

Parenting for Arabic Speaking Peoples

Parenting in Modern Times

Dr. Heather Laird



Parenting in Modern Times



Parenting for Arabic Speaking Peoples In America

Funded by MHSA

Final Report 2020 -Overview

Introduction

The Eastern European Middle Eastern (EE/ME) Underserved Cultural Communities (USCC) subcommittee established under the Mental Health Services Act (MHSA) has the objective to increase mental health access and reduce disparities for the EE/ME Community that resides in the County of Los Angeles. This subcommittee works closely with community partners and consumers in order to increase the capacity of the public mental health system to develop culturally competent recovery-oriented services as well as to develop capacity building projects.

Parenting in Modern Times was a parenting seminar targeting Arabic speaking parents and community members. Twelve parenting seminars were delivered in different locations and venues throughout Los Angeles County. As part of this project, mental health linkage and referral information pertaining to the services offered at Los Angeles County Department of Mental Health were provided. Most Arabic speaking families living in Southern California are recent immigrants and have difficulty understanding the mental health needs of their children due to stigma and low levels of acculturation. Many Arabic speaking parents express feelings of helplessness because they don't have the tools and knowledge needed to address the mental health needs of their children. These parents are looking to Arabic speaking professionals for guidance and mental health education. This project provided guidance and support for Arabic speaking families who are struggling with the mental health needs of their children.

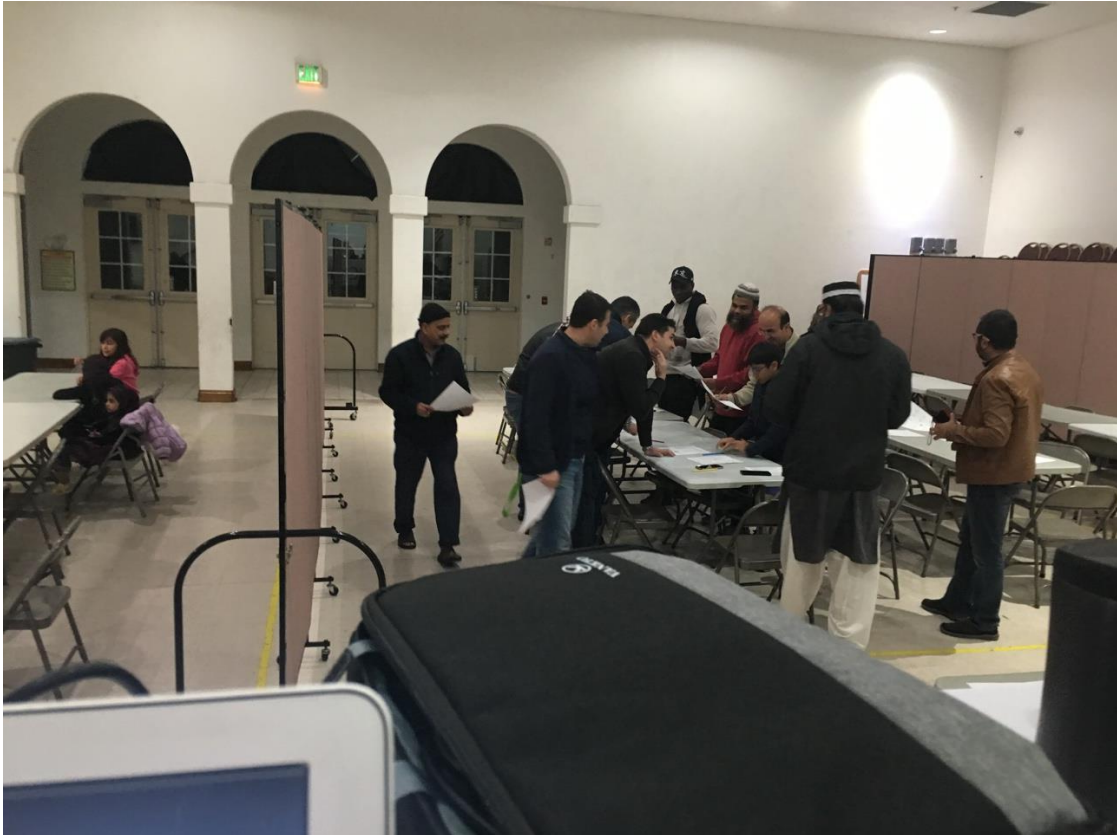
This project sought to increase knowledge about effective parenting practices and accessibility to mental health services for the Arabic speaking Communities in the County of Los Angeles. A curriculum for the seminar was developed for a three-and-a-half-hour educational training, which will be included two hours of skill development and one and a half hours of communication skills and questions and answers. The trainings included information about living in America and the transitional process including assimilation, acculturation and living between two worlds. It also included:

- a) Basic mental health information such as the warning signs and symptoms for depression, anxiety, Post-traumatic Stress Disorder and suicide and suicide prevention;
- b) Understanding how to identify common mental health symptoms and behavioral issues in children;
- c) Information on how mental illness affects families;
- d) Education on effective parenting practices that are culturally relevant in the Arabic speaking community; and
- e) Mental health linkages and referral information.

These seminars were delivered in a culturally and linguistically relevant and appropriate manner.

This report contains information on the following aspects of the EE/ME 2020 Parenting project for Arabic Speaking Peoples

- Strengths and barriers of the Parenting Seminars.....p.4
- Information and feedback from community members regarding the effectiveness of the Parenting Seminars.....p.7
- Recommendations and strategies that were successful in engaging the community members...p.9.
- A summary of the pre/post survey, which includes data outcomes comparing the pre-test and post-test outcomes.....p.11
- There is also a summary of linkage and referrals to mental health agencies.....p.104
- Conclusion.....p. 104



This picture is a picture from the Islamic Center of Northridge Seminar where members were strictly separated in order to participate.

Strengths and barriers

As the goal to increase capacity for taking part in mental health services and educating the public about mental health related issues within the Arabic Speaking people within Los Angeles County has taken place with the capacity building project of Parenting for Arabic Speaking People: Parenting in the Modern World there have been many strengths, fewer barriers compared to previous projects, as well as sustained barriers that will only improve with a long-term vision.

Strengths and Barriers

While the rules of the MHSA grants include new projects for each fiscal year, there are disadvantages to not supporting projects that build rapport with particularly vulnerable and underserved communities. People who speak Arabic have cultural values that include building relationships over time. Because of the particular history with Arab speaking people in America there tends to be less trust between the community and the government to the point that people of Arab ethnicity have indicated they stopped teaching their children Arabic after 9/11 to avoid their children despairing due to fear of discrimination and marginalization. It is important to consider when choosing projects to be funded through this grant

making project that if the project does not have a definite finish, it may not be worth entertaining, because to open the door of relationship-building to not be able to continue to grow that relationship can have more damaging effects on the whole process of building capacity within this community.

Strengths

One of the strengths of this project is that it can work in a format of a one-time project or one that continues. Another strength is that as the main presenter Dr. Laird has been involved with capacity projects within this community for the last several years. This has allowed key stakeholder relationships to be built and expand in this community. When this is not the case, the relationships must be rebuilt and start over. This can be detrimental to progression when building capacity. This aspect puts into question the overall goal of this grant-making procedure. If the government wants to see progression over time that might look like investing in human capital who have the relationships built to make that happen, rather than competing for resources that are few in nature and result in potentially no real notable progress being made. When a project or the human capital running the project work well within a community, it is perhaps better to invest in what works well than recreate the wheel each fiscal year.

Another strength related to building on past relationships built was that Dr. Laird was able to open this program to new venues and populations of Arabic speaking people that have not taken part in programs and projects previously.

Another strength, after the very first seminar, there were a lot of verbal reports of a feeling of healing and increased understanding between immigrant generations 1-2 and the children present. There was also an increase in interest in services, as evidenced by my personally being asked for new patient appointments.

Another positive note, after the NHS- Pasadena seminar was offered, parents are requesting the school to offer more seminars on parenting and additional aspects of parenting alluded to in this seminar. After the NHS-LA seminar, a request for ongoing services at the school and subsequently with parents is developing into an opportunity to offer dynamic family systems therapy within the school setting with some of our most vulnerable populations. However, this is creating another barrier around capacity. There are more needs beyond therapy like ESL, and food scarcity. Unfortunately, this again points back to funding. As, if we had more funding as an organization, we could hire a case manager or social worker, but we don't have that bandwidth.

Also, people loved the Bingo. And, it really does seem to begin to create the environment for a safe space to invite this group of people into new spaces like icebreakers. It is not a tradition in this culture, however, people are very social and it helps to create bridges even among the people in attendance,

which is also a strength, because many do not have extended family members as they did before and were used to before immigrating to America.

Another strength to this particular project and presentation was the format itself. Rather than focusing on traditional life development markers and parenting strategies, this presentation focused first on the underlying and foundational issues that cause immigrants and underserved Arabic speaking people's issues within the parenting-child dynamic. For many it opened up whole new discussions and considerations they had not considered or were not able to articulate. They were provided the words to do so and much like a pressure valve releases air and steam, the people attending were able to exhale and realize a few things: 1) I am not alone; 2) Others experience this; 3) It is normal to experience this; 4) there are resources that can help me. And, what else is capacity building about than exactly this expectation to open the door for people to realize there are resources and help available for them that considers their language and cultural needs.

Barriers

What has been most challenging to this point are the many stigmas of identifying as Arab, Arab speaking or having the sense of participating in something that has to do with mental health. Another barrier is funding. While this particular seminar has stimulated people into desiring more seminars about parenting, the community members do not see their role yet in financially supporting these as a community benefit.

Other barriers or challenges have been around language. Some locations didn't like the Arabic speaking people on the flier. They just want it to read 'Parenting in the Modern World.' It seems it goes back to the stigma surrounding mental issues affiliated with mental health. Although, some don't have this problem at all.

Additional barriers were logistical like in the second seminar where there were many more in attendance than the goal. This second seminar included too many people for part 2. Too many people did not allow the safe space or intimacy-like need to create communication between people in a large room with a large group of people. Another barrier addressed based on past experience was to have people fill out the evaluations and posttests before the last 15-minute session of reflective listening. This has been somewhat helpful in being able to get a higher response rate before leaving the sessions. Still, it is difficult to get the evaluations in the end, particularly when there is more material in the presentation than there is time for.

One weakness of this presentation was it was jammed packed with material. There were very few sessions where there was enough time to complete all the information contained within the presentation.

Many sessions went longer than expected to try to accommodate this, but this elongation brings with it another set of challenges, such as time, venue booking and time, financial obligations and time.

Another challenge is bridging the gap between the realization for a need for services and those services being handled by the department of mental health. When capacity is increased, it is done usually with the person or people leading the program because trust is being established or has been established. Traditionally in Arab culture difficulties are handled face-to-face and often over tea or coffee. When the people presenting are not employed by the department of mental health, it is a stretch to get the people to move from no services to those services. They are likely and often willing to take the services of the person in front of them, but not make it across the bridge to the department of mental health. One question at the end of this is, is that a goal?

Another challenge that presented itself as a small community-based organization has to do with the financial rules of the projects. Small community-based organizations often have an easier connection to the underserved communities that need to be served and they can garner trust within traditional communities more than larger organizations. However, it can be challenging when the community-based organizations have a small capital margin. Not having any upfront capital to work with can be challenging and was a barrier in some aspects for this project given the overhead costs of creation of materials and the materials for the seminars themselves.

Overall, there were new people reached in this underserved community, people initiating the process for services and asking for more programs like this one.



Families engaging in part 2 of the seminar and learning how to communicate better with their children.

Feedback from participants

There were some ad hoc comments and requests, and also remarks left on the *Seminar Evaluation*. At New Horizon School Los Angeles, the school decided to explore a regular academic success and counseling program after having the experience of this seminar. Additionally, they added courses on *Art therapy* and *Learning how to be resilient*. New Horizon School Pasadena had requested further parenting seminars and three additional seminars on “*screen time*,” “*resiliency*” and “*how to survive social distancing at home*” were provided post the parenting seminar.

Answering the question : “*What did you like most about the presentation?*”

- It opened my eyes to many problems that I didn’t realize were a community issue
- Immigrant struggles versus non-immigrant (born here) reality – liked and would like to hear more about
- Discussing real life issues.
- The interactive pieces to the seminar and Dr. Laird’s willingness to answer all our questions.
- Loved the Bingo!
- Dr. Laird is invaluable!
- I loved that it incorporated mental health to the topic of parenting because that is often not discussed.
- I enjoyed the ability to reflect on experiences and hear them valued and implemented into the presentation by Dr. Laird
- I liked the discussion about how parents affect kids and make a positive influence.
- Liked terminology, warning signs, resources
- Liked the discussion of permissive parenting versus authoritative parenting.
- The different types of parenting and its effects.
- I likes the topics and I learned a lot.
- Loved the visuals and presenter
- The topic was great. Just wish it could have gone more in-depth; perhaps a 6-8 week session.
- I liked the topics and discussions.
- All the topics were specific and broken down well.
- I liked the topic discussed and the resources provided to get help.
- Liked the discussions.
- The Presenter was really good in presenting the materials.

“ *Is there something you would like to know more about discussed within the presentation?*”

- What is the best parenting style for Muslims to preserve their values while at the same time lower their children’s anxiety?
- Manifestations of mental illness in the Arabic speaking community that apply to adults and not just youth.
- I’d like to know more about how kids can deal with bullying and racism in schools.
- Would like to know more, have more discussions and more interactions.

- Solutions among conflicts arousing different parenting styles
- I would like more time to discuss the communication piece
- I would like to discuss more about these subjects.
- Would love more parenting training and practice specifically with Authoritative parenting alone (like a part two).
- I would like to learn more about how to help kids with anxiety.
- How to best redirect negative behaviors in a gentle healthy way.

Answering the question: *“What would you like to know more about that wasn’t discussed?”*

- The importance of parents working at and working through their problematic patterns they have learned in their homes that was passed onto them.
- The effects of parenting styles
- More time for the presenter to be able to accept questions, and we didn’t have time to get to the reflective listening piece.
- More time on anxiety, it was discussed but I would like more detail.
- More communication and guidance with kids.
- Single parent issues
- Victims of abuse issues
- Domestic violence
- Stigma
- Child abuse and neglect in the Arabic speaking societies.
- Having more tools for parents dealing with kids going into puberty
- More on Anxiety
- Positive discipline
- How not to raise your voice with children
- Better parenting skills
- How to set up individual part
- Support at the school
- Positive parenting and discipline / setting boundaries
- More on how to deal with teens and pre-teens. Would like more classes at the school.
- Different types of mental illness and the resources to reach out.
- How to avoid conflict among family members concerning parenting
- More communication with children
- Resilience
- Communication/growth/development of children from an Islamic perspective
- Solutions for same issues that were discussed
- Impact of not reminding people that God is forgiving, mistakes will happen, and you are not trapped.
- How to help.

Recommendations and strategies in effective engagement

When working with Arabic speaking peoples it is important to remember that stigmas around mental health and wellness still remain a factor. Adult attachment insecurity often caused by displacement (e.g. immigration and refugees), or through lack of group identification (e.g., through group alienation, people who identify as LGBTQ), is correlated with increased instances of cognitive closure, a lower tolerance for ambiguity, and a more pronounced tendency for dogmatic thinking (Mikulincer, 1997). Individuals with insecure attachment are also more likely to not think clearly and adopt stereotypes (Mikulincer, 1997), e.g., all Americans have no culture.

The same predisposition to rigid thinking is apparent in the tendency of insecure individuals to make judgments that does not take all information into account (Green-Hennessy & Reis, 1998; Mikulincer, 1997). Cognitive closure, dogmatism, and conservatism may be strategies to hold onto a sense of self (Bowlby, 1980). In contrast, greater confidence is established in secure individuals, allowing them to be less defensive in relation to opening their minds to information that challenges their existing assumptions (Fonagy & Allison, 2014). In this seminar, this was accomplished repeatedly by pointing out the differences in outcomes in parenting styles depending on what part of the world a parent resides in. Research that reflected a multi-cultural perspective was the, Dwairy & Achoui, 2006 and 2010, that discusses how authoritative parenting style may be the preferred style of the West, but the preferred style and one with the best outcomes of the Middle East is Authoritarian (Dwairy & Achoui, 2010). When people can relate to research, and also feel understood culturally, they are able to establish trust (communication + vulnerability + intimate environment = created trust).

Similarly, Mikulincer (1997) asserted insecure individuals are more easily threatened and can be emotionally overwhelmed. Once epistemic trust has been lost, its absence creates an apparent rigidity (Fonagy & Allison, 2014). Many ethnic groups have experienced identifiable intergenerational traumas due to effects of historical colonization all over the world, including people from the Middle East (Laird, 2017).). These intergenerational traumas have created symptomatic distrust, displacement and sometimes dislocation. This can often cause a loss of epistemic trust (Laird, 2017). This can create a circumstance whereby a person is unable to learn from or intake information from people other than those whose cultural cues they can identify with (Csibra & Gergely, 2009). This highlights the importance of projects like the parenting seminars, as people need issues, they can both relate to and trust, while at the same time having those seminars presented by people they can trust.

Building programs with vulnerable communities who may have intergenerational traumas or insecure attachments trust is very necessary. Services that have recognizable cultural cues that can create trust with community members are necessary when creating resilient-informed communities. Being able to help communities create protective factors of resiliency through

promotion, prevention and intervention can create healthy communities, while also helping minority communities develop resilience in the face of discrimination, marginalization and oppression; thus, decreasing negative social stressors and behaviors. Communities that have cultural cues that are different from mainstream culture are minority cultures. The majority of Arabic speaking people are included in minority cultures in 2020. This is in contrast with how people identified in a pre-9/11 world, where people of the Middle East were starting to identify more closely with the dominant culture.

When a community is a part of the solution to perceived problems and issues within the community, there is more success in resolving issues. Feeling understood in therapy can restore epistemic trust in learning from social experience, and at the same time regenerates a capacity for social understanding (Fonagy & Allison, 2014). Improved social understanding alongside increased trust makes new information about oneself and others to be positively seen, acquired and internalized (Fonagy & Allison, 2014). This is more often a solution than the intervention of government-led actions that do not consider culturally competent approaches to any given community. This would apply to all community types, but even more critically to any minority or marginalized communities that have often experienced traumas and detachment, or insecure attachment in childhood and throughout the lifespan.

Most of the attendees for the Parenting Arabic Speaking People seminars were attending a UsCC project for the first time. Overall, their experiences and feedback contained messages of hope, gaining knowledge and gratitude for more potential opportunities.

Pre-test/Post-test Analysis

Overall, there was a good response rate in all seminar sessions for pre-tests and post-tests, and a slightly lower response rate for seminar evaluations at above. There were 181 signed-in participants from 12 seminar sessions who signed in as attending, and with head counts closer to 200 people. Most locations had more people who just simply were not willing to sign the attendance sheet. There is still a fear that exists within this population about the government, and the collection of information on private citizens. When the pre-tests are compared to the post-tests, in a match-paired analysis, there is an indication of positive movement when applying the treatment of the parenting seminar in all five areas measured. The one that has the most positive movement is being connected to resources, and the one indicating most need was in use of time, because there were times when the conversations were so rich, the material could not be completed fully. Below is an explanation of the expanded data analysis with graphs to illustrate the results.

