

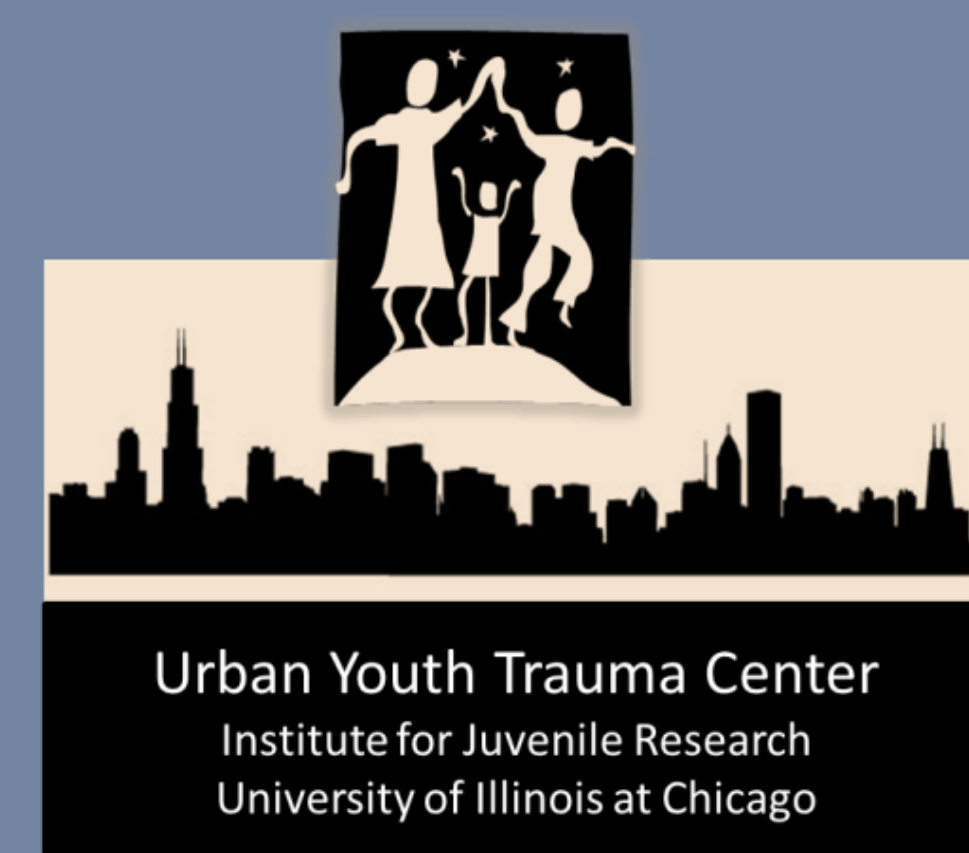


Providing Culturally-Competent and Spiritually-Integrated Care for Muslim Americans at Khalil Center

Dr. Fahad Khan¹, Dr. Jaleel Abdul-Adil², and Dr. Hooman Keshavarzi¹

¹ Khalil Center, Department of Research, Lombard, Illinois, USA

² Urban Youth Trauma Center, Institute for Juvenile Research, University of Illinois at Chicago, Illinois, USA



KHALIL CENTER
A ZAKAT FOUNDATION PROJECT

BACKGROUND

Significant research demonstrates that Muslims tend to be more reluctant in seeking mental health treatment for their psychological distress relative to other groups (Sheikh & Furnham, 2000; Pilkington, Msefi, & Watson, 2012). Among the barriers adversely impacting help seeking behaviors among Muslims, are concerns around religious, spiritual, and cultural sensitivities (Inayat, 2007; Aloud & Rathur, 2009). Research on therapist-client matching demonstrates that similarity between therapists and their clients enhances the therapeutic alliance (Presnell, Harris, & Scogin, 2012).

Though similarity provides the context for psychological growth, it is insufficient unless therapists facilitate a qualitatively new experience to help their clients better relate to their distress (Smith & Trimble, 2016). In Muslims, therapist-client matching can be at times a necessary condition, it is not a sufficient one as Muslim clients not only need to share the same faith with their therapist, they are also likely to want their therapist to demonstrate spirituality competencies in providing a more spirituality integrated approach. In fact, it has been demonstrated that religiously oriented therapists have a significant positive impact on clients who are religiously observant (Anderson, Heywood-Everett, Siddiqi, Wright, Meredith, & McMillan, 2015).

Additionally, Muslims have been shown to avoid seeking psychotherapy services if therapists are not providing it within a religious or spiritual context (Amri & Bemak, 2013; Killawi, Daneshpour, Elmi, Dadras, & Hamid, 2014). Secularly oriented therapies may often offer treatments with reference to Eurocentric conceptions that are alien to the Islamic ethos or foreign to the Muslim psyche; thereby, adversely rupturing the therapeutic alliance and engendering mistrust between therapist and client (Inayat, 2007). A ten-year literature review of Islamic psychotherapies highlighted the emergence of interest in this field as well as an underrepresentation of Islamic frameworks and approaches to not only provide access but also efficaciously engage Muslim mental health (Haque, Khan, Keshavarzi, & Rothman, 2016).

KHALIL CENTER

Khalil Center is a psychological and spiritual wellness center designed to address the widespread prevalence of social, psychological, familial, relational and spiritual issues of Muslim communities. Khalil Center's approach emphasizes: psychological reconstruction, behavioral reformation and spiritual elevation. Khalil Center utilizes faith-based approaches rooted in Islamic theological concepts while integrating the science of psychology towards addressing psychological, spiritual and communal health.

Khalil Center Aims to:

- Provide an accepting and nurturing environment and holistic care that acknowledges the historical experiences of individuals, present environment and facets of their personality and personal values that has shaped who they are today.
- Strengthen communities, as this is the outer layer of the system and setting in which individuals have come from and will have to return to despite their personal progress and growth.
- Instill spirituality – A part of human existence that is commonly neglected in mainstream psychology.
- Recognize culture which is not limited to ethnicity, religious background or race. Rather, culture encapsulates the environment in which the individuals have been raised in and those set of practices, values and beliefs that they have internalized on account of that interaction between the individual and environment. Khalil Center is interested and invested in uncovering and helping clients identify their personal culture and how they integrate this as a part of who they are in the present.

