabs?

**METHOD**

**Participants**

The participants of this study were a random sample of 150 mental health practitioners in the state of Nebraska, whose names and addresses were obtained from the licensing unit at the Nebraska Department of Health and Human Services. Electronic sampling program was used to create the random sample.

**Instrumentation**

The researcher developed a survey that consists of four sections: Demographics, Importance of Cultural Competence in Counseling Specific Racial/Ethnic Groups, Counselors’ Perceived Competence Level in Counseling Specific Racial/Ethnic Groups, and Counselors’ Knowledge of Arab Worldview.
Section I, gathered information about participants’ gender, ethnicity, years of experience, highest degree obtained, accreditation, location, licensure status, and number of clients. Section II, measured the extent to which participants view cultural competency as important with specific racial/ethnic groups. Section III, asked participants to rate their level of cultural competency in assisting diverse clients from specific racial/ethnic groups. Section IV, gathered information about participants’ knowledge of major aspects of Arab worldview such as language, religion, family structure, gender role, time orientation, and communication style.

In all of these sections the participants were required to respond to the addressed statements by using 1 to 5 range Likert scale, in which ‘1’ represents the lowest rating and ‘5’ is equivalent to the highest rating.

**Procedure**

The survey and a cover letter were mailed to participants. The participants were asked to fully complete the survey and return it in a pre-addressed postage paid envelope. All surveys were coded numerically to assure confidentiality. Fifty-two surveys were returned, which represents 30% return rate.

**RESULTS**

Research Questions 1 and 2: How important do counselors perceive cultural competency to be in their professional career? How important do counselors perceive cultural competency to be in counseling clients from the following minority groups: African Americans, Latino Americans, Asian Americans, American Indians, and Arab Americans? The mean ratings of counselors’ perceived importance regarding cultural competency in general and in also counseling specific cultural minority groups are summarized in Table 1. Generally counselors perceived cultural competence as very important ($M=4.37$). Ratings for specific cultural groups ranged from 4.22 to 4.43, with the importance of competency in counseling Latino American and Native Americans being rated highest and competency with White Americans being rated lowest.

Research Question 3: Are there significant differences among levels of perceived
Research Question 4: To what extent do counselors perceive themselves to be competent in counseling clients from the following racial/ethnic groups: African Americans, Latino Americans, American Indians, and Arabs Americans? The mean ratings of counselors’

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>M</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>4.53</td>
<td>0.578</td>
<td>47</td>
</tr>
<tr>
<td>African American</td>
<td>3.79</td>
<td>0.832</td>
<td>47</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>3.51</td>
<td>0.847</td>
<td>47</td>
</tr>
<tr>
<td>American Indian</td>
<td>3.40</td>
<td>0.891</td>
<td>47</td>
</tr>
<tr>
<td>Asian American</td>
<td>2.92</td>
<td>0.846</td>
<td>47</td>
</tr>
<tr>
<td>Arab American</td>
<td>2.40</td>
<td>0.891</td>
<td>47</td>
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</tbody>
</table>

Note. Judgments were made on 5-point scales (1= not competent, 5= highly competent).

Table 1. Mean Counselor Ratings of Perceived Importance of Cultural Competency by Ethnic Group

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>M</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>4.37</td>
<td>0.749</td>
<td>51</td>
</tr>
<tr>
<td>Caucasian</td>
<td>4.22</td>
<td>0.749</td>
<td>51</td>
</tr>
<tr>
<td>African American</td>
<td>4.39</td>
<td>0.527</td>
<td>51</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>4.43</td>
<td>0.533</td>
<td>51</td>
</tr>
<tr>
<td>American Indian</td>
<td>4.43</td>
<td>0.664</td>
<td>51</td>
</tr>
<tr>
<td>Asian American</td>
<td>4.37</td>
<td>0.685</td>
<td>51</td>
</tr>
<tr>
<td>Arab American</td>
<td>4.37</td>
<td>0.713</td>
<td>51</td>
</tr>
</tbody>
</table>

Note. Judgments were made on 5-point scales (1= not important, 5= highly important).
perceived competence in counseling specific cultural minority groups are summarized in Table 2. Ratings for all groups ranged from 2.40 to 4.53, with the competence in counseling White Americans being rated highest and competence with Arab Americans being rated lowest.

Research Question 5: Are there significant differences among levels of perceived cultural competence in counseling clients by racial/ethnic group? Using ANOVAIR a significant difference was found among the levels of perceived importance of cultural competency in counseling clients by ethnic group. The difference among the six means was significant, $F(5, 230) = 6.808, p < .05$.

Research Question 6: Is there any correlation between the level of perceived importance and the level of perceived competency in counseling specific racial/ethnic groups? The results of a Pearson Correlation analysis, summarized in Table 3, showed there was a significant relationship between counselors’ perceived importance and competency levels for the African American, American Indian, and Asian American groups.