Seminar One at ICSGV

Seminar one took place at the Islamic Center of San Gabriel Valley (ICSGV) in the San Gabriel Valley in Walnut/Rowland Heights area located in service area three and had 21 signed-in participants (9 males;12 female). Participants who signed-in were mostly in the 25-59 category (14) with one TAY and six in the older adult category. Seventeen respondents from 21 is an 80% response rate. From the picture below taken at the event, one can see there were also some children who were unaccounted for in the feedback of the pretests and posttests, and even on the sign-in sheet. However, of those who did sign-in there were 17 pretests and 15 posttests and 10 seminar evaluations filled out. Only the 17 matched-pairs were used for analysis. The discrepancy can be accounted for by two participants leaving the second part of the seminar before the posttest and seminar evaluation were filled out of those who were willing to fill the tests out. The seminar evaluations are even more difficult to convince people to finish.



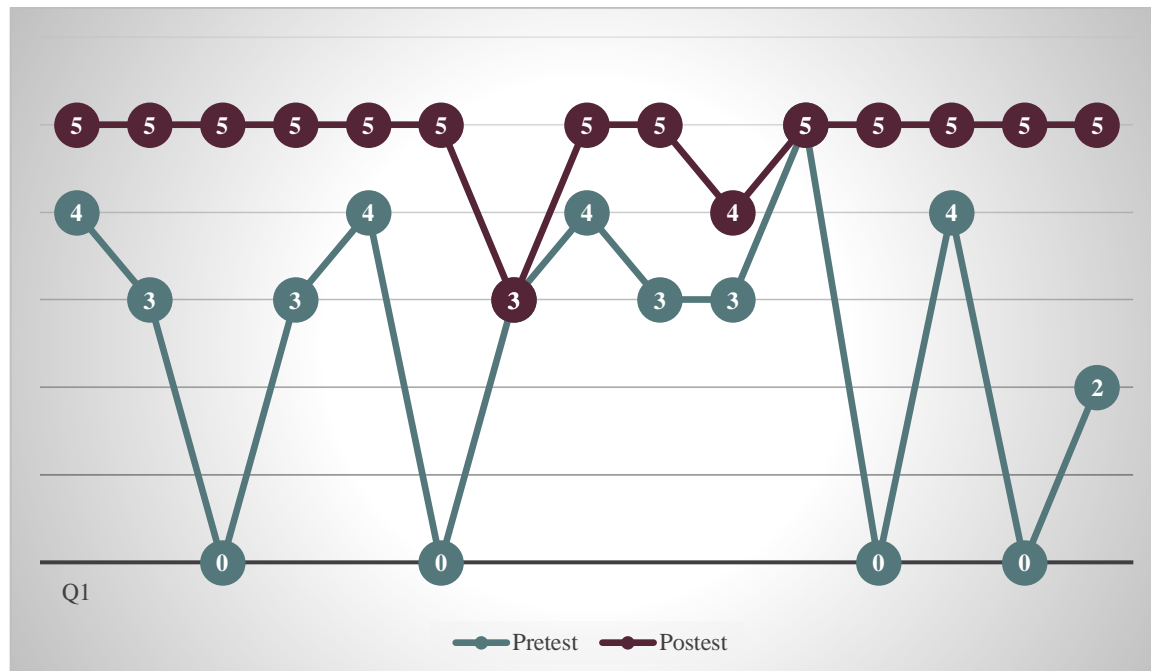
Parents and children practicing reflective listening at ICSGV

Seminar One at ICSGV

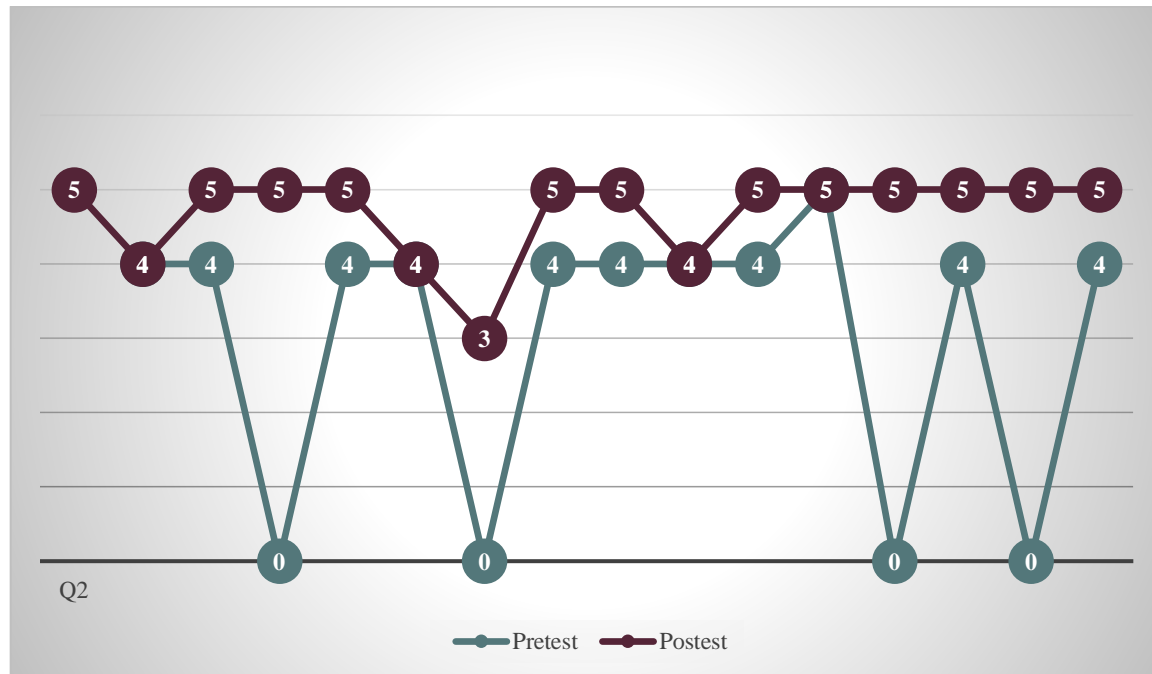
Pretest v. Posttest

Below you will notice an almost consistent positive change by every participant.

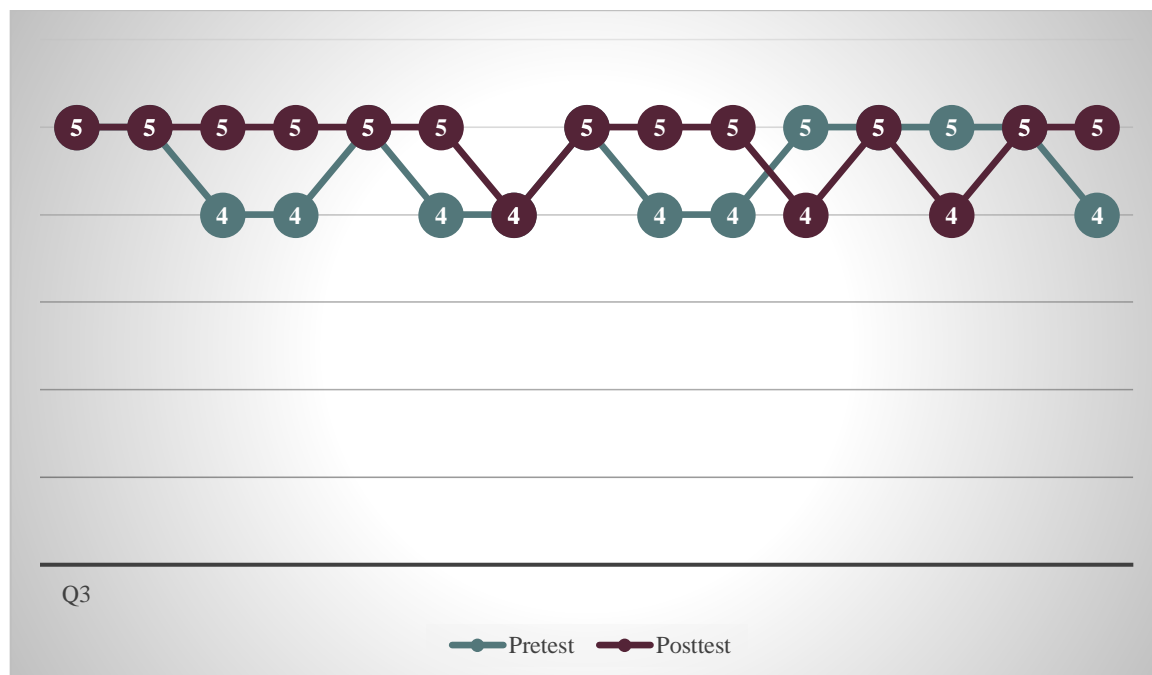
Q1: I understand the mental health issues that most affect the Arabic speaking population.



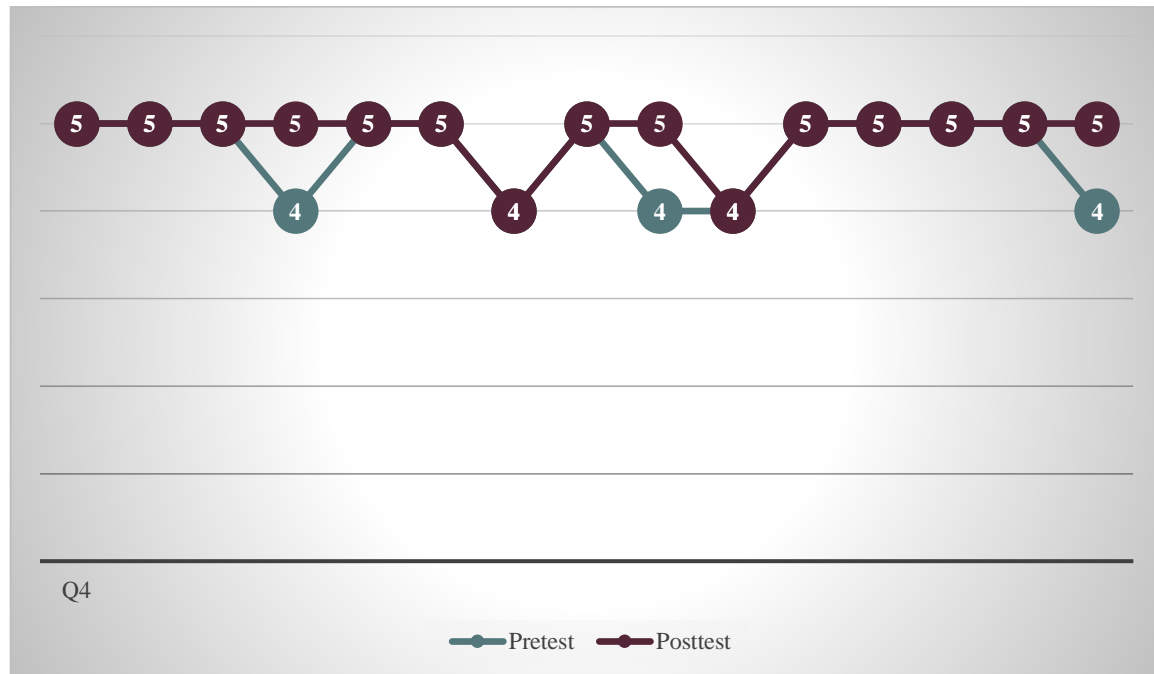
Q2: I can identify common mental health and behavioral health issues in children of Arabic heritage.



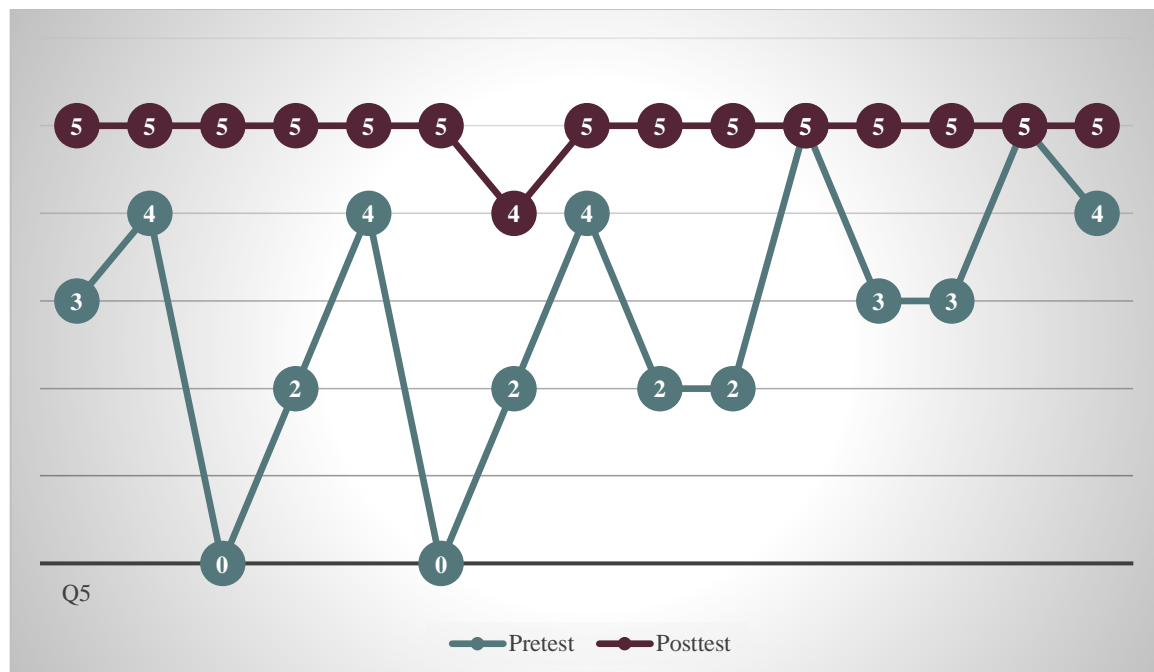
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.



Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.



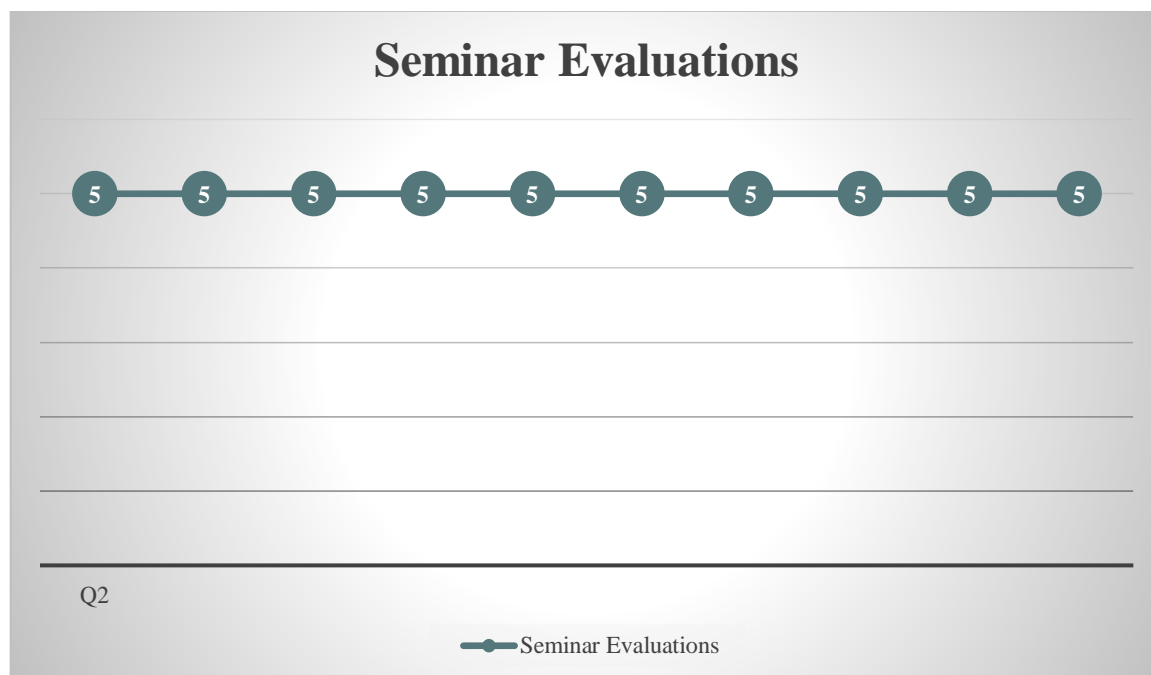
Seminar One at ICSGV

Seminar Evaluations

Q1: Purpose communicated clearly.



Q2: The presenter was organized and easy to follow.



Q3: Presenter exhibited a good understanding of the topic.



Q4: Presenter spoke clearly/ effectively.



Q5: Time for presentation used effectively.



Q6: Slides enhanced presentation.



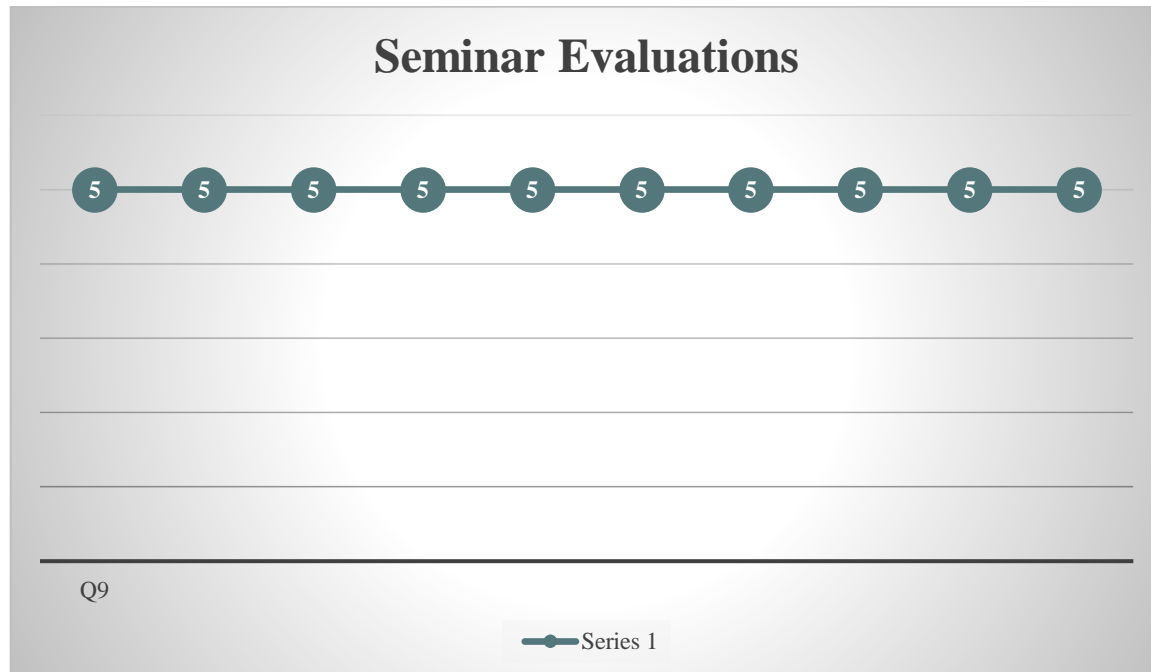
Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



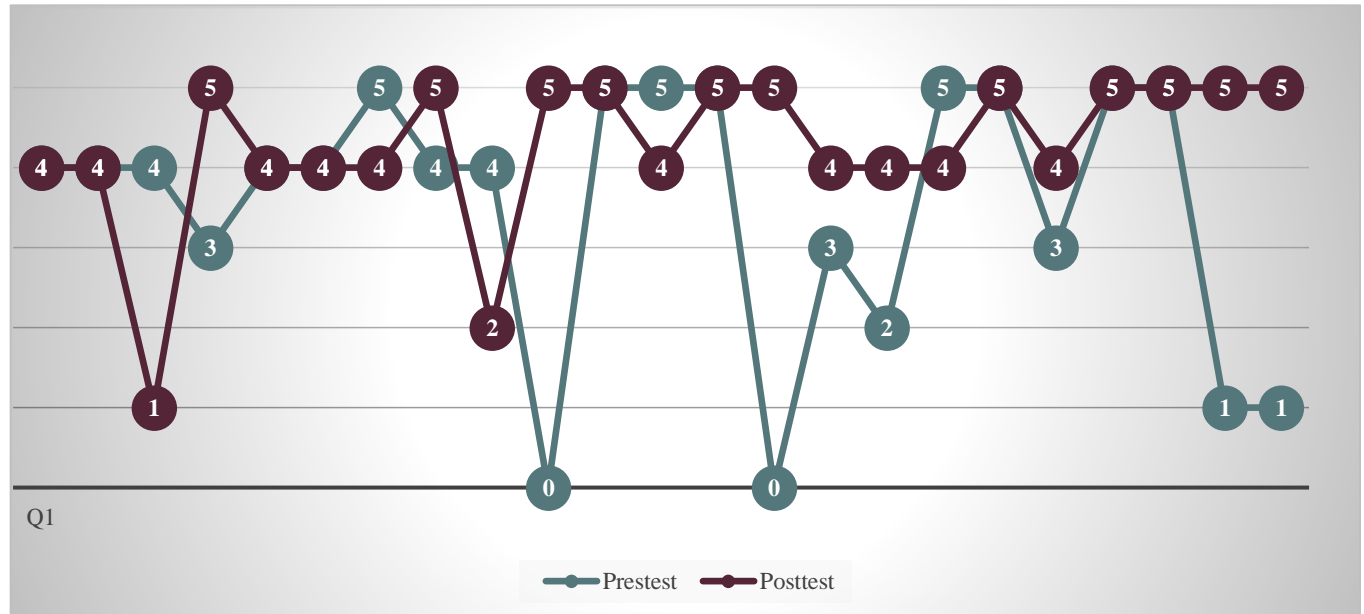
Seminar Two at Masjid Thor

Seminar two took place at Masjid Thor in service area 4 in downtown Los Angeles, and had 31 signed-in participants (3 males; 28 female). Participants who signed-in were mostly in the 25-59 category (23) with five TAY and three in the older adult category. Of those who signed-in, there were 22 pretests and 22 posttests, and 22 seminar evaluations filled out. This yielded a 71% response rate. Twenty-one matched-pairs were used for analysis, leaving some discrepancy to be accounted for by those who signed-in, but were not willing to participate in filling in the forms.