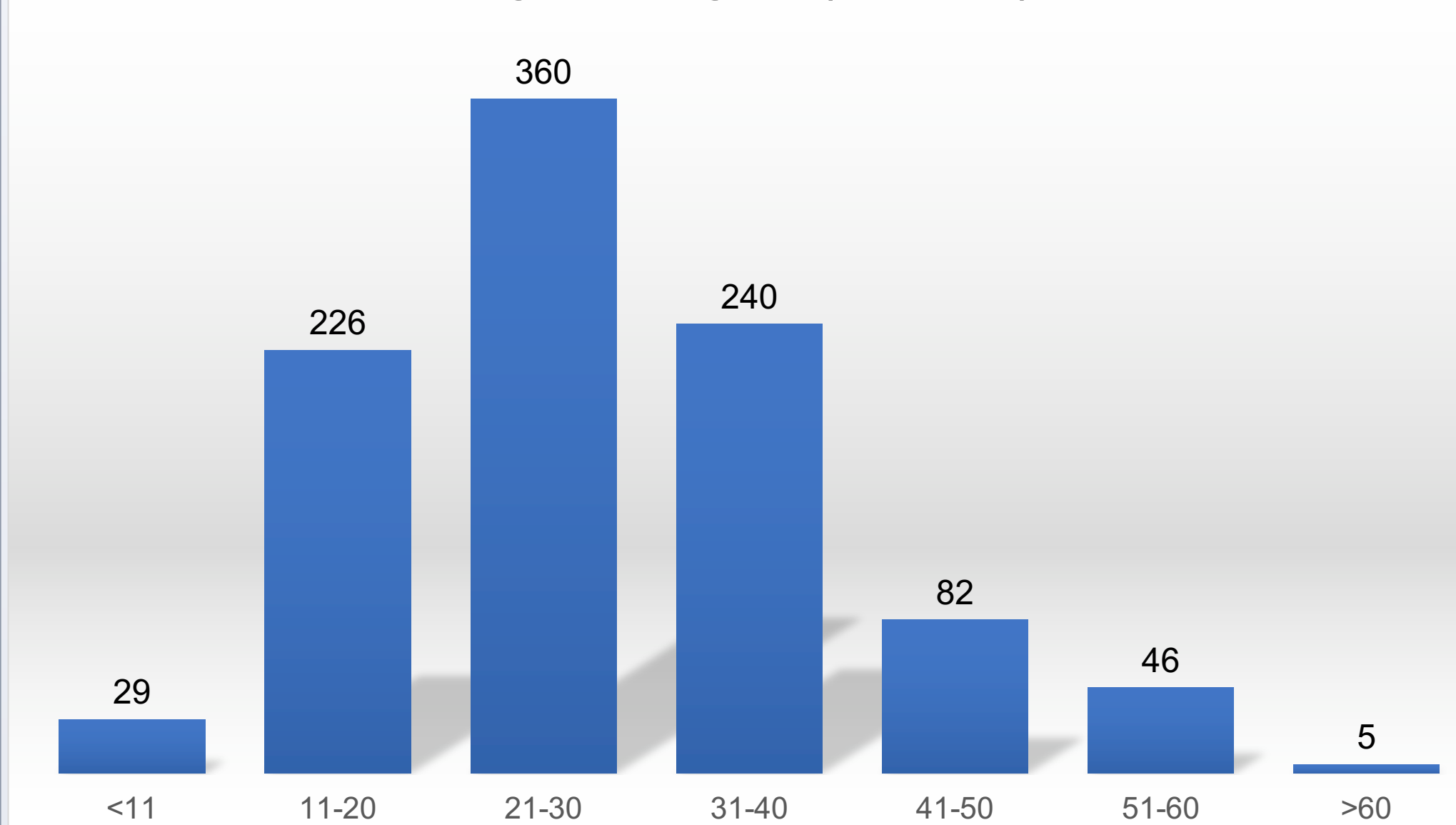
MATERIALS & METHODS

All data collected at the Khalil Center was obtained via voluntary consent from the clients. Data is kept secure on the RedCap system.

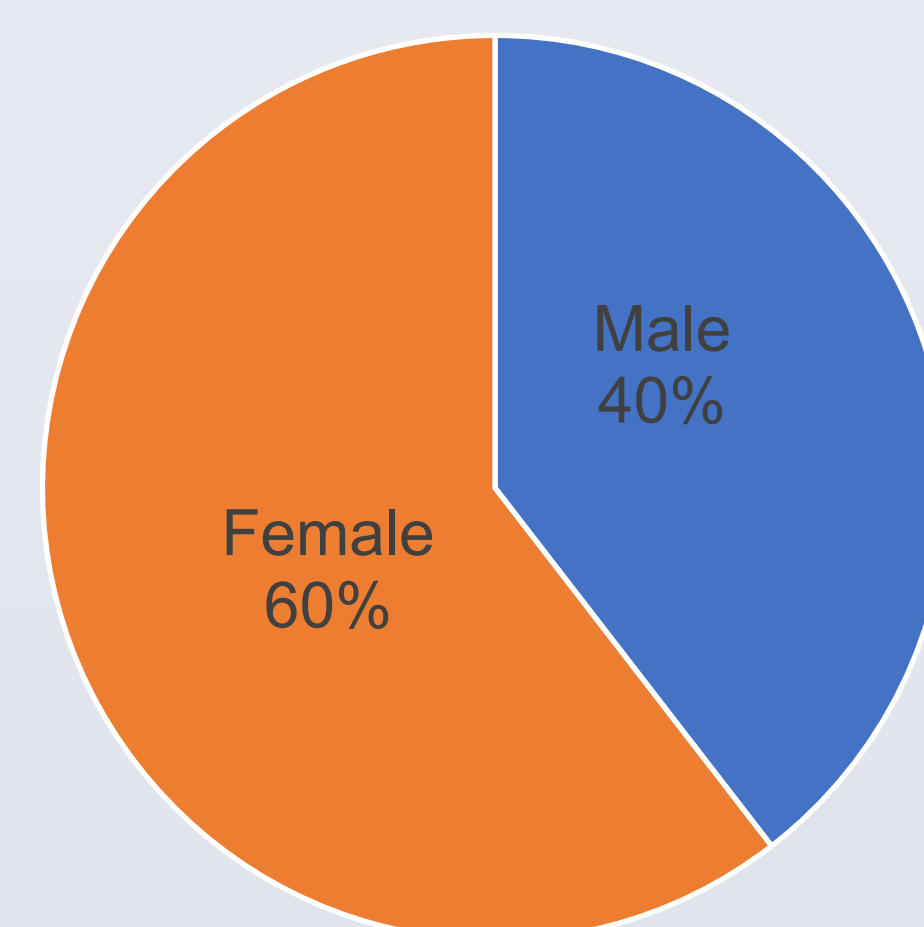
DEMOGRAPHICS

Average Age of Clients: 28 Years (N=991; SD=11.23)
Age Range: 3-65 Years (N=991)