Research Question 7: To what extent are counselors knowledgeable about aspects of Arab worldview? The mean ratings of counselor knowledge of aspects of Arab worldview are summarized in Table 4. Knowledge ratings of all aspects of Arab worldview were well below average, ranging from 1.42 to 2.66, showing counselors to be most knowledgeable about Arab gender roles and least knowledgeable about time orientation and language.
Research Question 8: What are counselors’ most common sources of information about Arabs? The order in which counselors rank-ordered the top four sources they use for information about Arabs are summarized in Table 5. Rankings ranged from 2.94 to 4.11, indicating that newspapers were the most often used source while movies and the internet were least often utilized as a sources of information regarding Arabs.

**Table 4. Mean Counselor Ratings of Knowledge About Aspects of Arab Worldview**

<table>
<thead>
<tr>
<th>Aspects of Arab Worldview</th>
<th>M</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language</td>
<td>1.42</td>
<td>0.827</td>
<td>50</td>
</tr>
<tr>
<td>Religion</td>
<td>2.54</td>
<td>1.203</td>
<td>50</td>
</tr>
<tr>
<td>Family Structure</td>
<td>2.24</td>
<td>1.124</td>
<td>50</td>
</tr>
<tr>
<td>Gender Roles</td>
<td>2.66</td>
<td>1.142</td>
<td>50</td>
</tr>
<tr>
<td>Time Orientation</td>
<td>1.92</td>
<td>1.036</td>
<td>50</td>
</tr>
<tr>
<td>Communication Style</td>
<td>2.06</td>
<td>1.066</td>
<td>50</td>
</tr>
</tbody>
</table>

*Note. Judgments were made on 5-point scales (1 = not knowledgeable, 5 = highly knowledgeable). The difference among the six means was significant, $F(5, 245) = 30.136, p < .05.*

**Table 5. Means of Counselor Rank Order of Six Most Common Sources of Information About Arabs**

<table>
<thead>
<tr>
<th>Sources of Information</th>
<th>M</th>
<th>SD</th>
<th>n</th>
</tr>
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<tbody>
<tr>
<td>Internet</td>
<td>3.763</td>
<td>1.521</td>
<td>40</td>
</tr>
<tr>
<td>Movie</td>
<td>4.113</td>
<td>1.494</td>
<td>40</td>
</tr>
<tr>
<td>Newspaper</td>
<td>2.938</td>
<td>1.459</td>
<td>40</td>
</tr>
<tr>
<td>Books</td>
<td>3.013</td>
<td>1.626</td>
<td>40</td>
</tr>
<tr>
<td>Educational Courses</td>
<td>3.263</td>
<td>1.537</td>
<td>40</td>
</tr>
<tr>
<td>Personal/ Social Interaction</td>
<td>3.575</td>
<td>1.980</td>
<td>40</td>
</tr>
</tbody>
</table>

*Note. 1 = most common, 6 = least common. The difference among the six means (3.763 vs. 4.113 vs. 2.938 vs. 3.013 vs. 3.263 vs. 3.575) was significant, $F(5, 195) = 2.640, p < .05.*

**Discussion**

Based on the results of this research study, counselors perceived it to be important to be culturally competent in counseling Arabs; however,
they present the least level of perceived competency in counseling this ethnic group. This shows a need for academic institutions to include the Arab American minority in their counselor education curriculum and provide an opportunity for their students to increase their knowledge about this population’s worldview and history. Furthermore, the results suggest mental health practitioners need to play a more active role in seeking out opportunities to socially interact with Arab Americans and get to know their culture.

It is interesting that participants saw it as least important to be competent in counseling the Caucasian American population. Because the majority of participants were members of this group, this finding may be due to their familiarity with their own group’s worldview and history, or it could suggest that they do not have an awareness that being knowledgeable of the unique worldview of this group can be important source of information in understanding Caucasian American clients’ concerns. Significant correlations between perceived cultural competence and importance with the various non-White groups also seem to indicate that additional professional development opportunities focused on American Indian and Asian American worldview and sociopolitical experience could be beneficial.

Moreover, the results of the research showed that counselors are almost unknowledgeable about different aspects of Arab worldview. Counselors’ most common source of information about Arab Americans is newspapers which, as noted earlier, are prone to portray Arabs in negative stereotypic images that promote anti-Arab bias. In order for counselors to gain the accurate, unbiased and in-depth knowledge that is necessary to provide counseling services, counselor training programs should include more comprehensive information about Arab American in their curriculum and provide an opportunity for their students and community to socially interact with this population. Counselors should also advocate and initiate activities intended to raise others’ knowledge about this ethnic group.

Future studies need to identify factors hindering counselors from increasing their level of competency in counseling Arab American clients. Furthermore, there is a need to better understand more specifically the nature of counselors’ current information about Arab American clients and how accurate this information is, as well as the correlation between
counselors’ primary sources about Arab Americans and their perceptions of and level of cultural competence in working with this minority group. Studies are also needed to determine the actual level of counselors’ competence in counseling Arab American clients.

References


LYGINAMOJI JAV PSICHOLOGŲ KOMPETENCIJOS KONSULTUOTI ARABŲ KILMĖS AMERIKIEČIUS IR KITAS RASINES / ETNINES GRUPES STUDIJA

Mira F. Sabbah, Julie A. Dinsmore, David D. Hof


Pagrindiniai žodžiai. Įvairovė, tarpkultūrinis konsultavimas, arabų kilmės amerikiečiai.