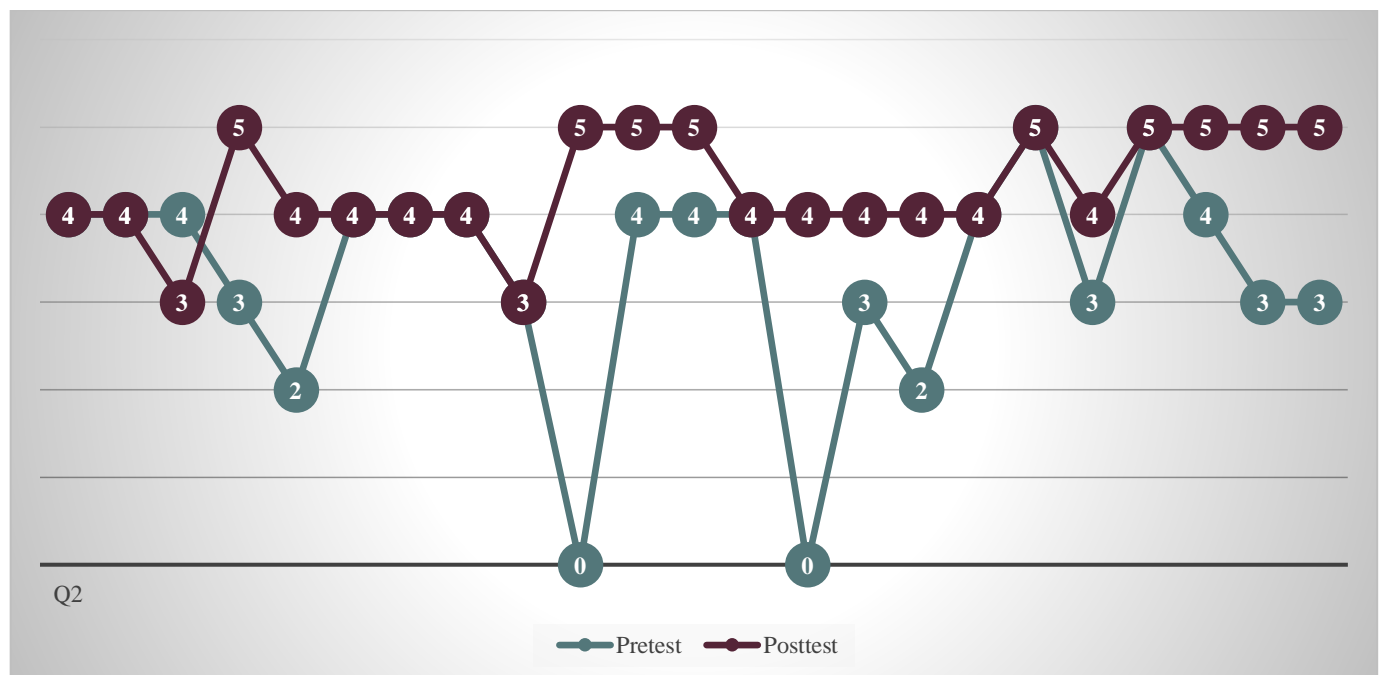
Seminar Two at Masjid Thor

Pretest v. Posttest

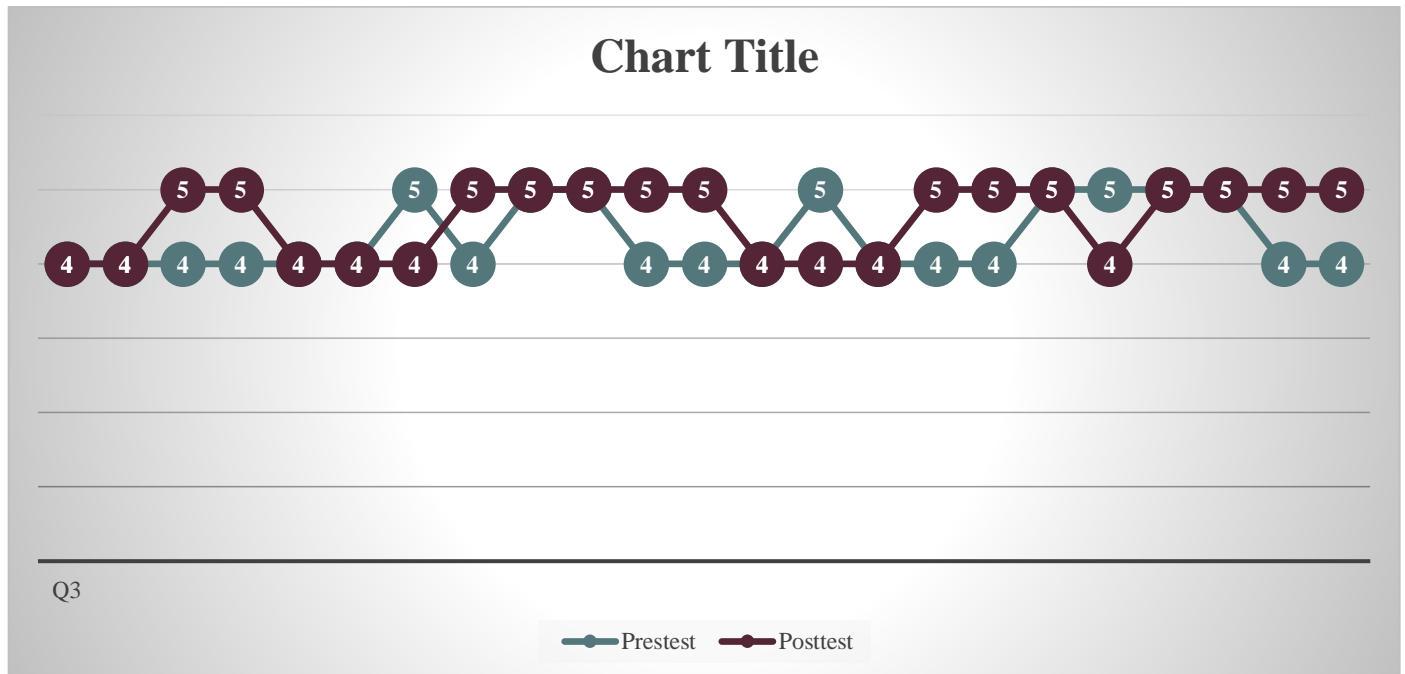
Q1: I understand the mental health issues that most affect the Arabic speaking population.



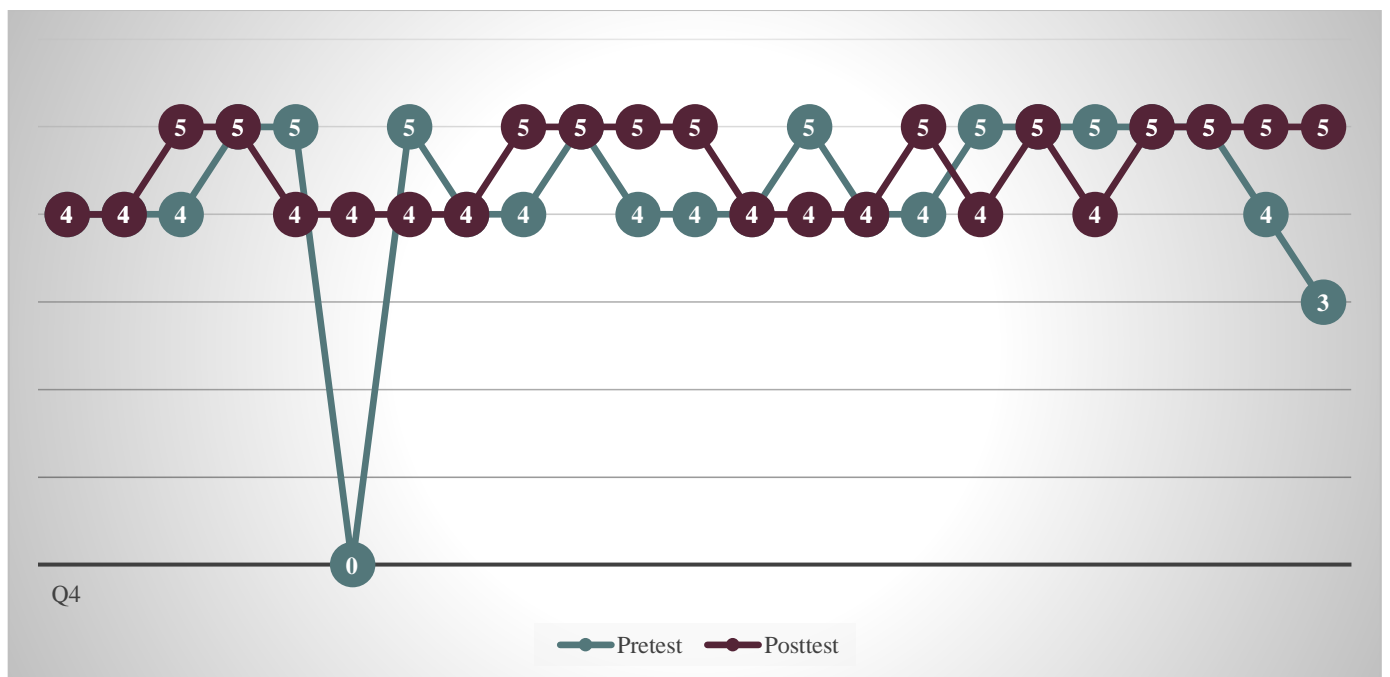
Q2: I can identify common mental health and behavioral health issues in children of Arabic heritage.



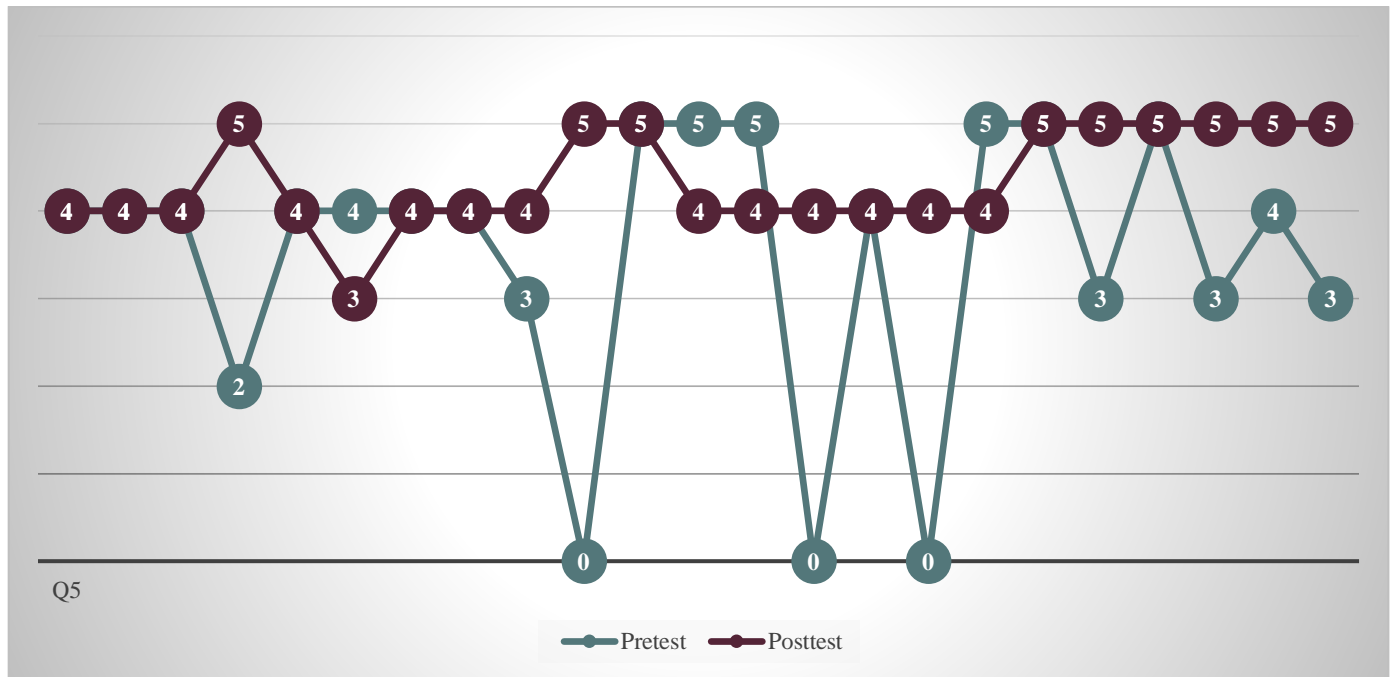
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.



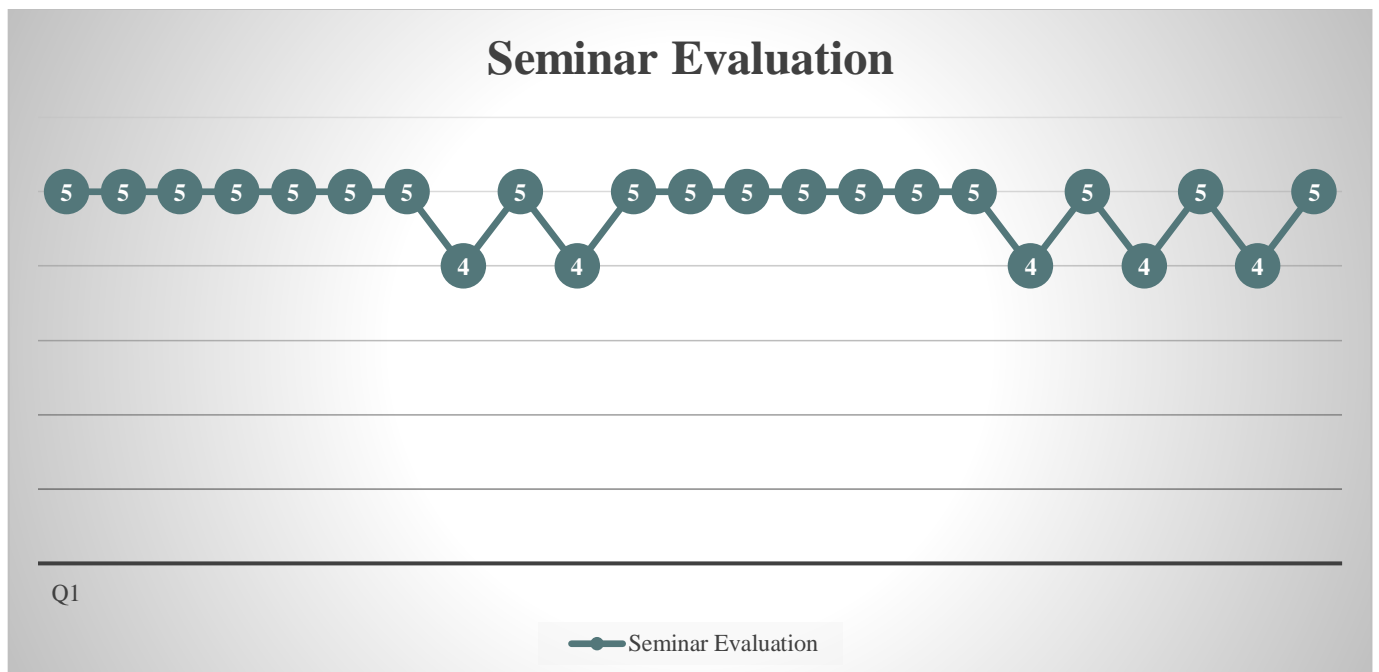
Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.



Seminar Two at Masjid Thor


Seminar Evaluations

Q1: Purpose communicated clearly.



Q2: The presenter was organized and easy to follow.

Seminar Evaluation




Q2

— Seminar Evaluation

Q3: Presenter exhibited a good understanding of the topic.