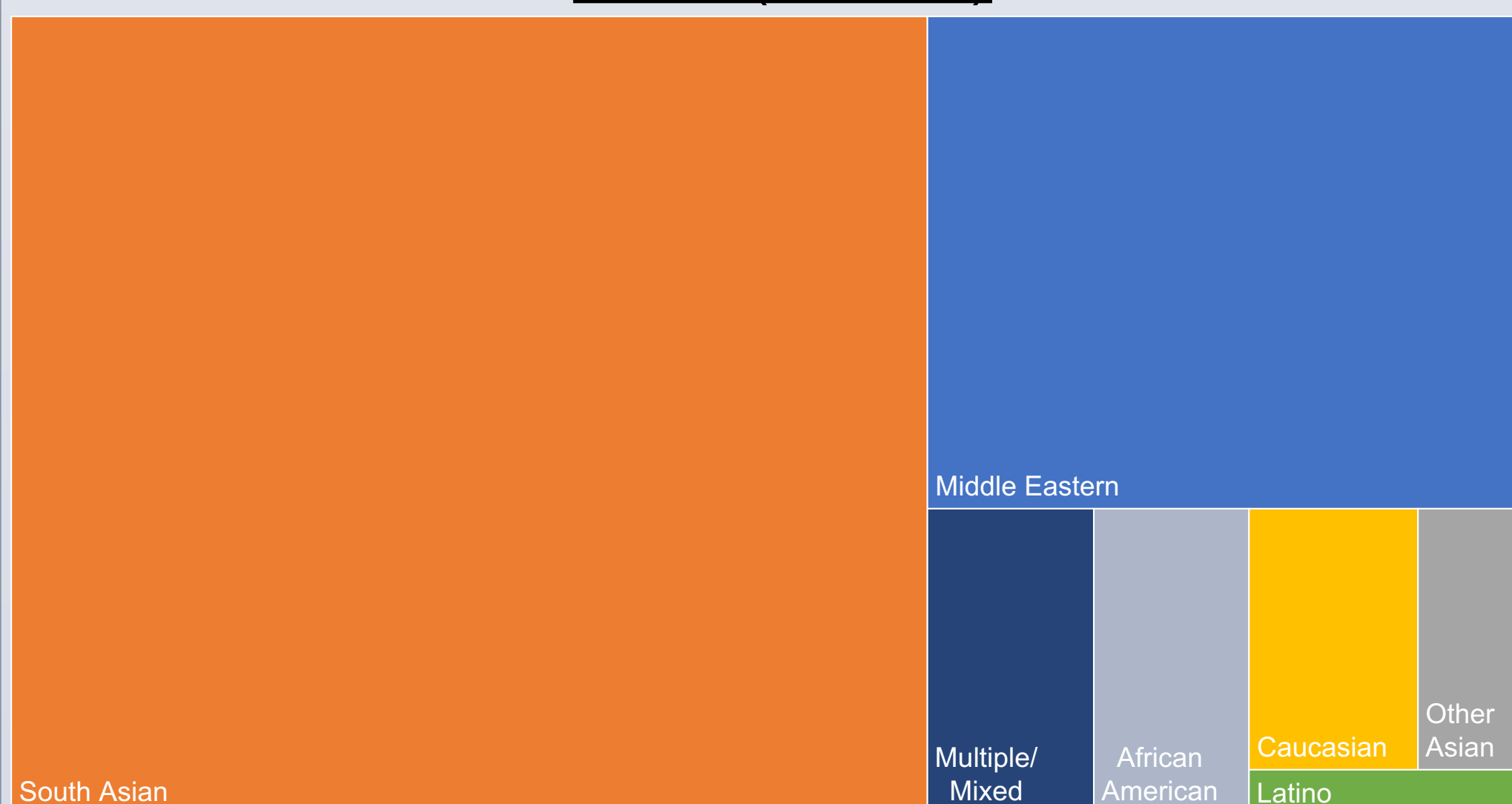
Age Ranges (N=988)



Gender (N=1070)