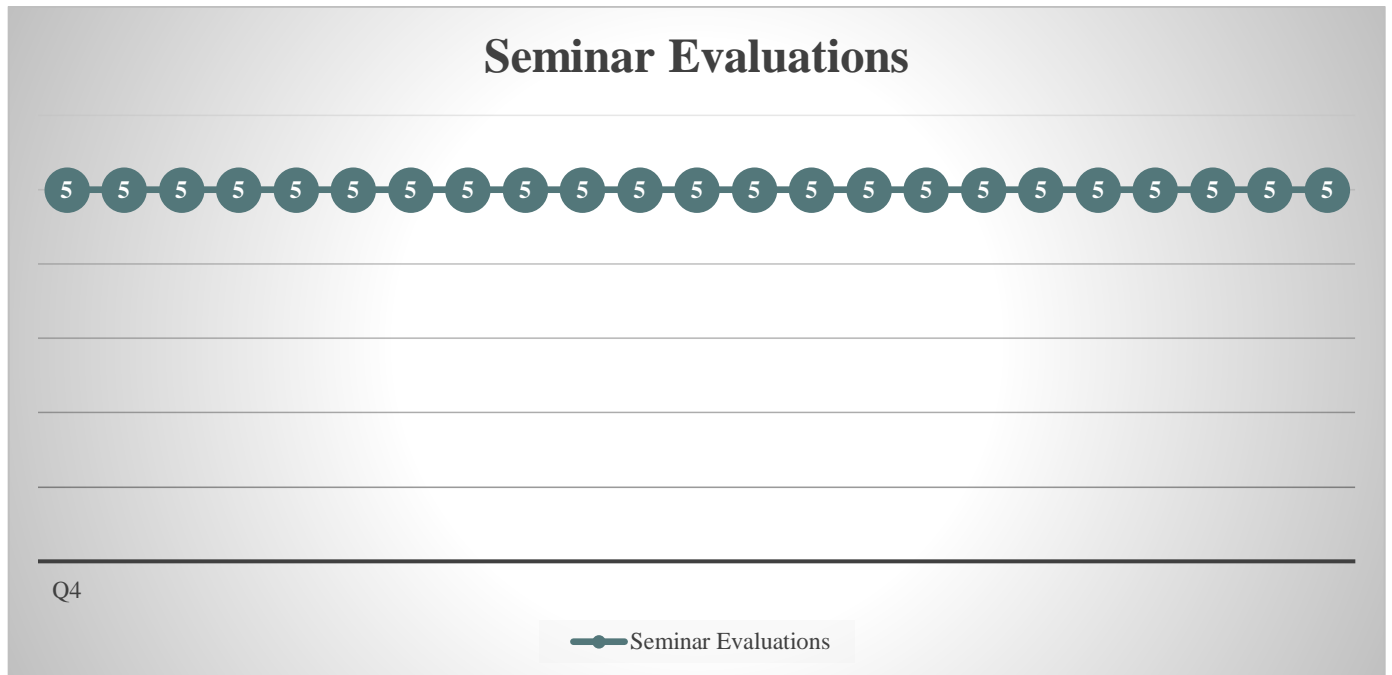
Seminar Evaluations



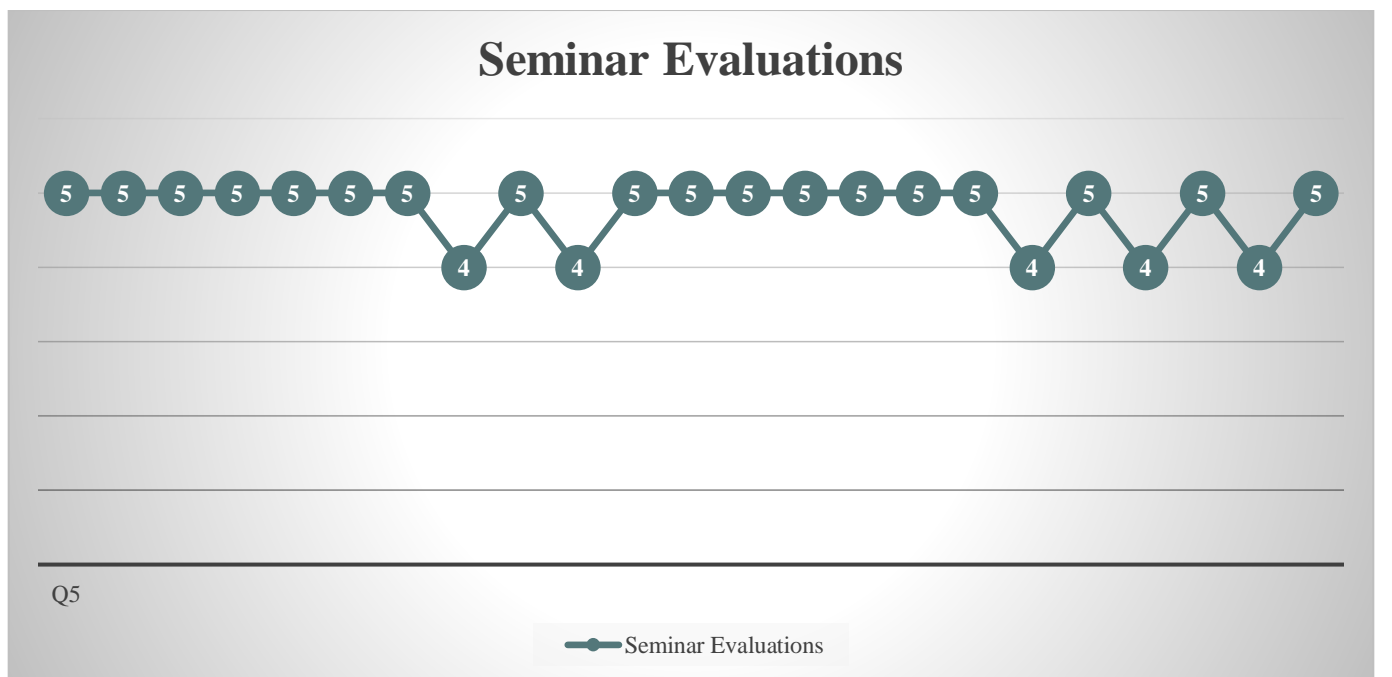
Q3

— Seminar Evaluations

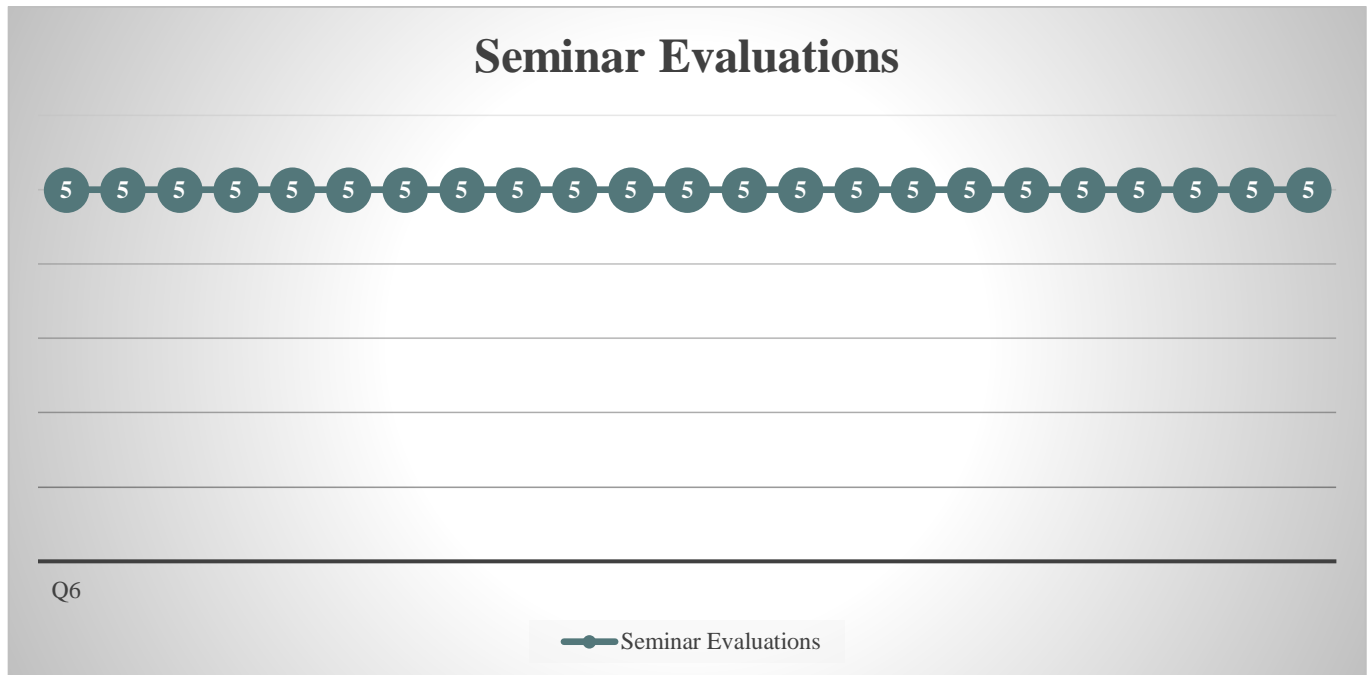
Q4: Presenter spoke clearly/ effectively.



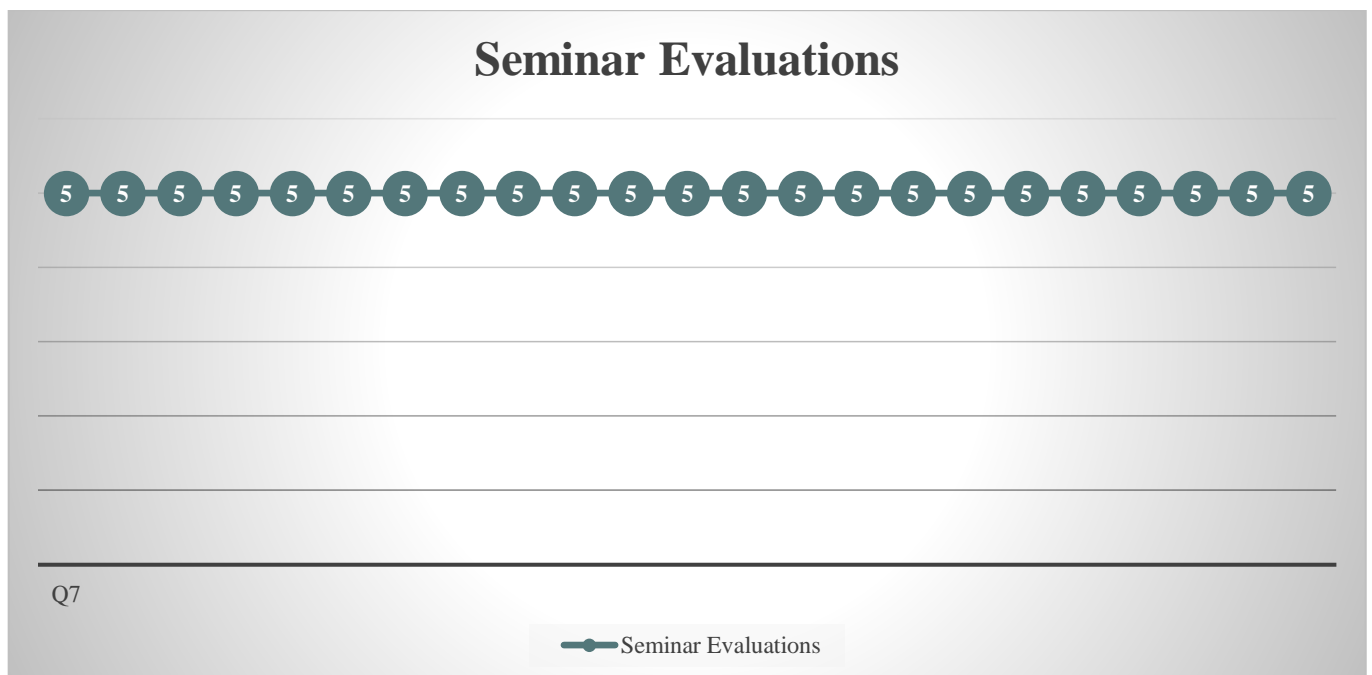
Q5: Time for presentation used effectively.



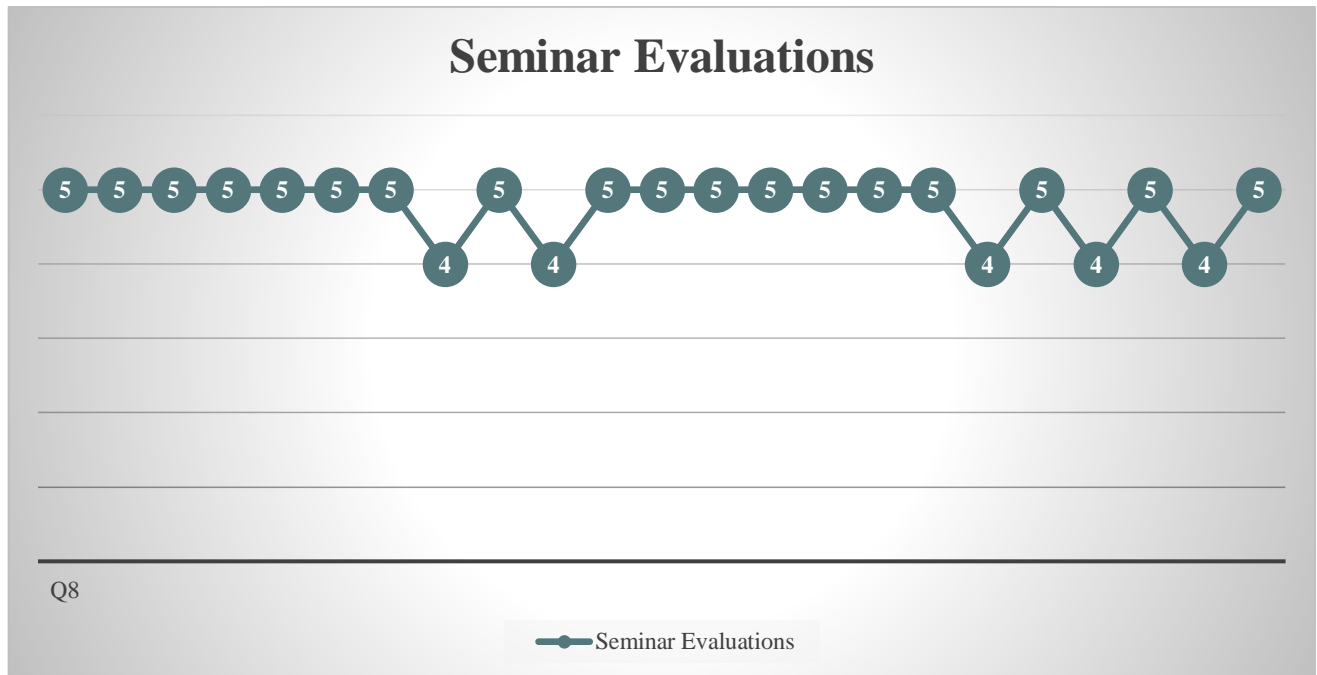
Q6: Slides enhanced presentation.



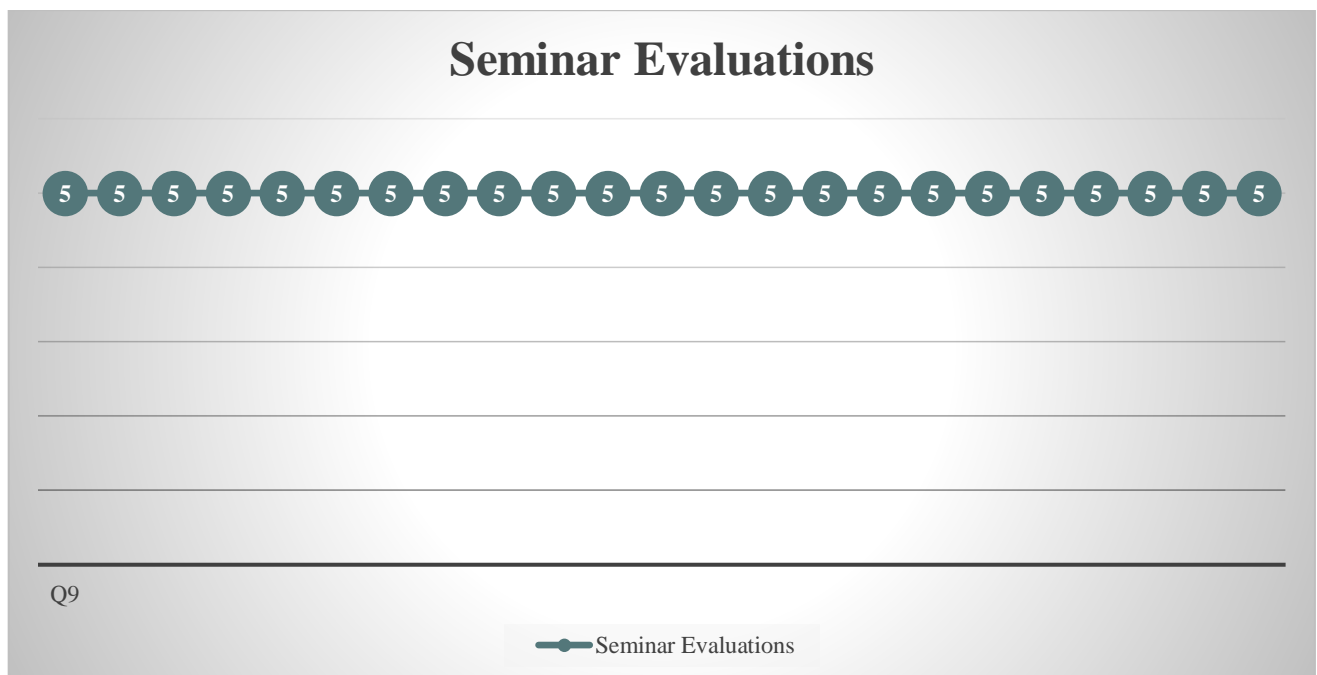
Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



Seminar Three New Horizon School- Pasadena (NHSP)

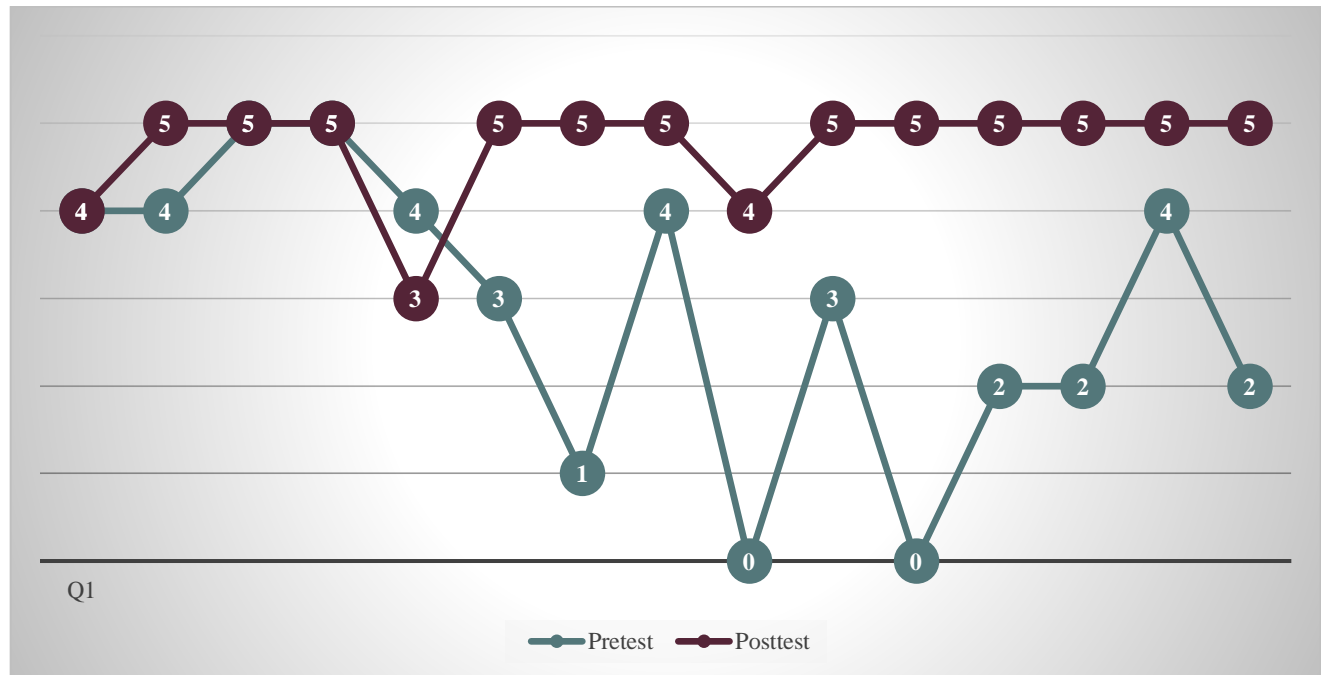
Seminar three took place at New Horizon School- Pasadena in service area three and had 15 signed-in participants (5 males; 10 female). Participants who signed-in were mostly in the 25-59 category (9) with six children, zero TAY, and zero in the older adult category. From the picture below taken at the event, one can see there were many more people who were unaccounted for in the feedback of the pretests and posttests, and even on the sign-in sheet. However, of those who did sign-in there were 15 pretests and 15 posttests and 15 seminar evaluations filled out. This is 100% response rate. Fifteen matched-pairs were used for analysis, leaving no discrepancy to be accounted for by those who signed-in.