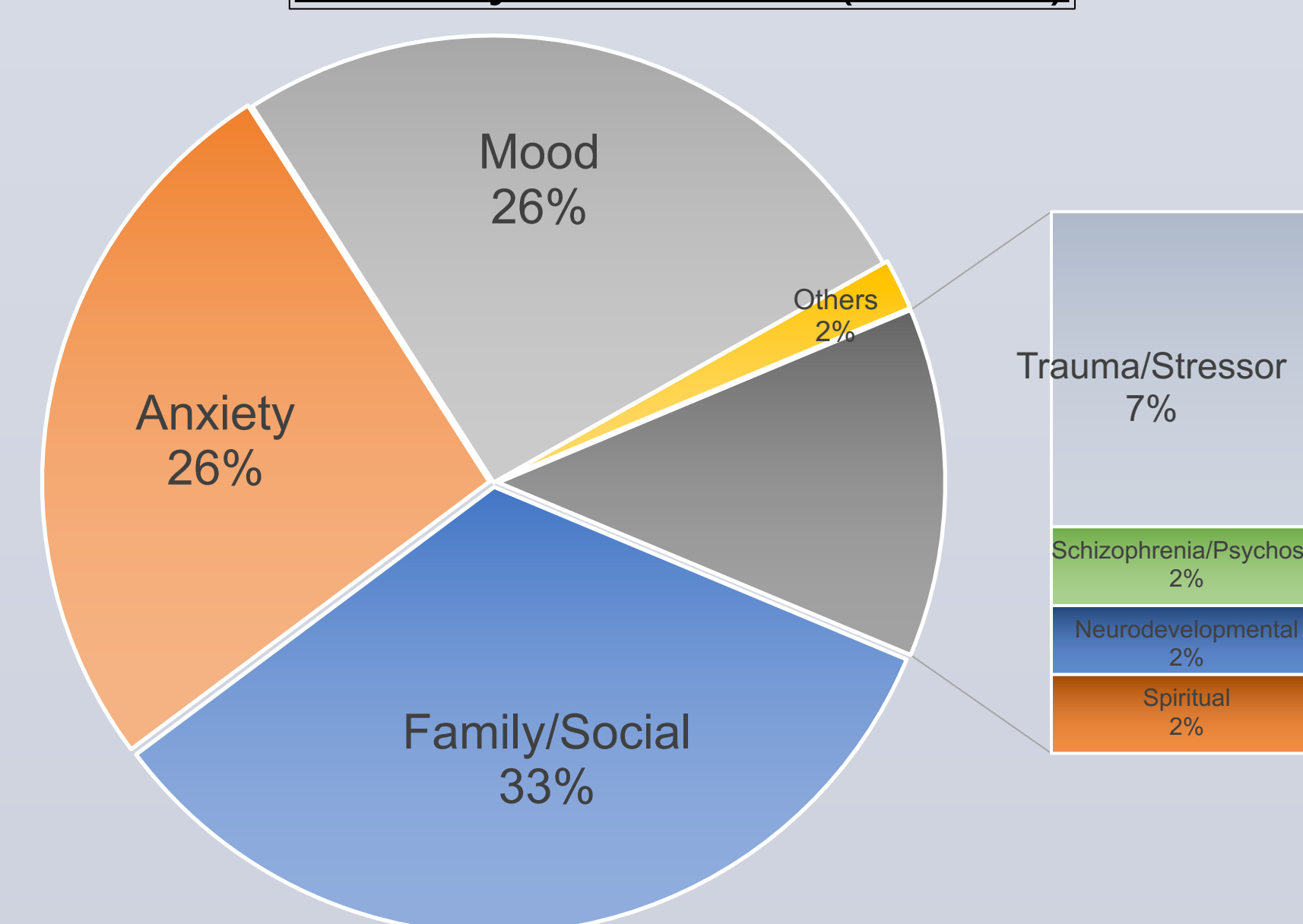


Race (N=743)

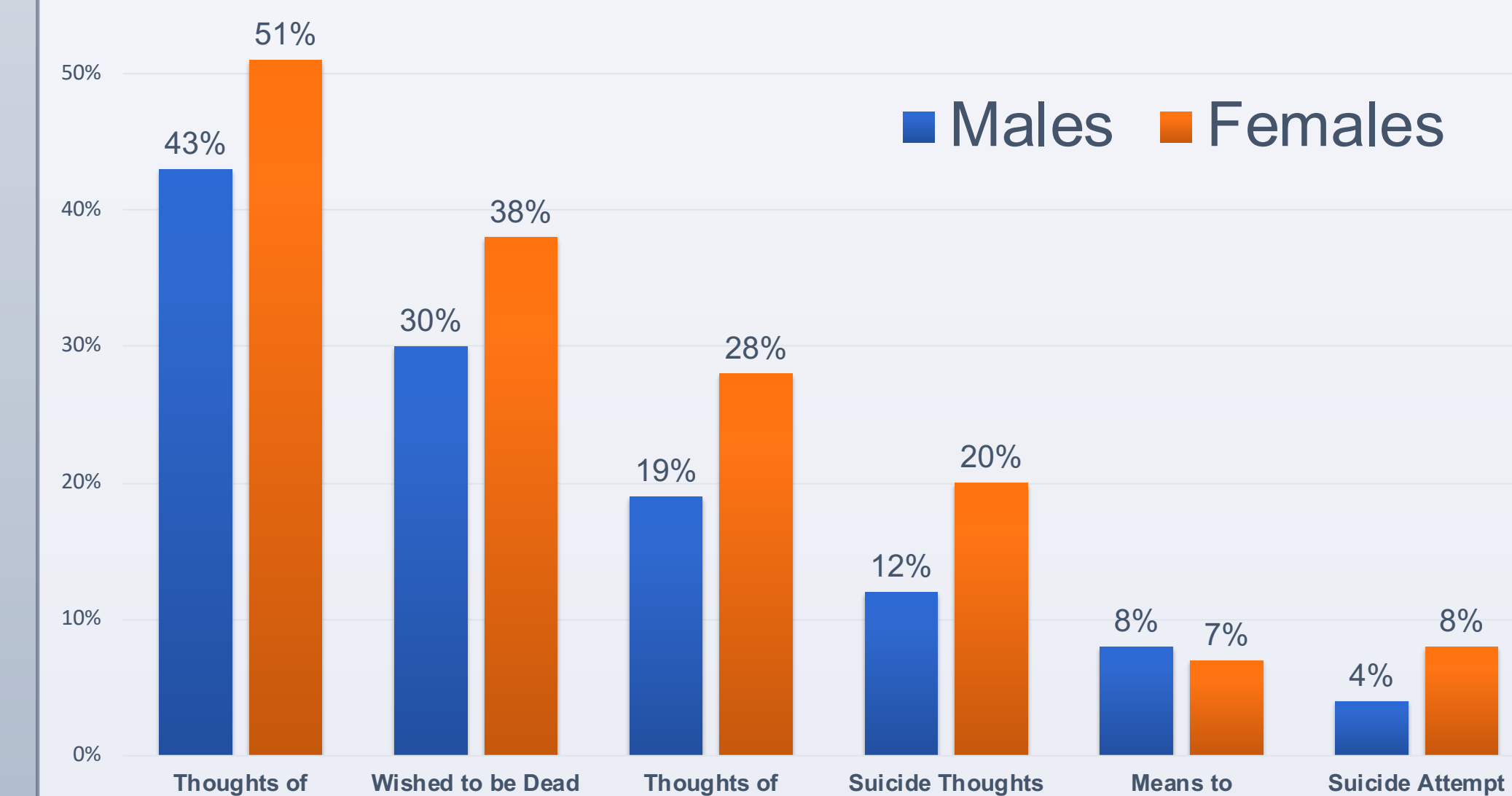


CLINICAL DATA

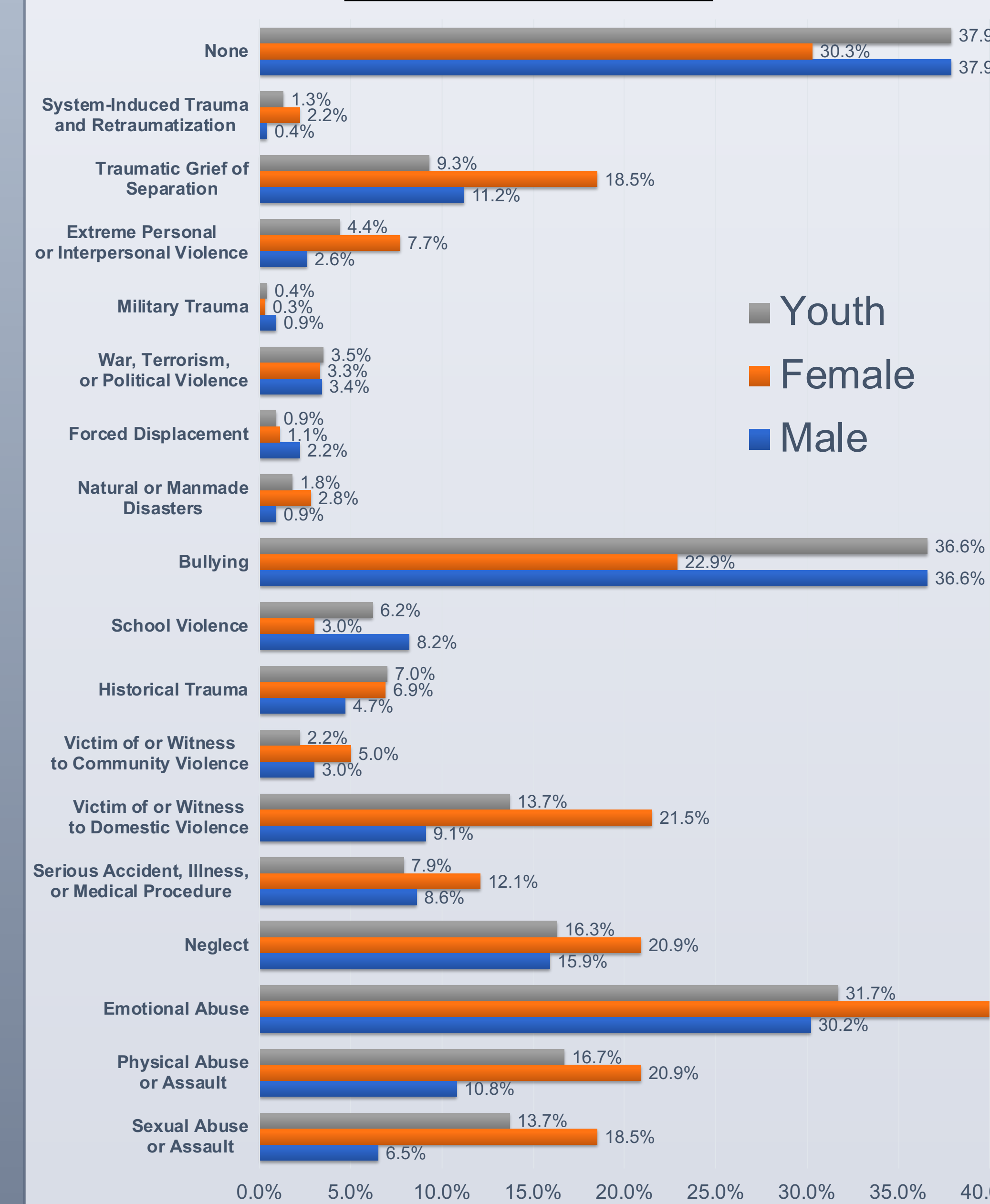
Primary Concerns (N=462)