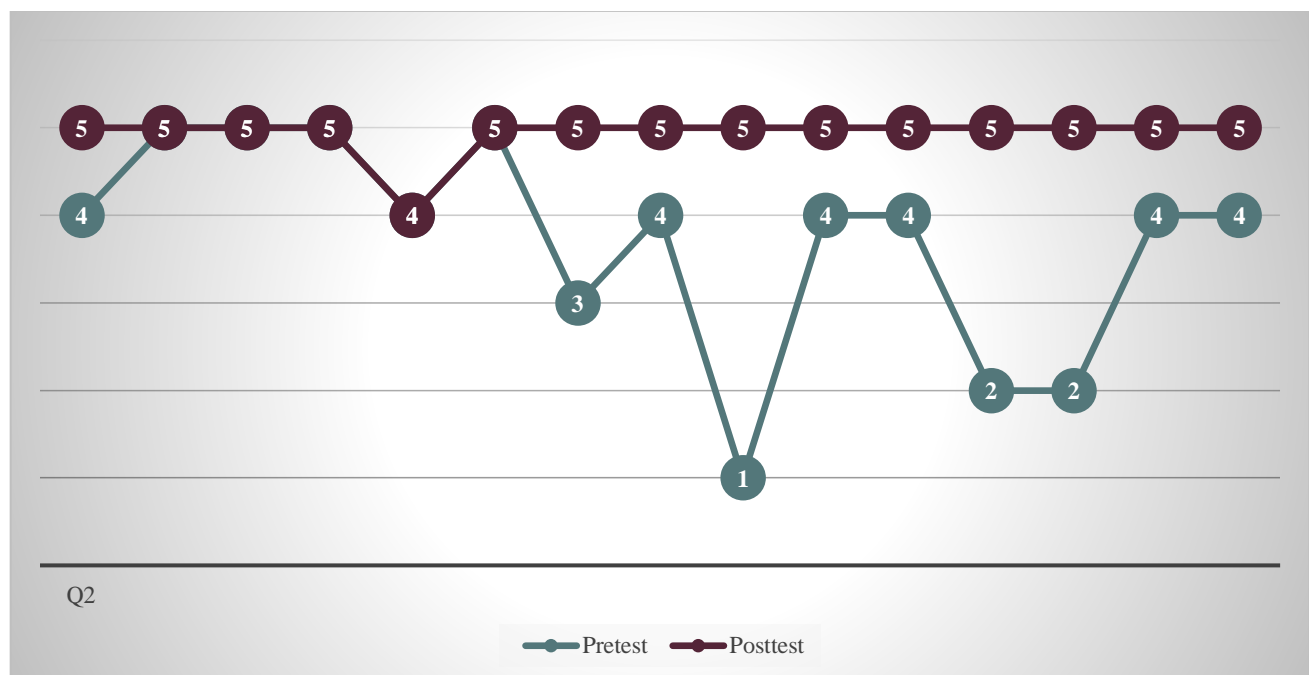
Seminar Three NHS-Pasadena

Pretest v. Posttest

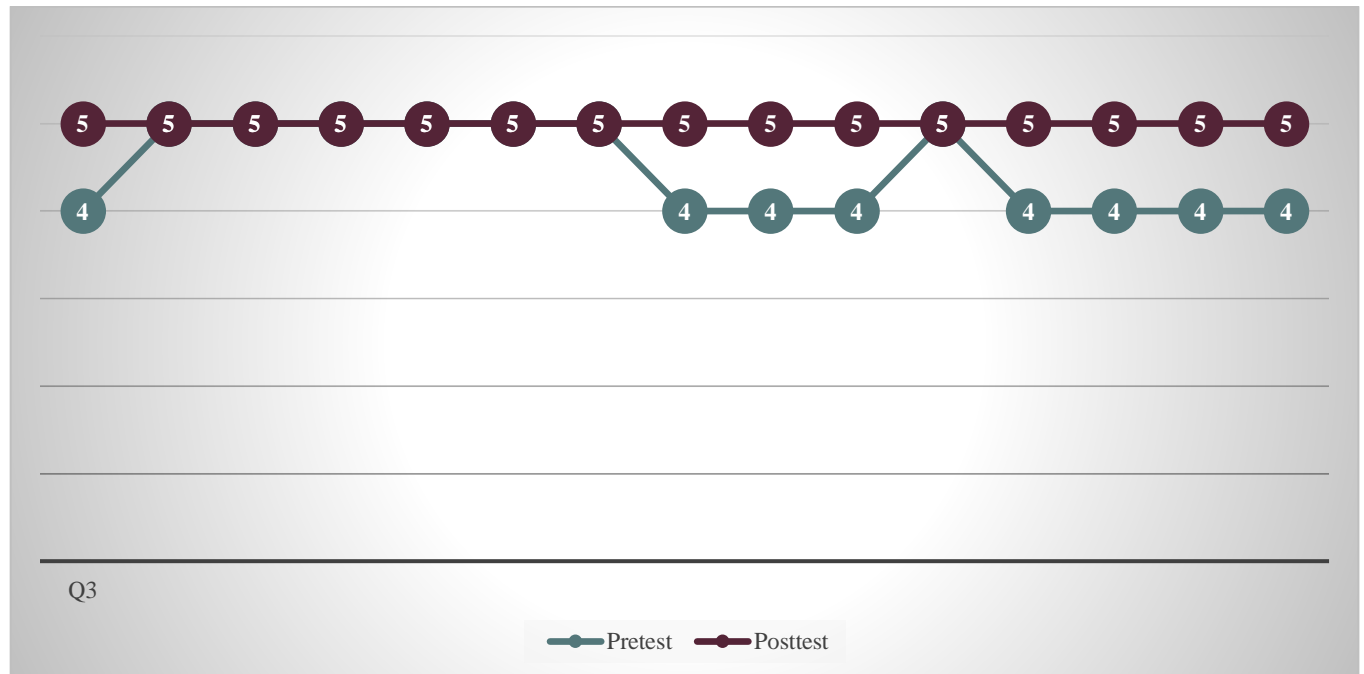
Q1: I understand the mental health issues that most affect the Arabic speaking population.



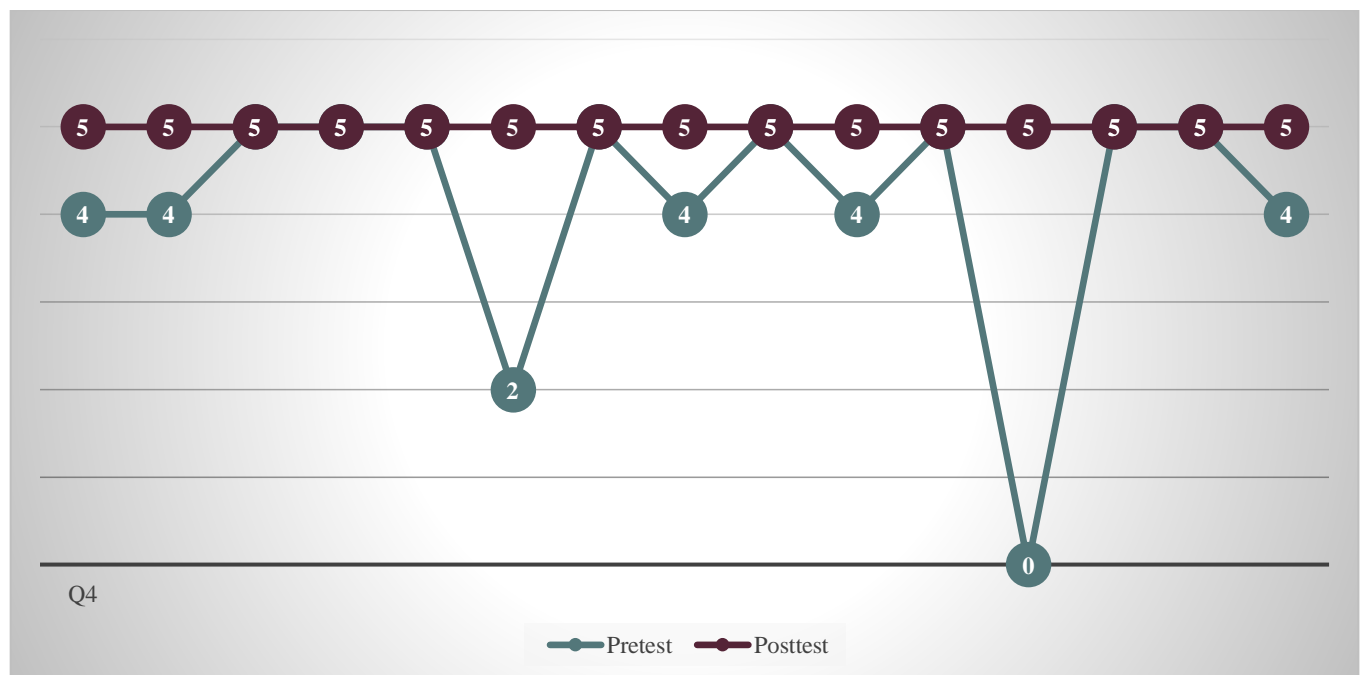
Q2: I can identify common mental health and behavioral health issues in children of Arabic heritage.



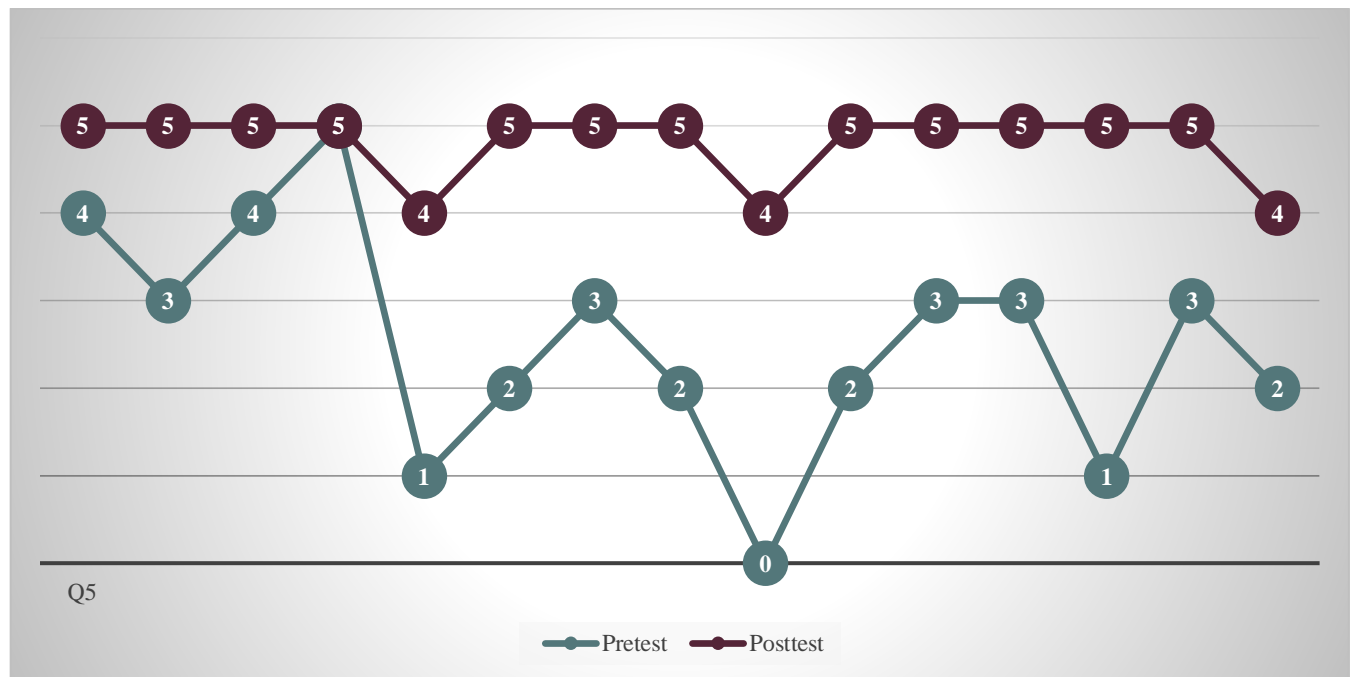
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.



Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.



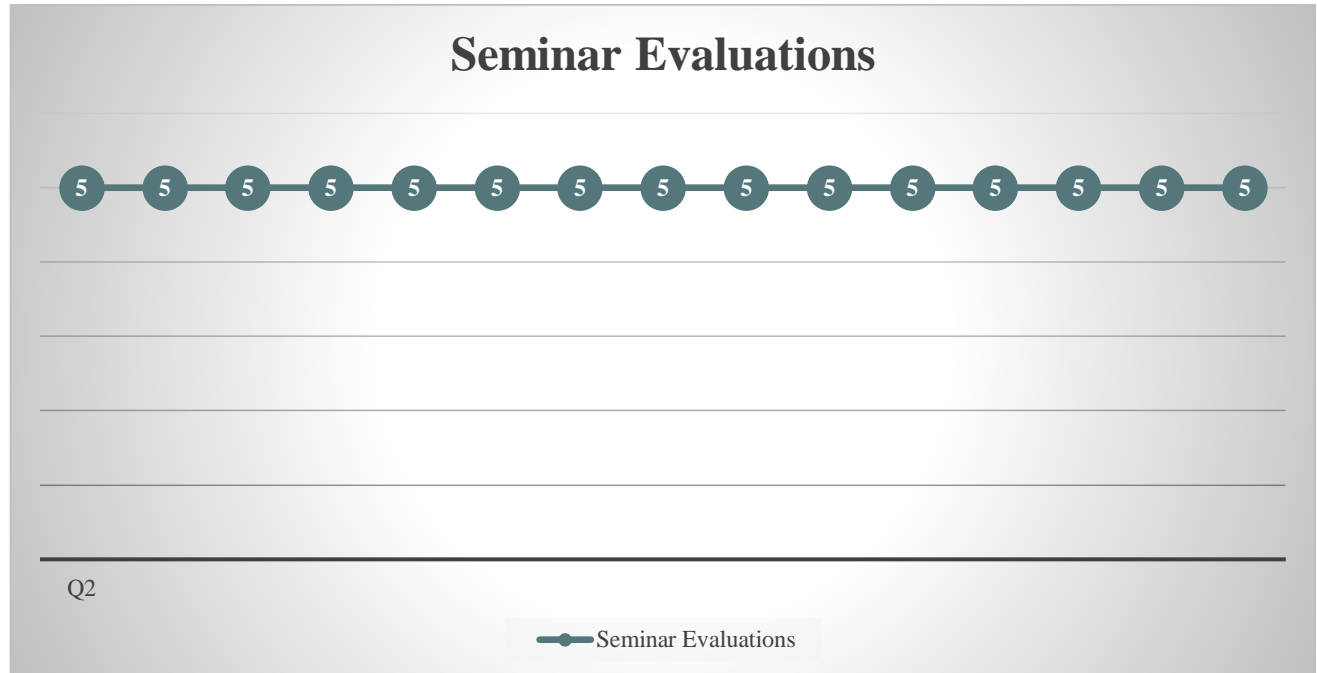
Seminar Three NHS-Pasadena

Seminar Evaluations

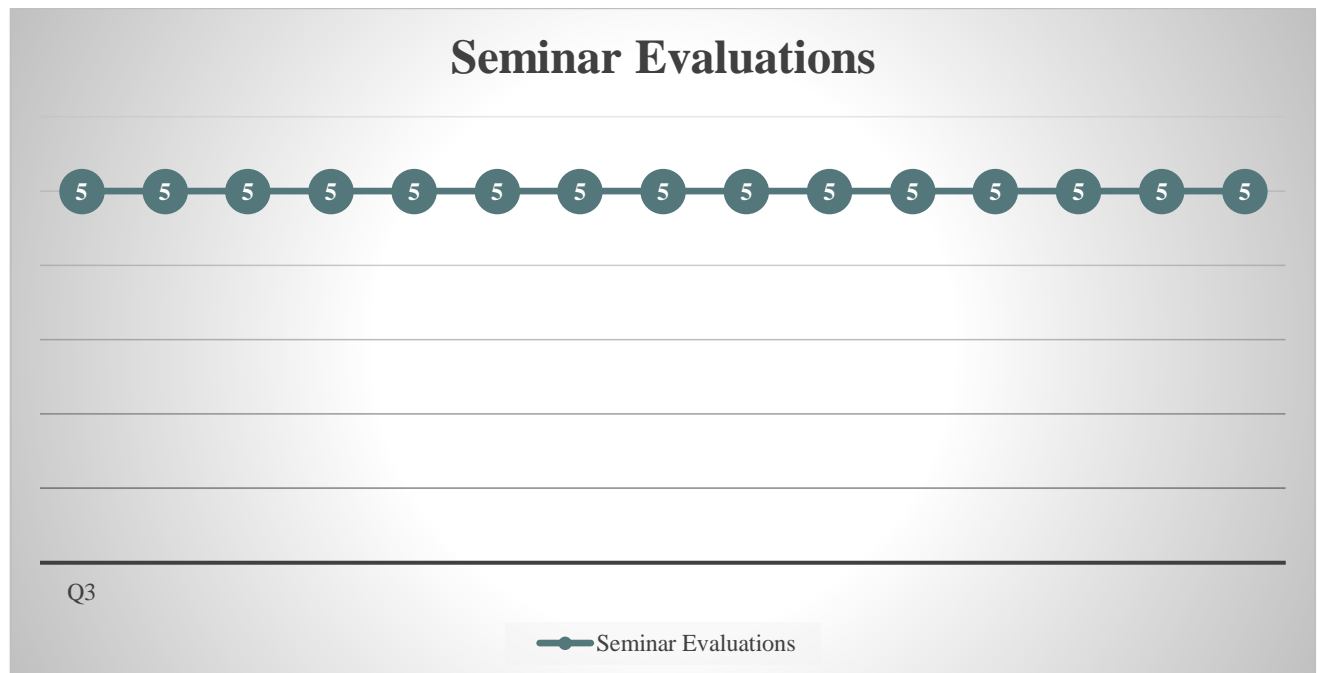
Q1: Purpose communicated clearly.