Suicide-Related Data

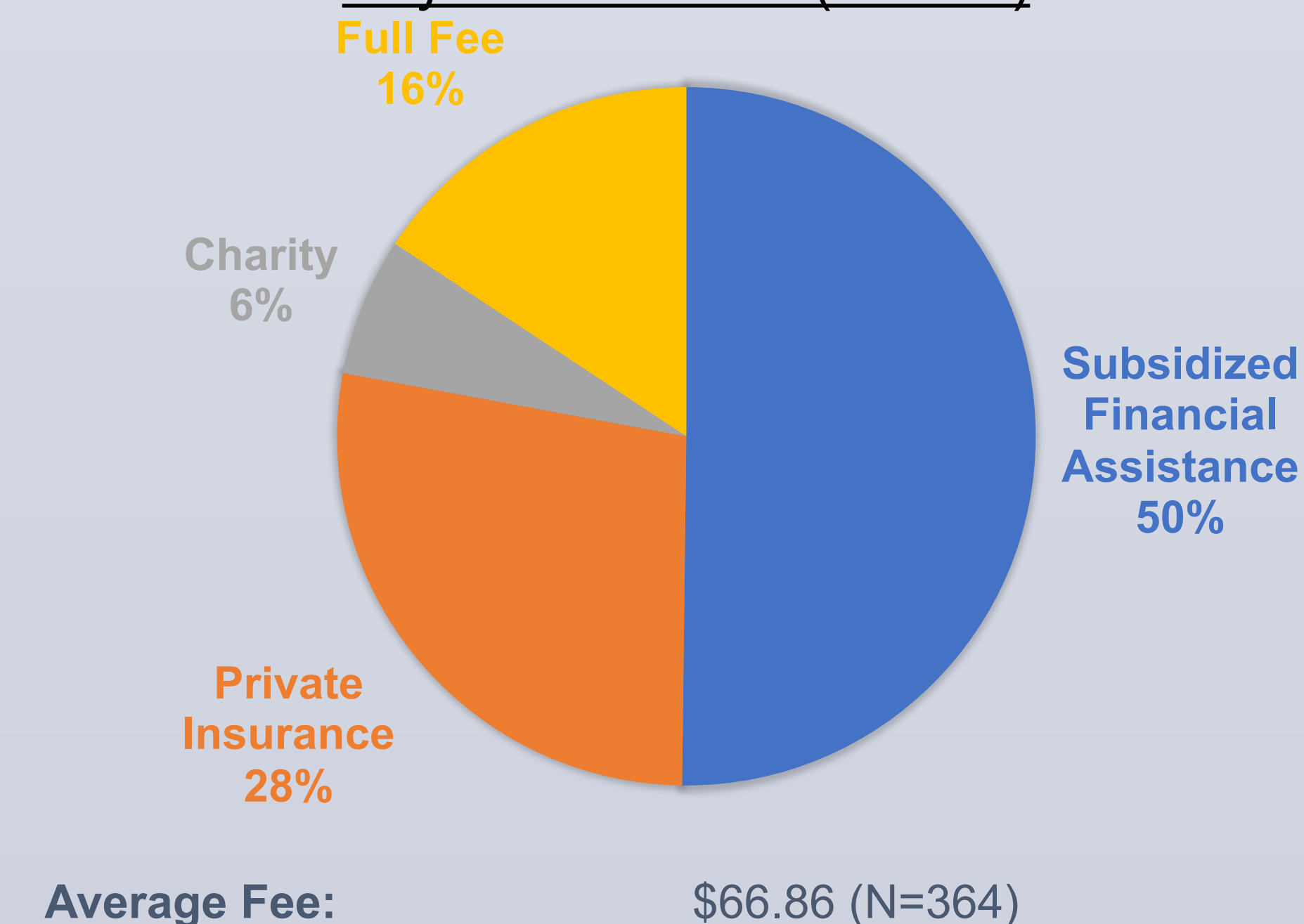


Trauma Assessment

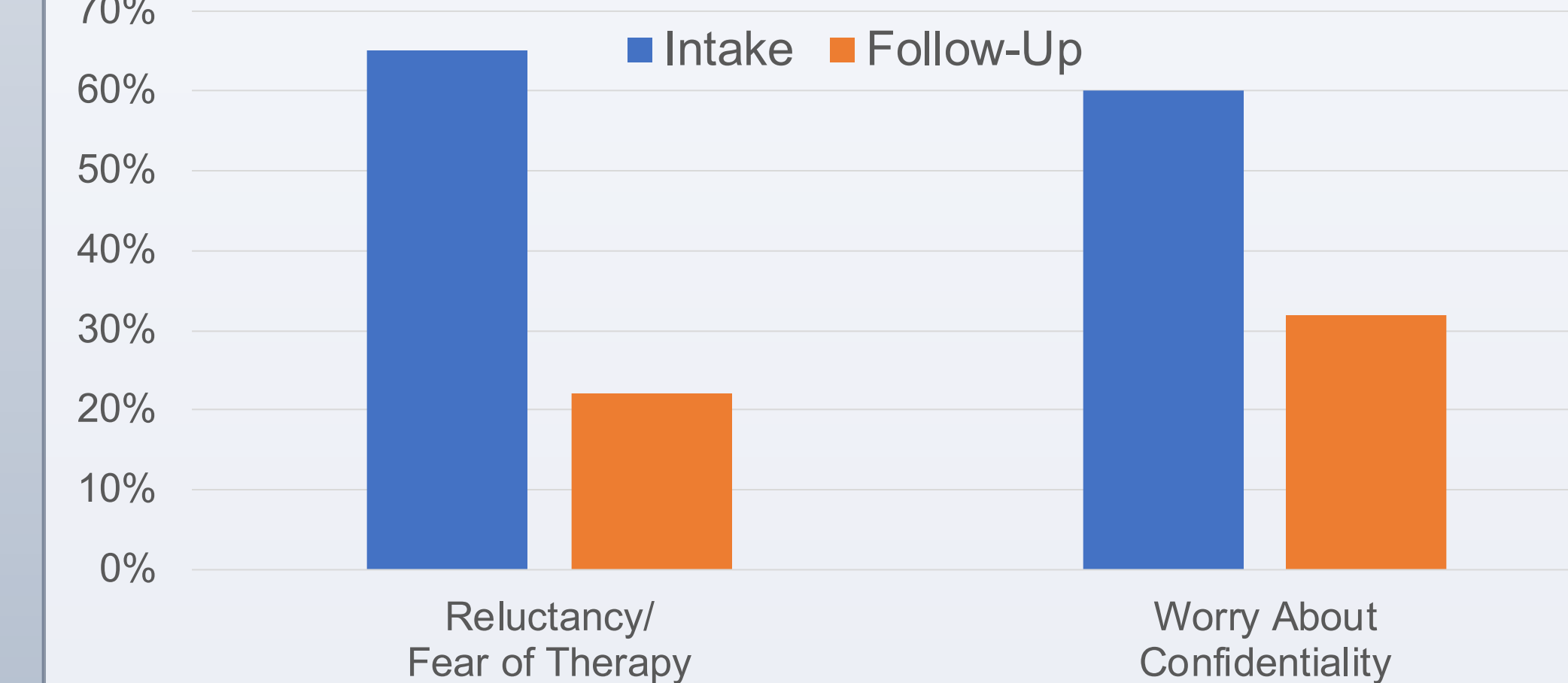


OUTCOMES OF FACILITATION OF BARRIERS