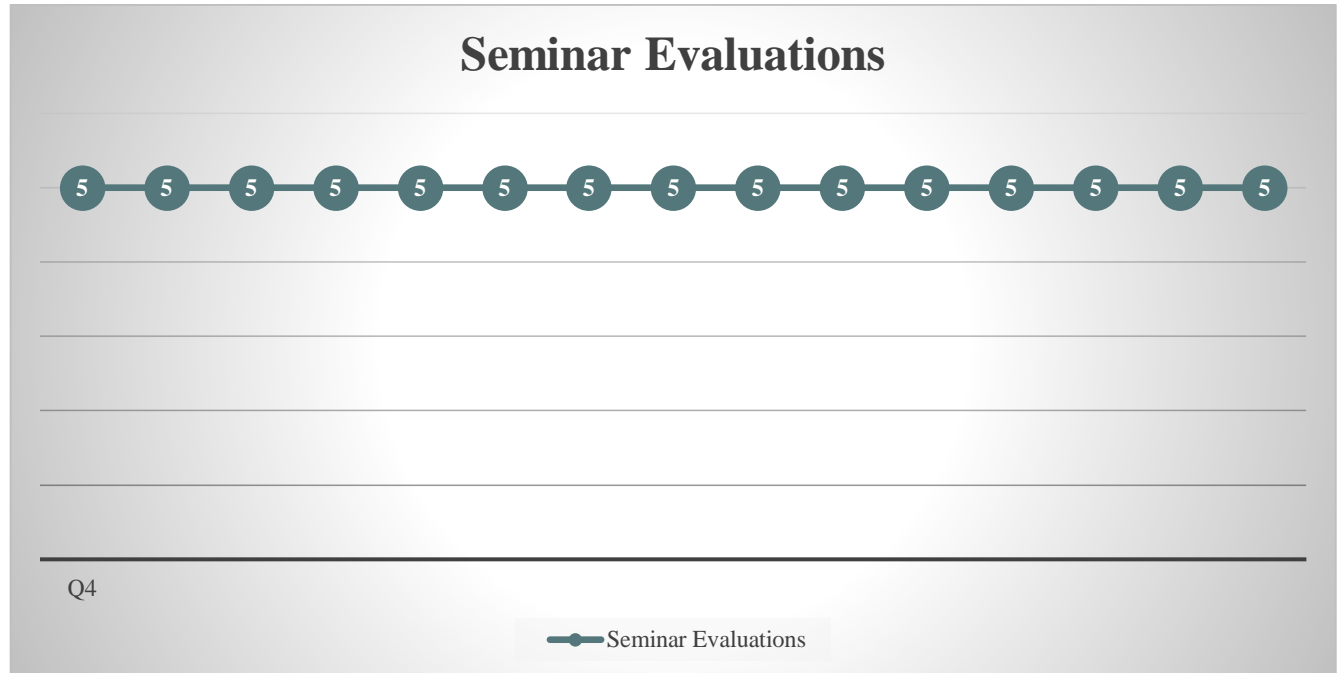
Q2: The presenter was organized and easy to follow.



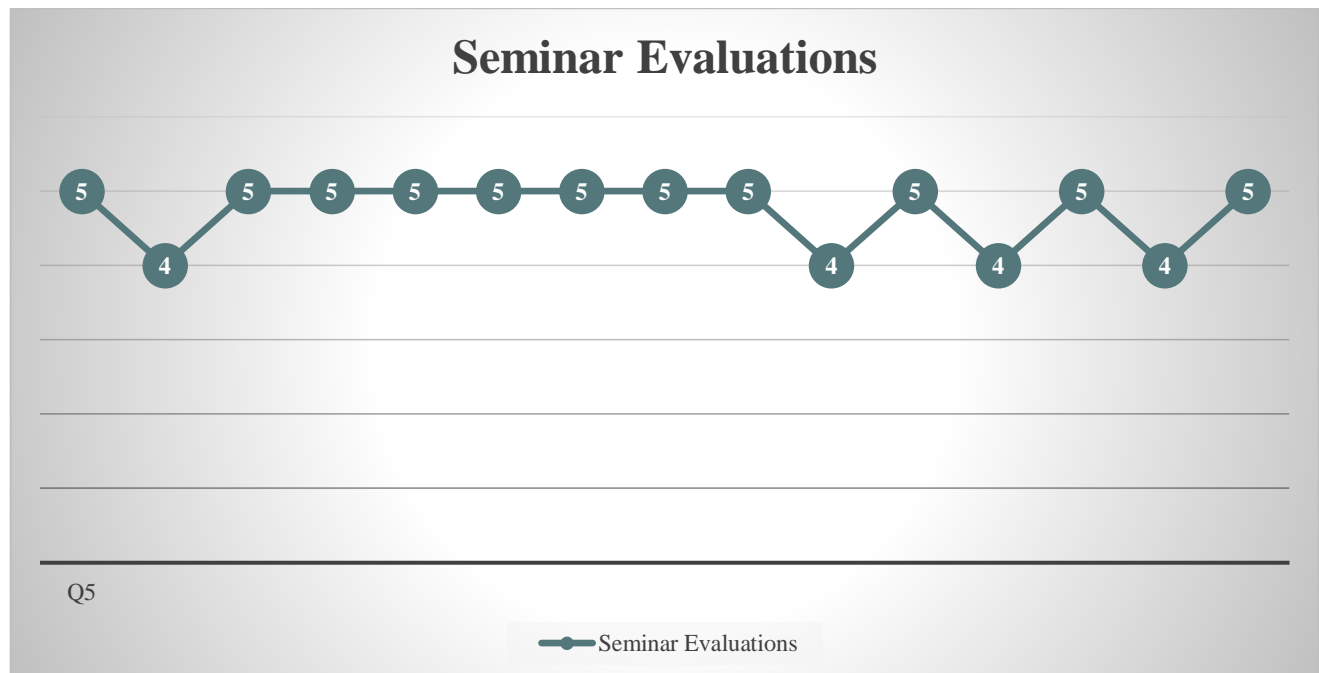
Q3: Presenter exhibited a good understanding of the topic.



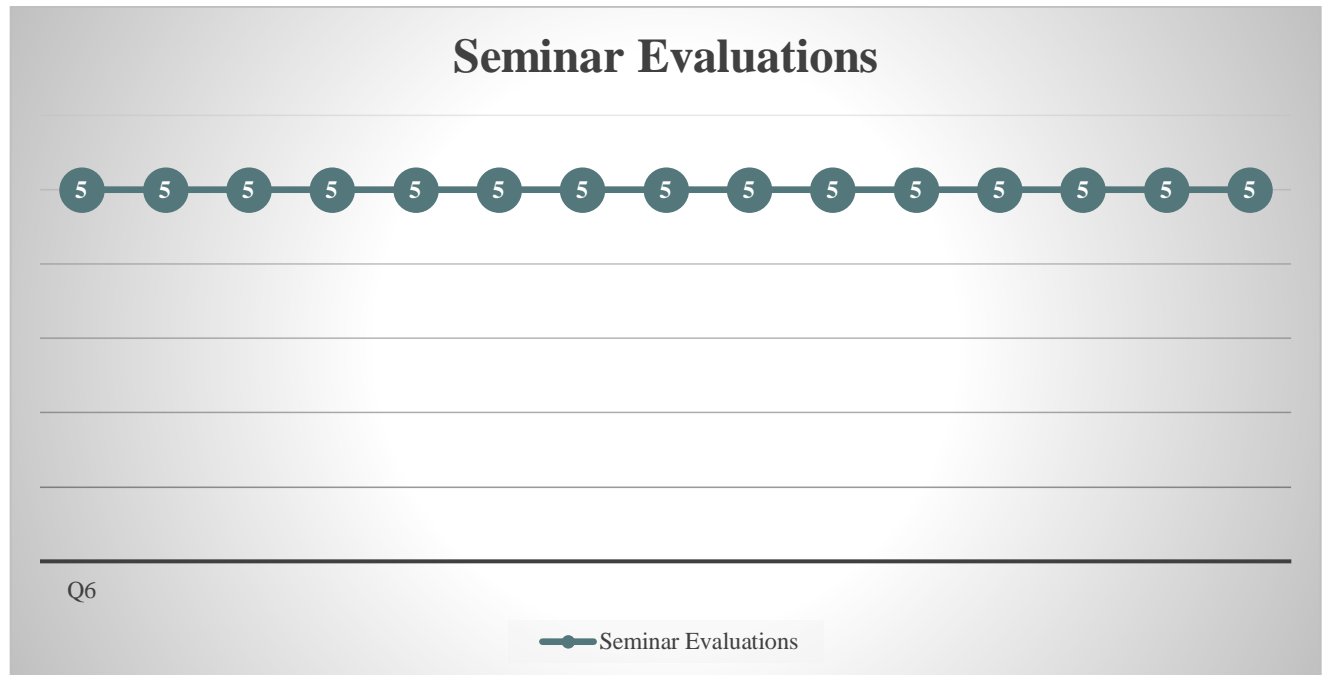
Q4: Presenter spoke clearly/ effectively.



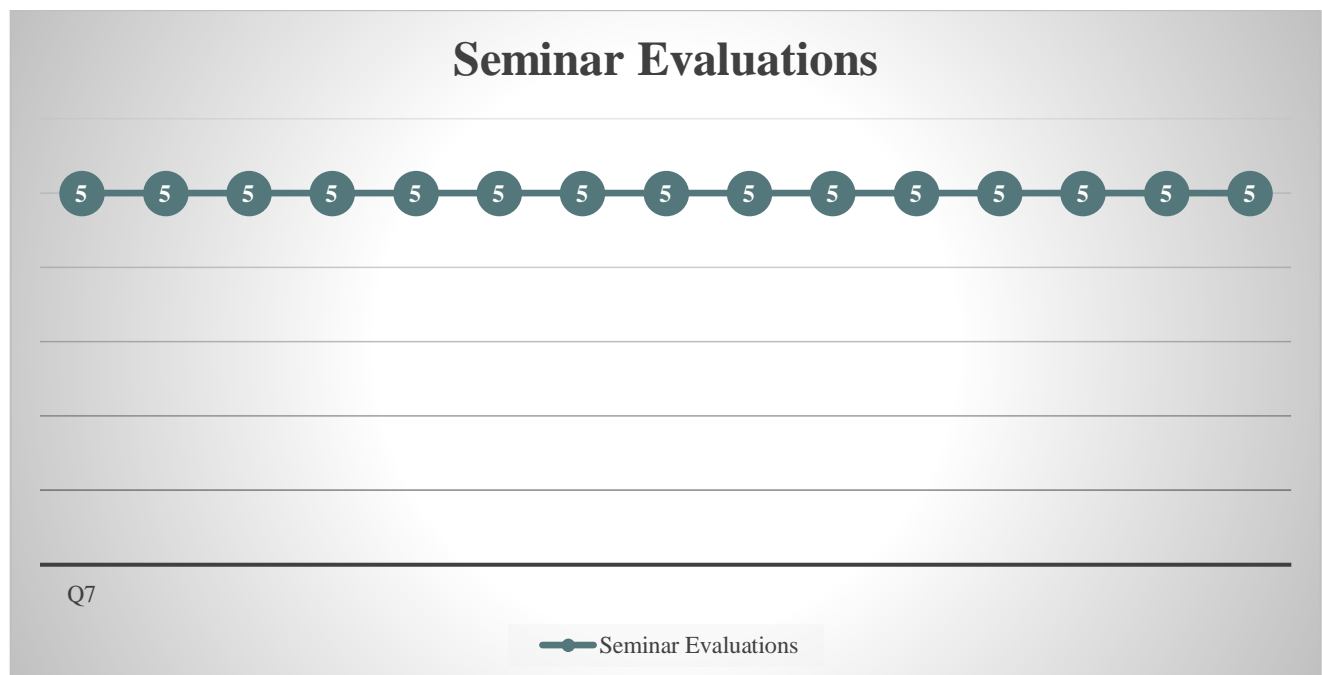
Q5: Time for presentation used effectively.



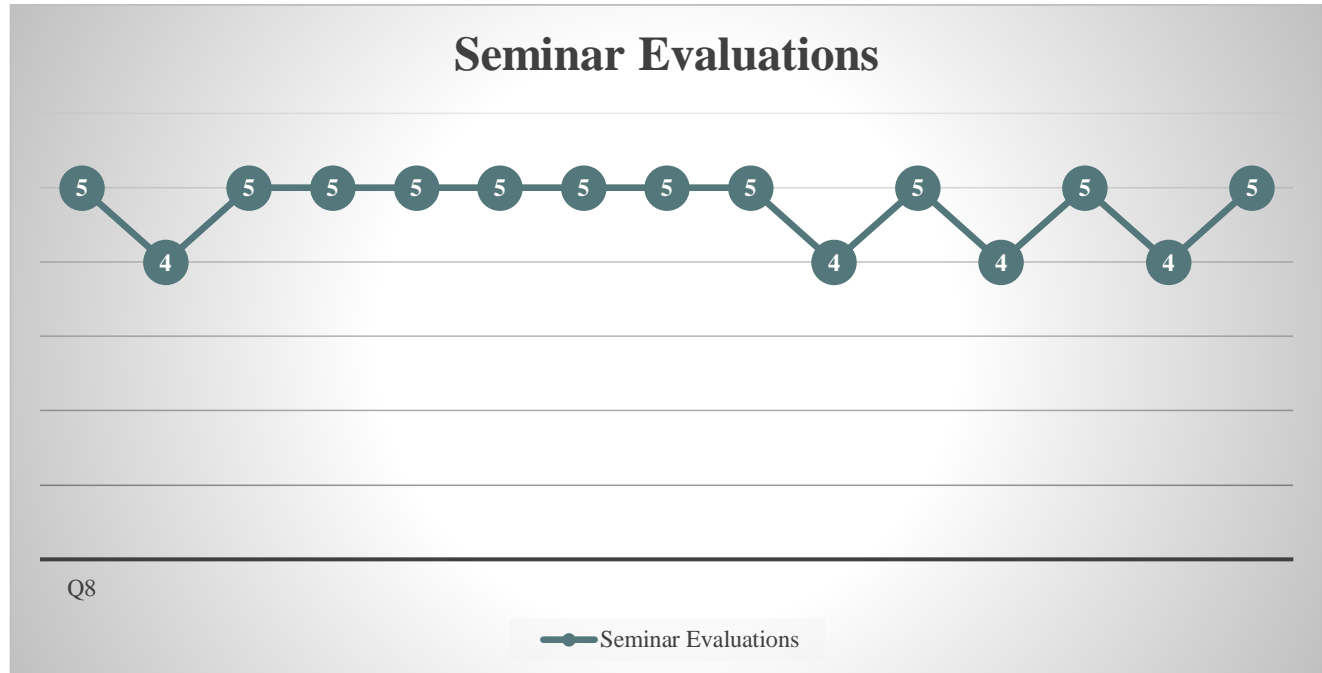
Q6: Slides enhanced presentation.



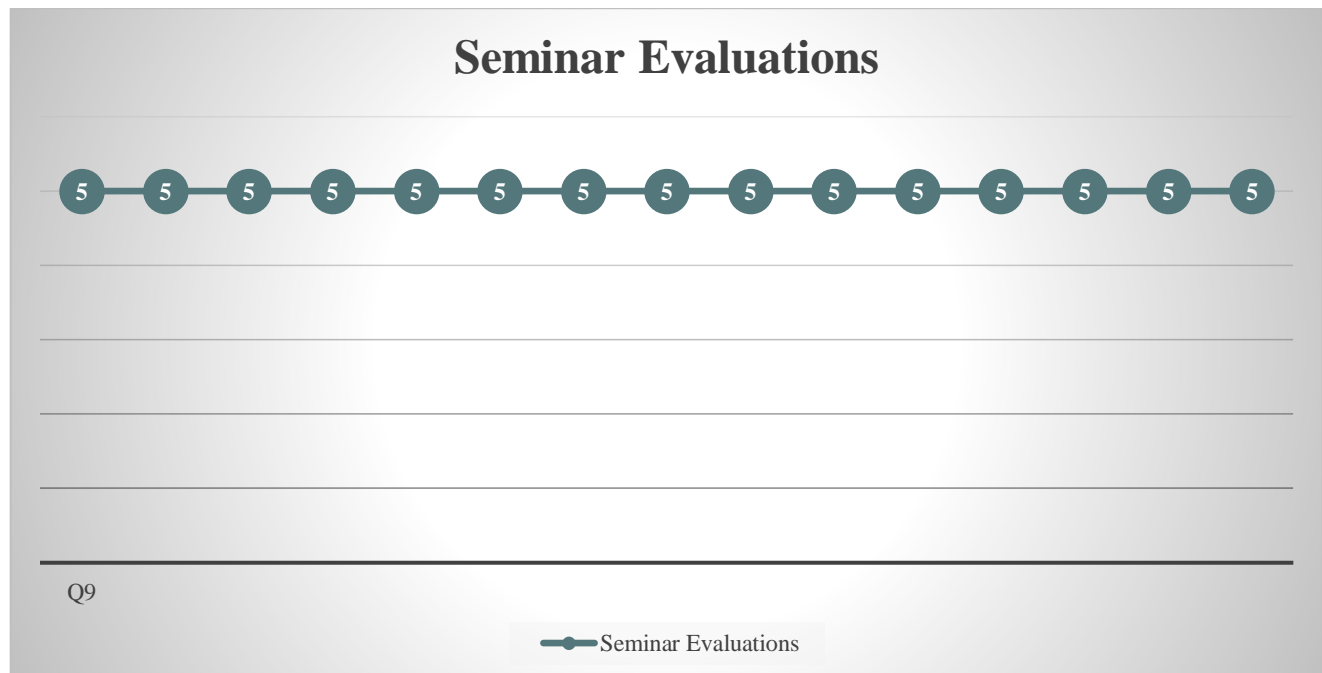
Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



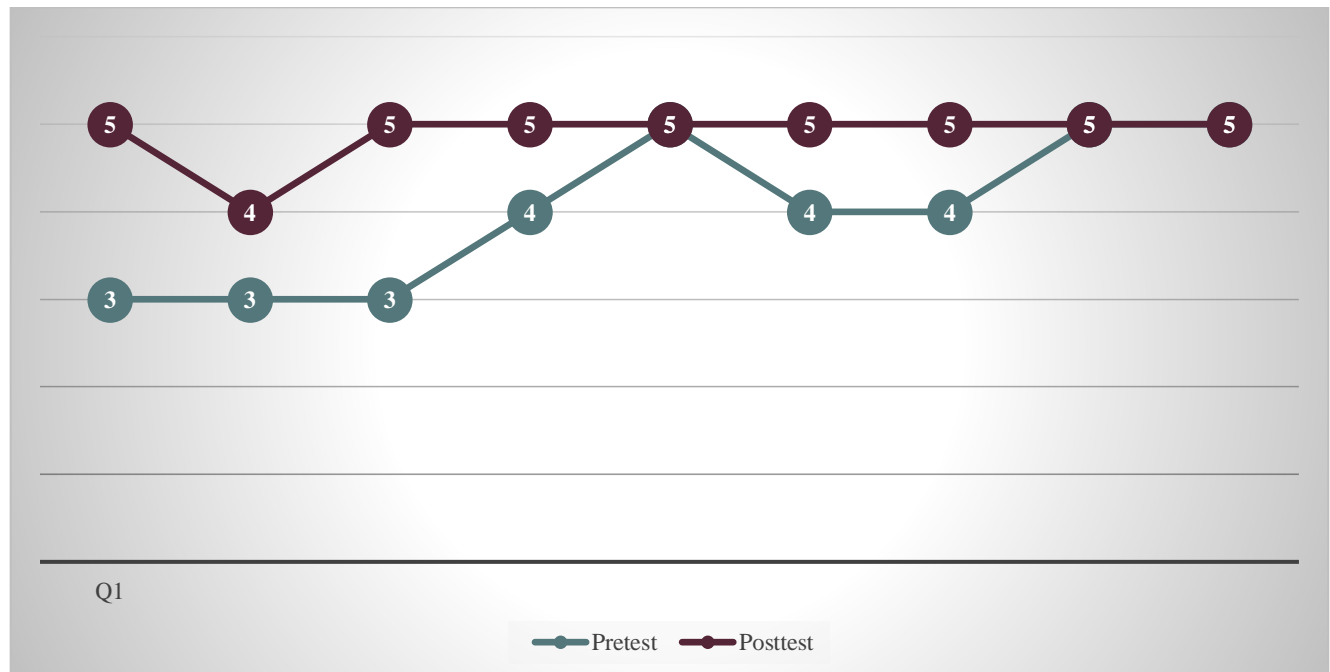
Seminar Four The Usuli Institute

Seminar four took place at The Usuli Institute in service area two and had nine signed-in participants (3 males; 6 female). Participants who signed-in were mostly in the 25-59 category (4) with two children, two TAY and one in the older adult category. Of those signed-in there were nine pretests and nine posttests and nine seminar evaluations filled out. Nine matched-pairs were used for analysis, leaving no discrepancy to be accounted for by those who signed-in, and a 100% response rate. There were no pictures for this event, however there was a live recording.