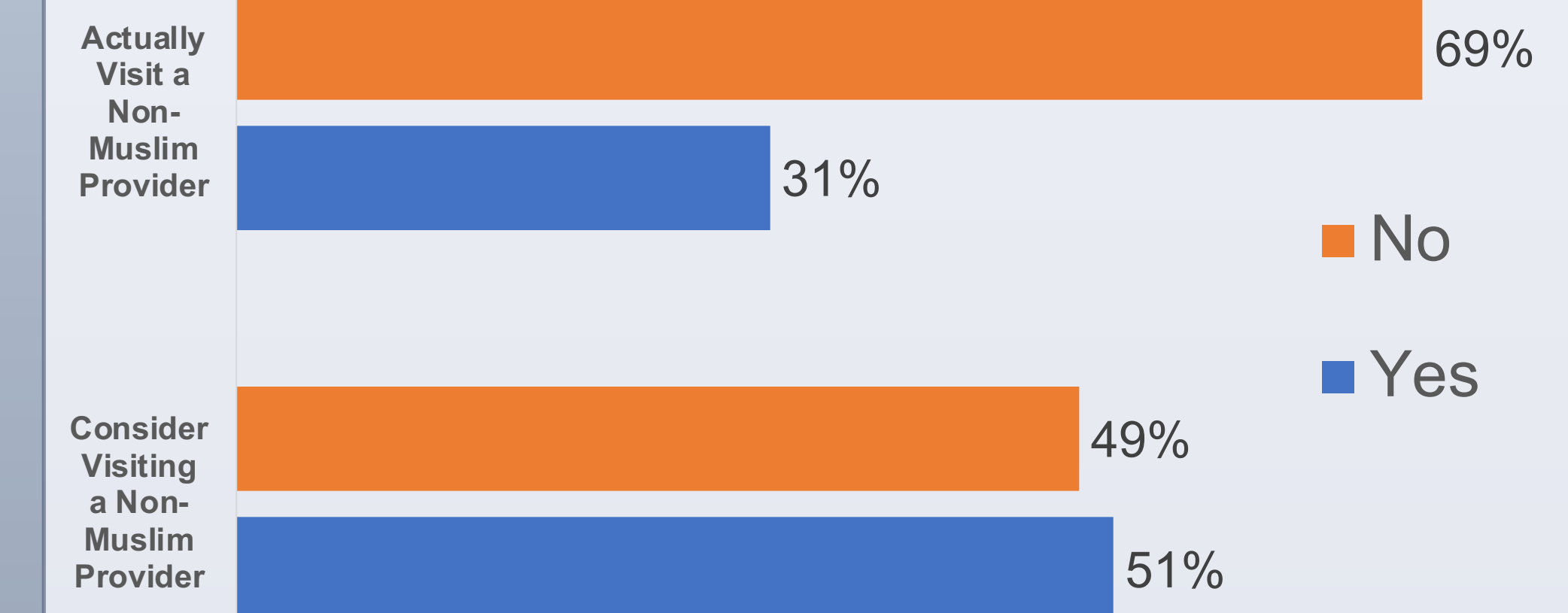
Payment Method (N=516)



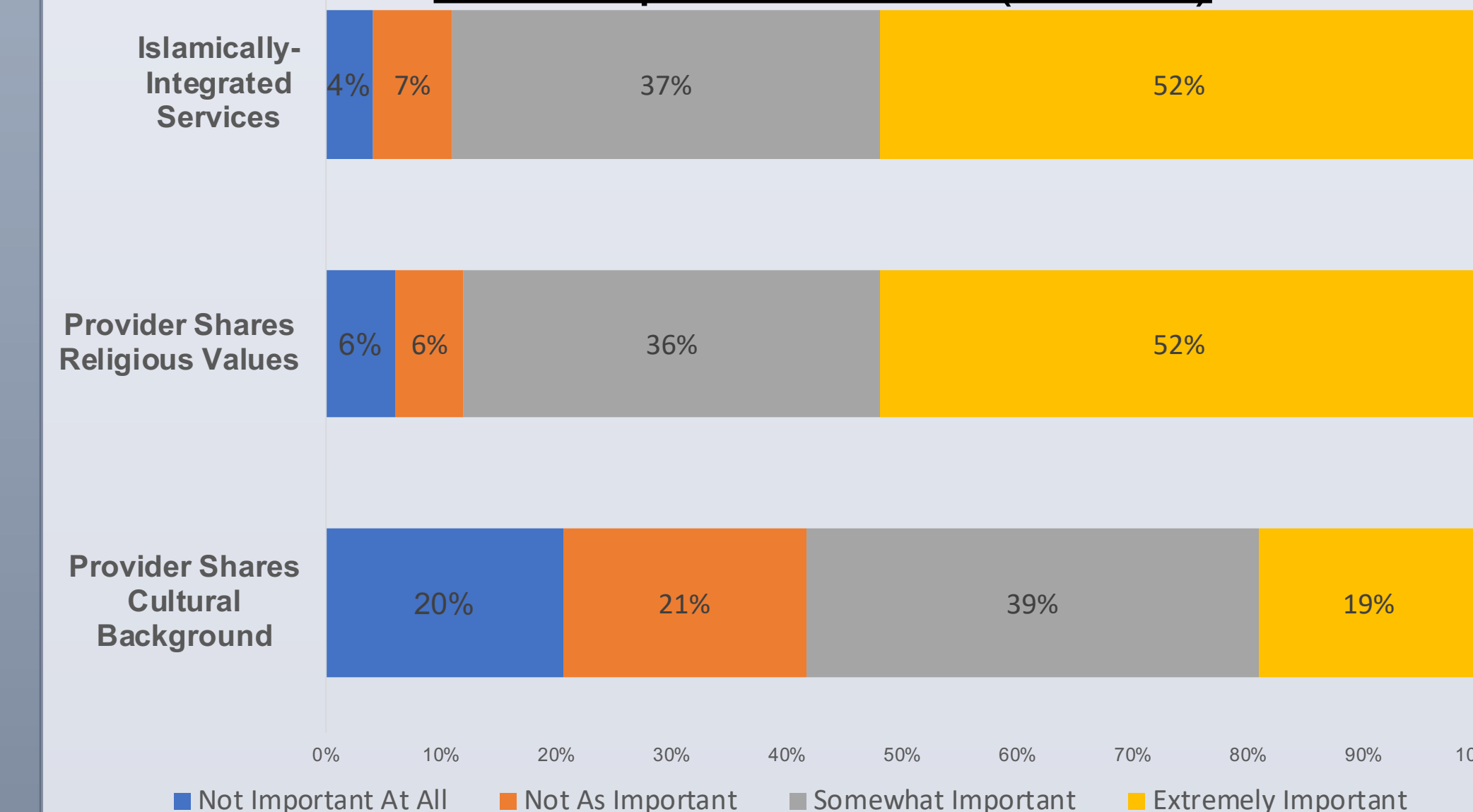
Barriers



Help-Seeking Attitudes & Behaviors (N=630)

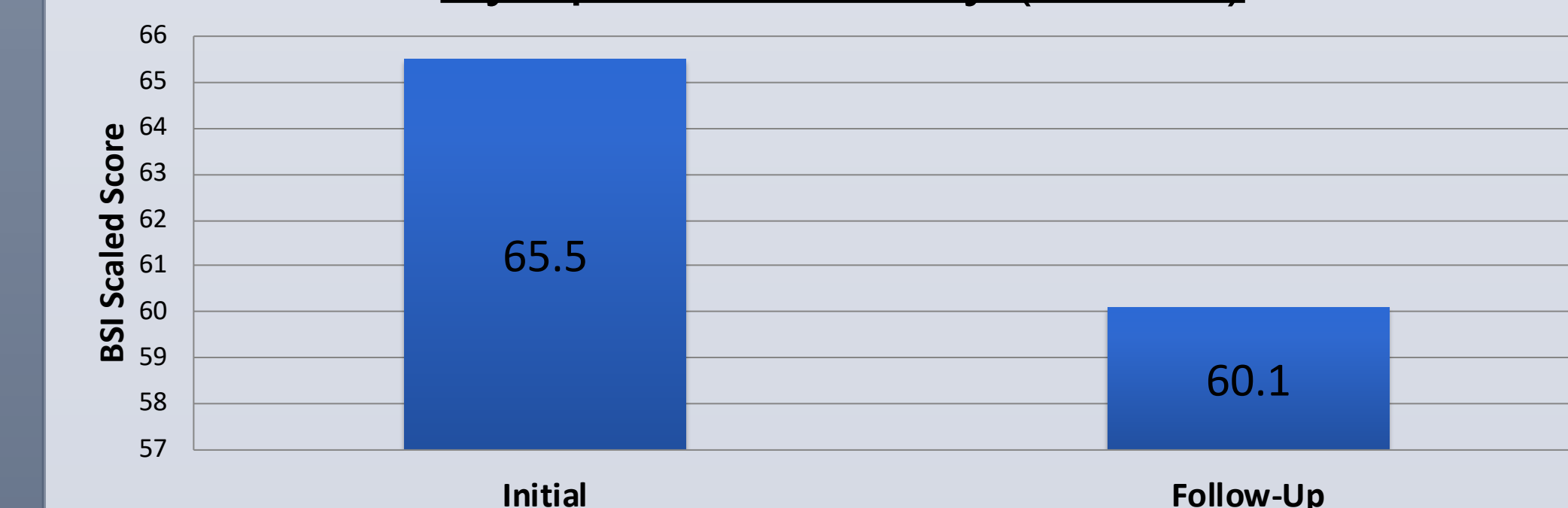


How Important is it... (N=620)

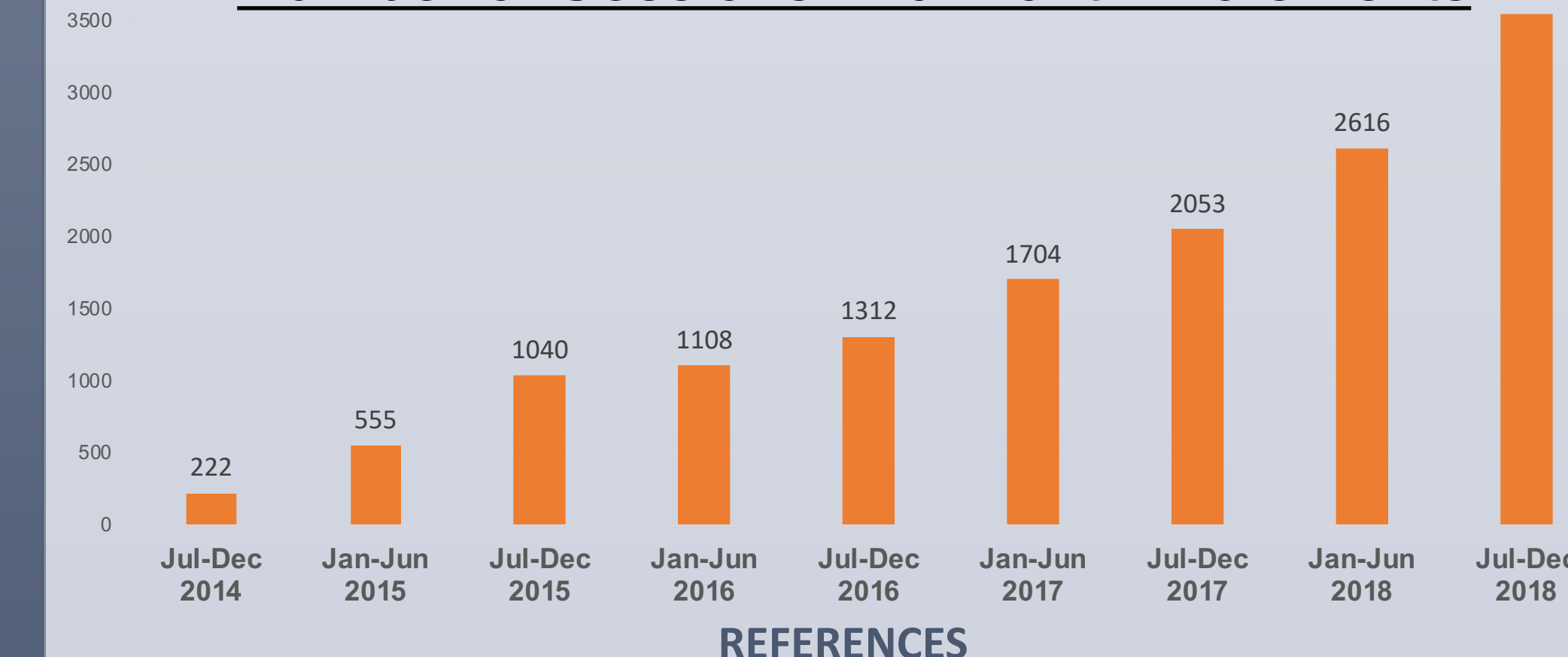


PROGRESS

Symptoms as Measured through Brief Symptom Inventory (N=151)



Number of Sessions in 6-Month Increments



Text