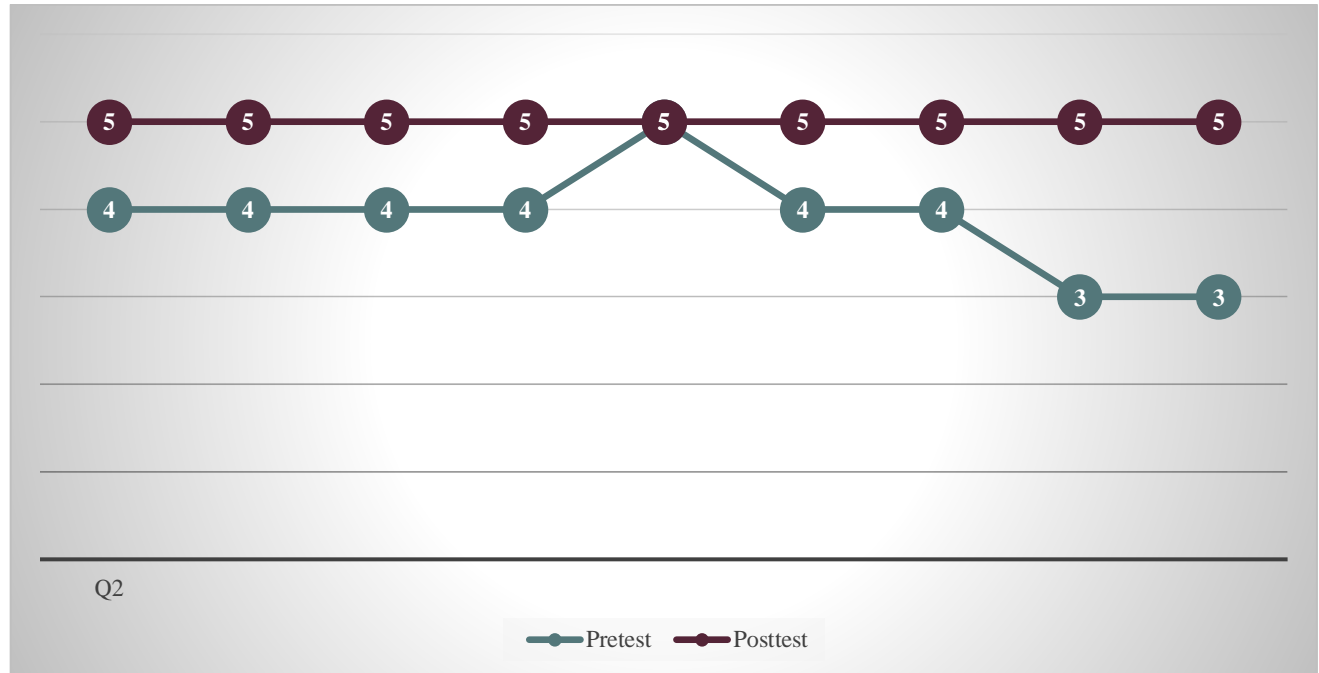
Seminar four The Usuli Institute

Pretest v. Posttest

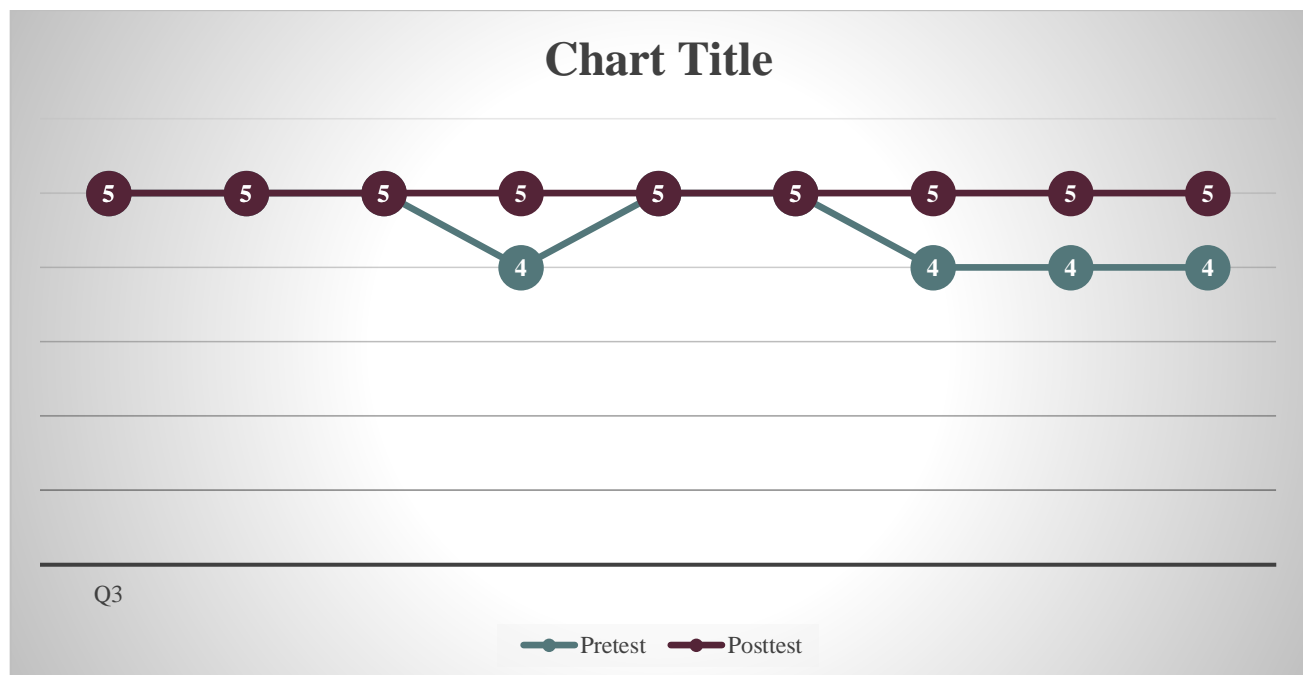
Q1: I understand the mental health issues that most affect the Arabic speaking population.



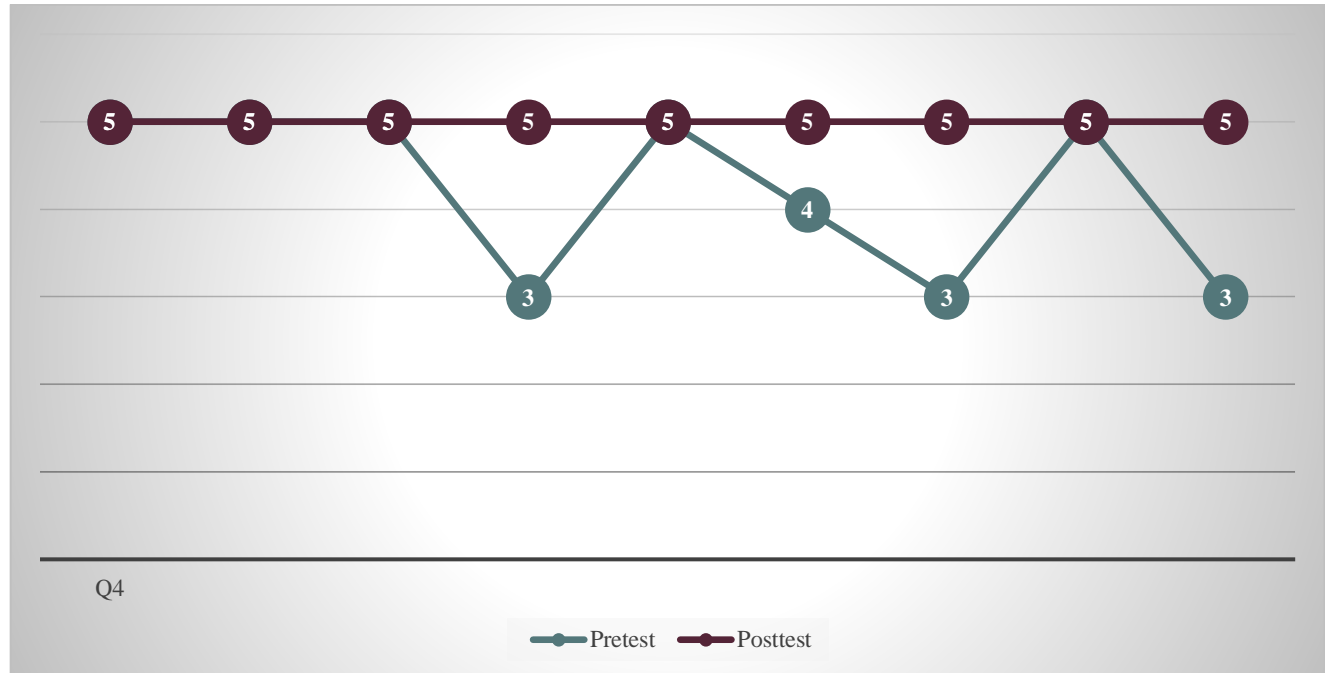
Q2:I can identify common mental health and behavioral health issues in children of Arabic heritage.



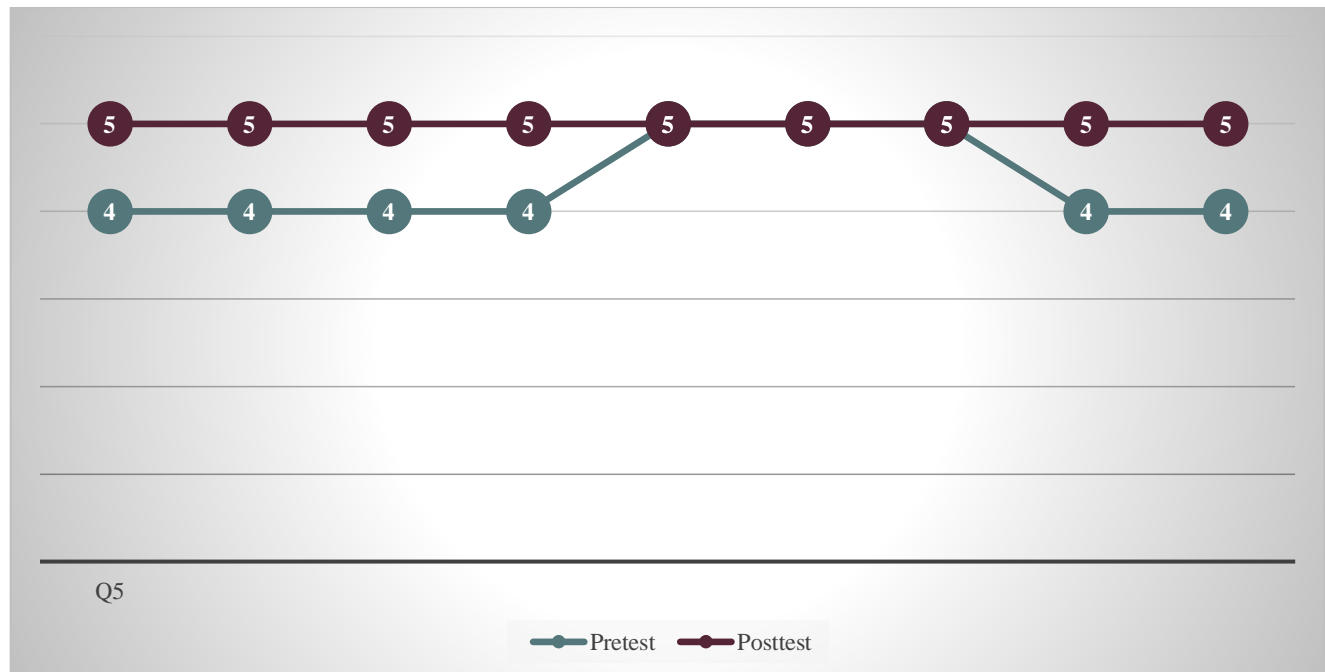
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.



Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.



Seminar Four The Usuli Institute

Seminar evaluations

Q1: Purpose communicated clearly.



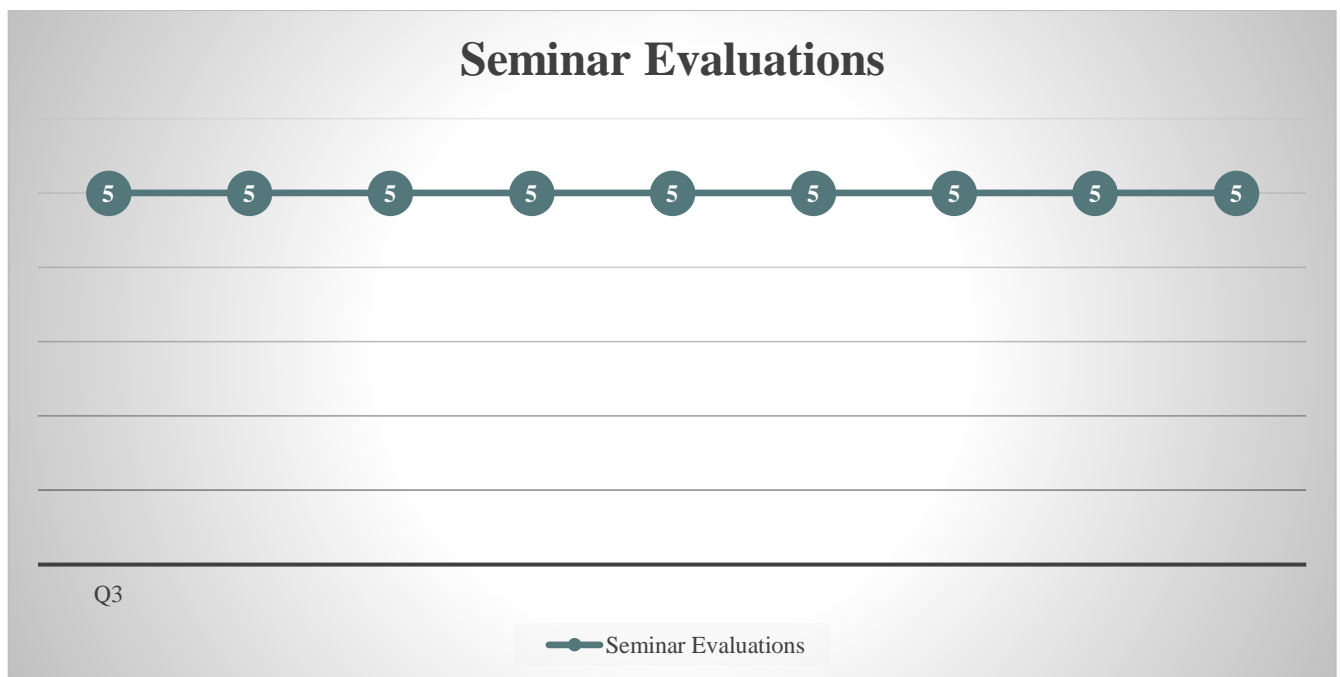
Q2: The presenter was organized and easy to follow.



Q3: Presenter exhibited a good understanding of the topic.



Q4: Presenter spoke clearly/ effectively.



Q5: Time for presentation used effectively.



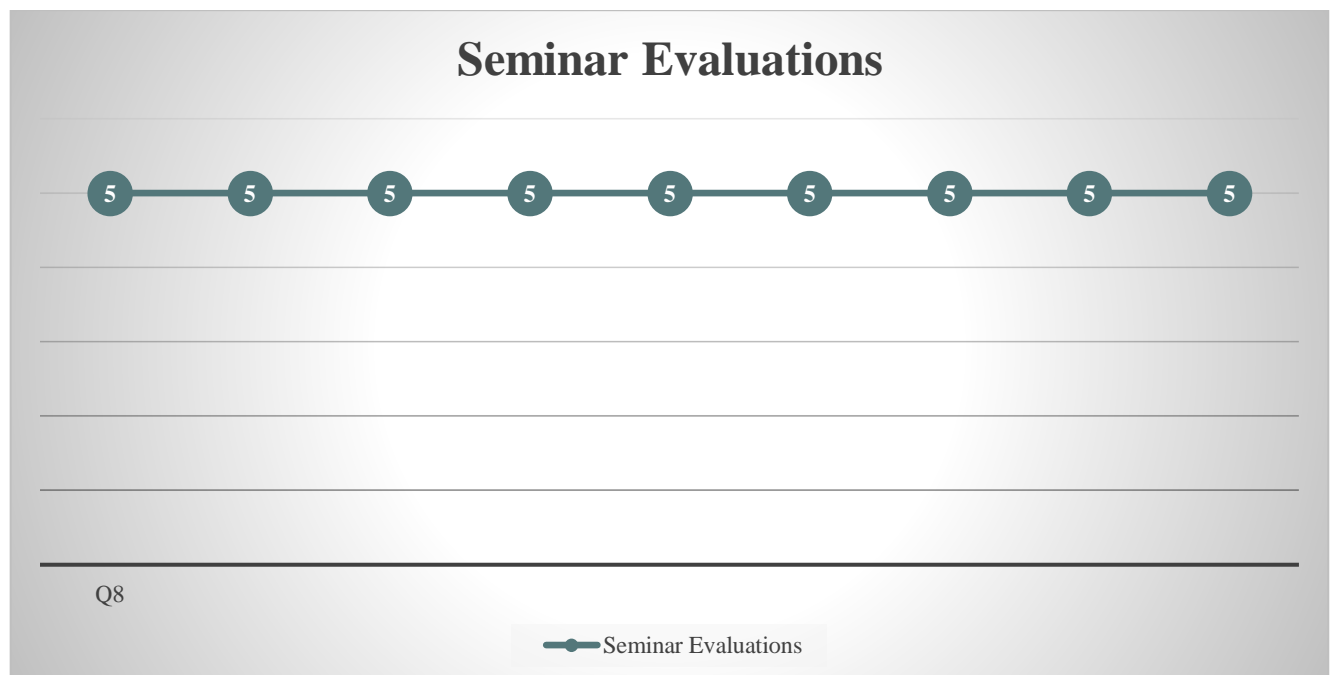
Q6: Slides enhanced presentation.



Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



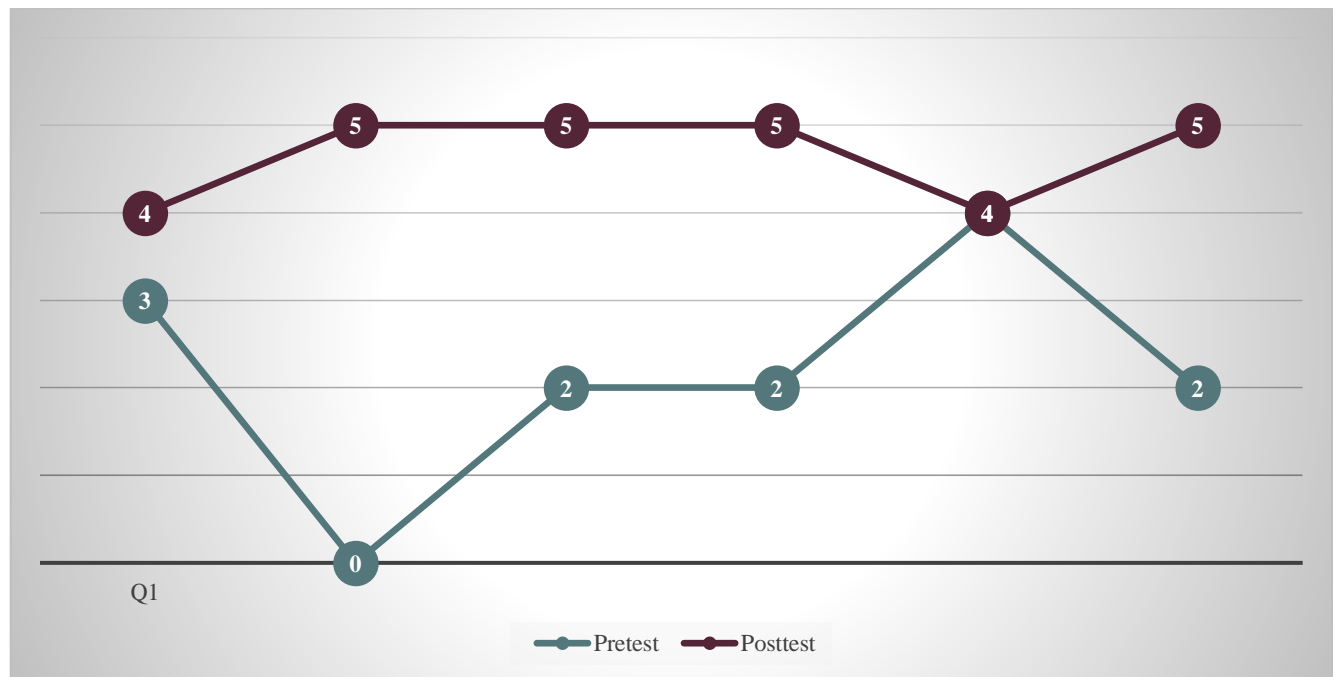
Seminar Five Muslim Public Affairs Council (MPAC)

Seminar five took place at The Muslim Public Affairs Council (MPAC) in service area four and had six signed-in participants over two sessions (3 males; 3 female). Participants who signed-in were mostly in the 25-59 category (5) with zero children and TAY and one in the older adult category. Of those signed-in there were six pretests and six posttests and six seminar evaluations filled out. Six matched-pairs were used for analysis, leaving no discrepancy to be accounted for by those who signed-in.

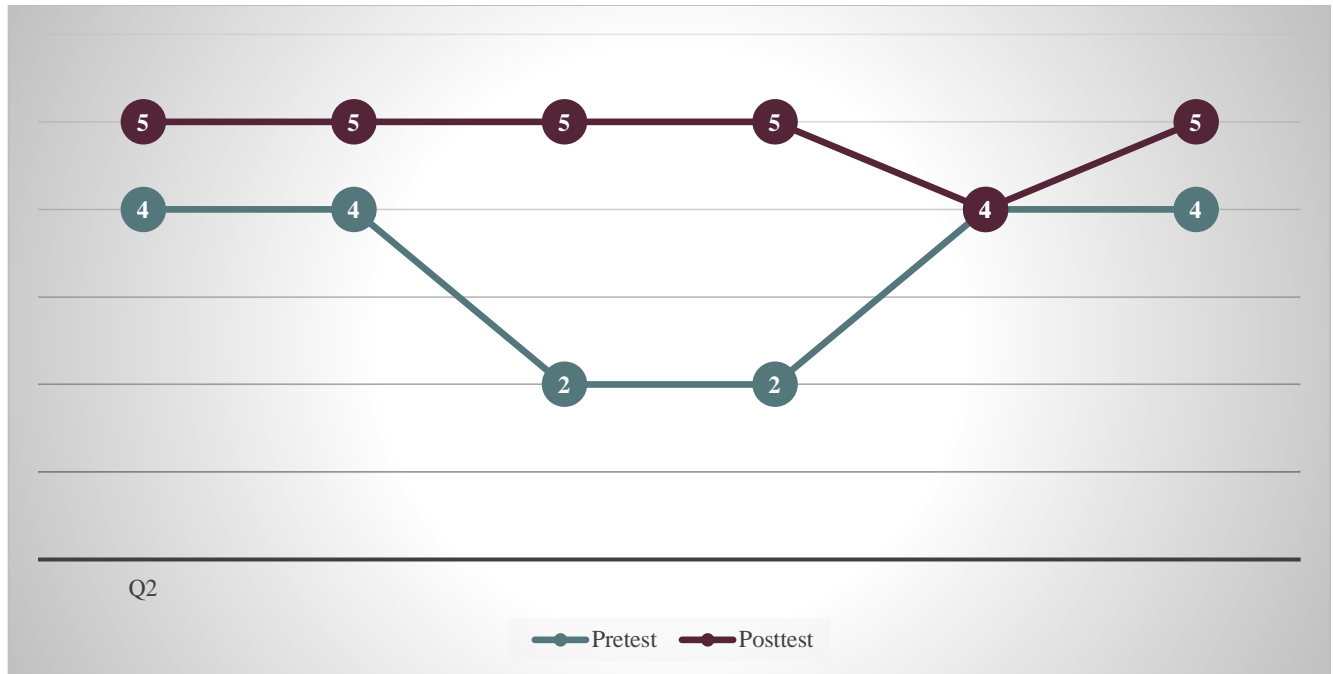
Seminar Five MPAC

Pretests and Posttests

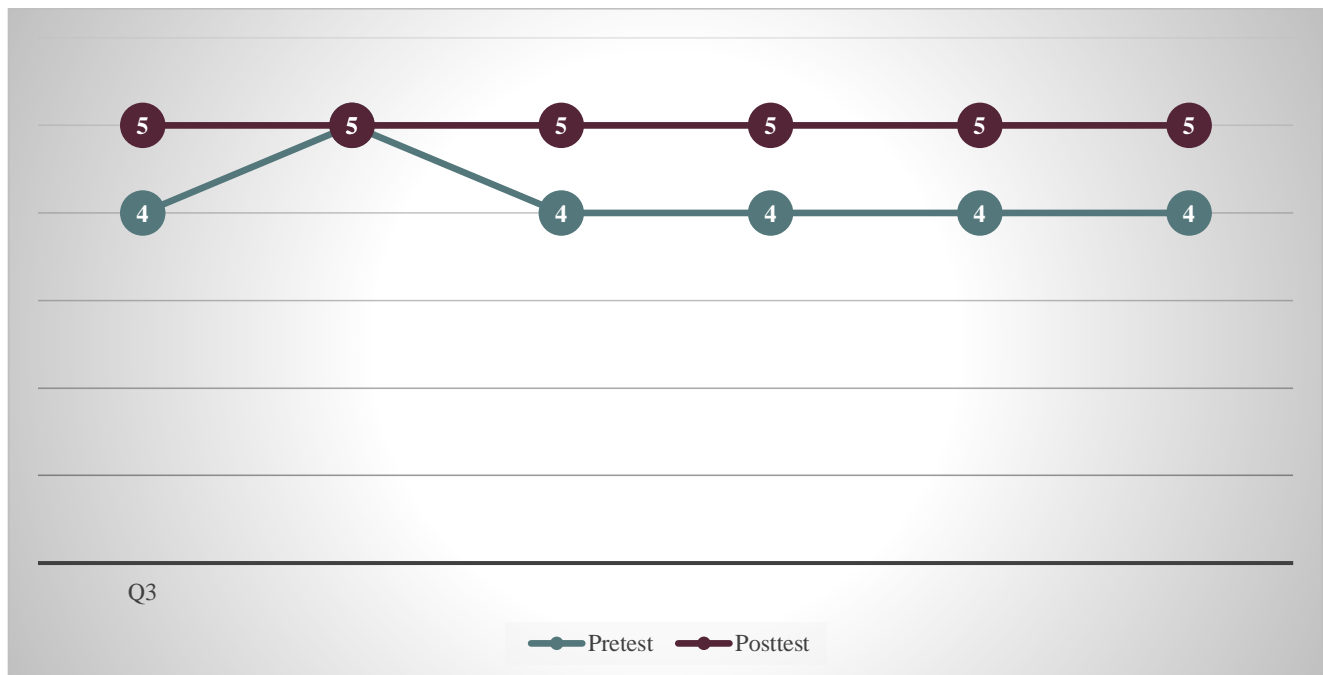
Q1: I understand the mental health issues that most affect the Arabic speaking population.



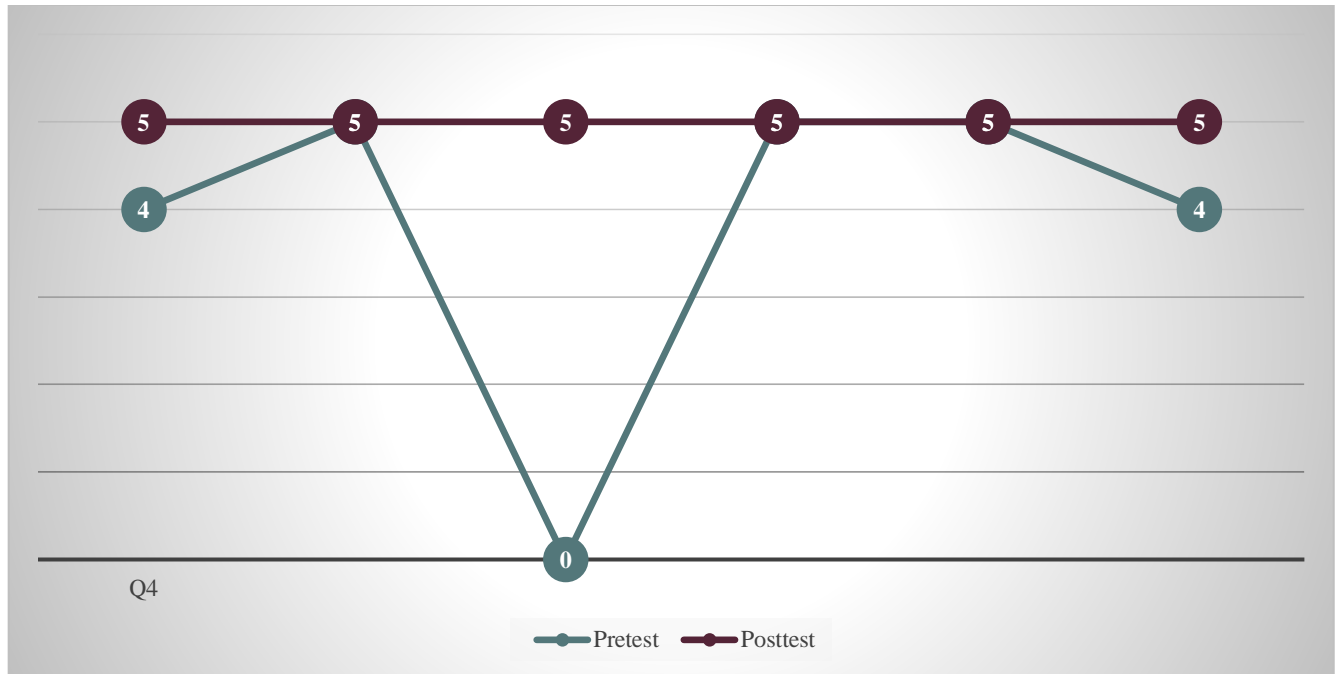
Q2: I can identify common mental health and behavioral health issues in children of Arabic heritage.



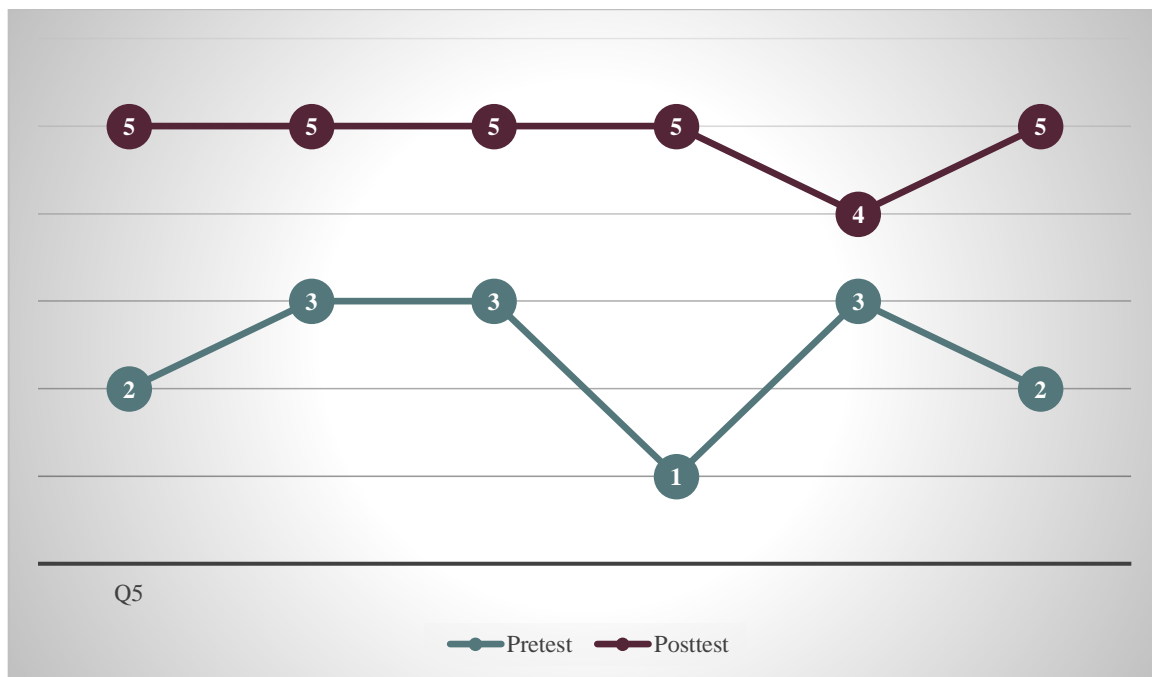
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.



Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.



Seminar Five MPAC

Seminar evaluations

Q1: Purpose communicated clearly.



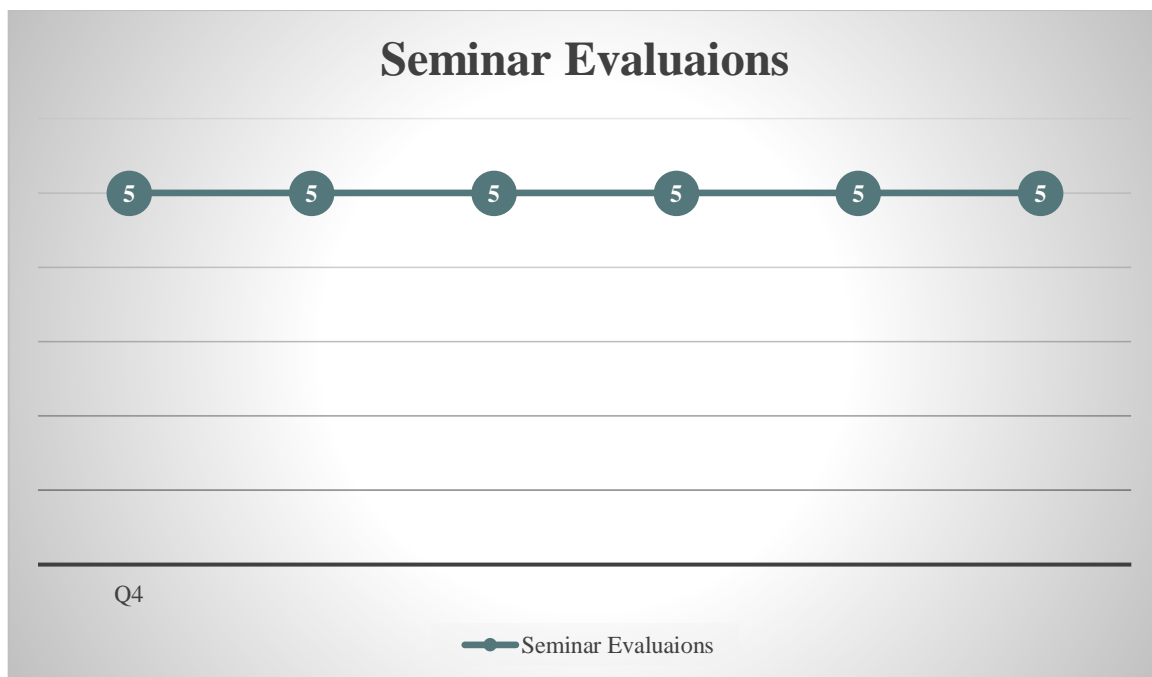
Q2: The presenter was organized and easy to follow.



Q3: Presenter exhibited a good understanding of the topic.



Q4: Presenter spoke clearly/ effectively.



Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



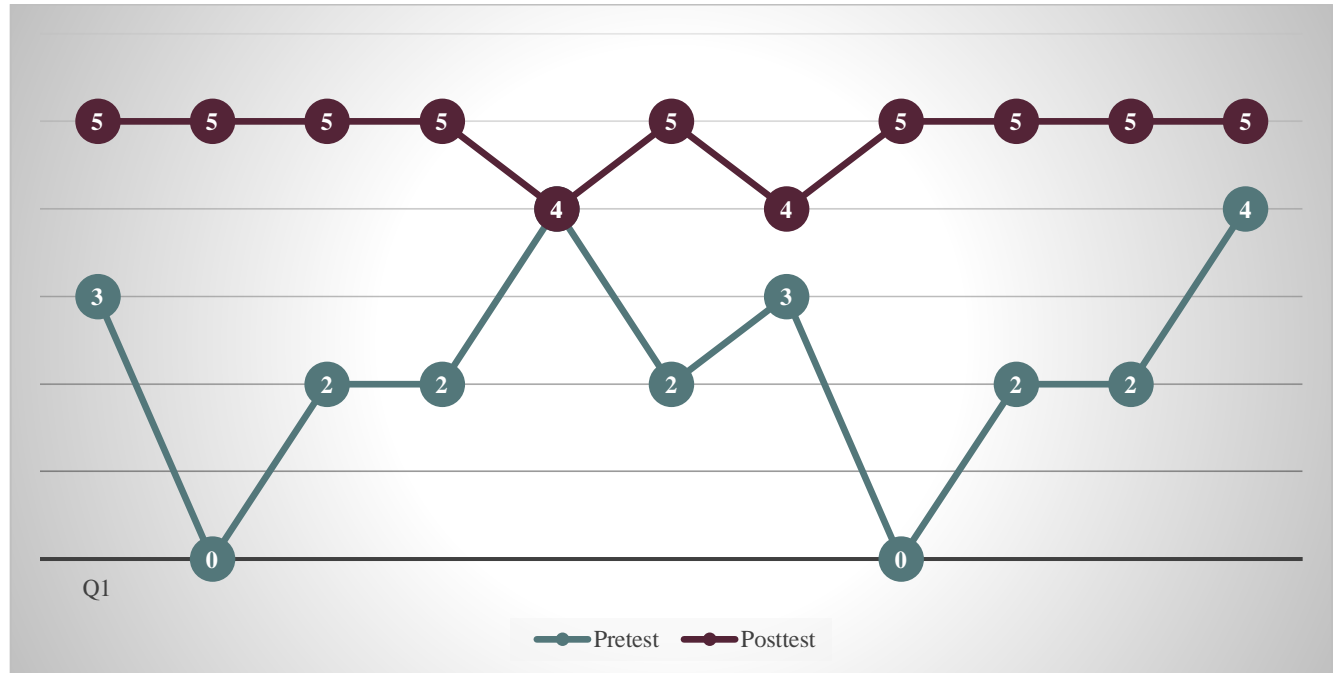
Seminar Six Cross Cultural Expressions (CCE)

Seminar six took place at Cross Cultural Expressions (CCE) in service area two and had 11 signed-in participants (5 males; 6 female). Participants who signed-in were mostly in the 25-59 category (6) with four TAY, one child, and zero in the older adult category. Of those signed-in there were 11 pretests and 11 posttests and 11 seminar evaluations filled out. Eleven matched-pairs were used for analysis, leaving no discrepancy to be accounted for by those who signed-in.

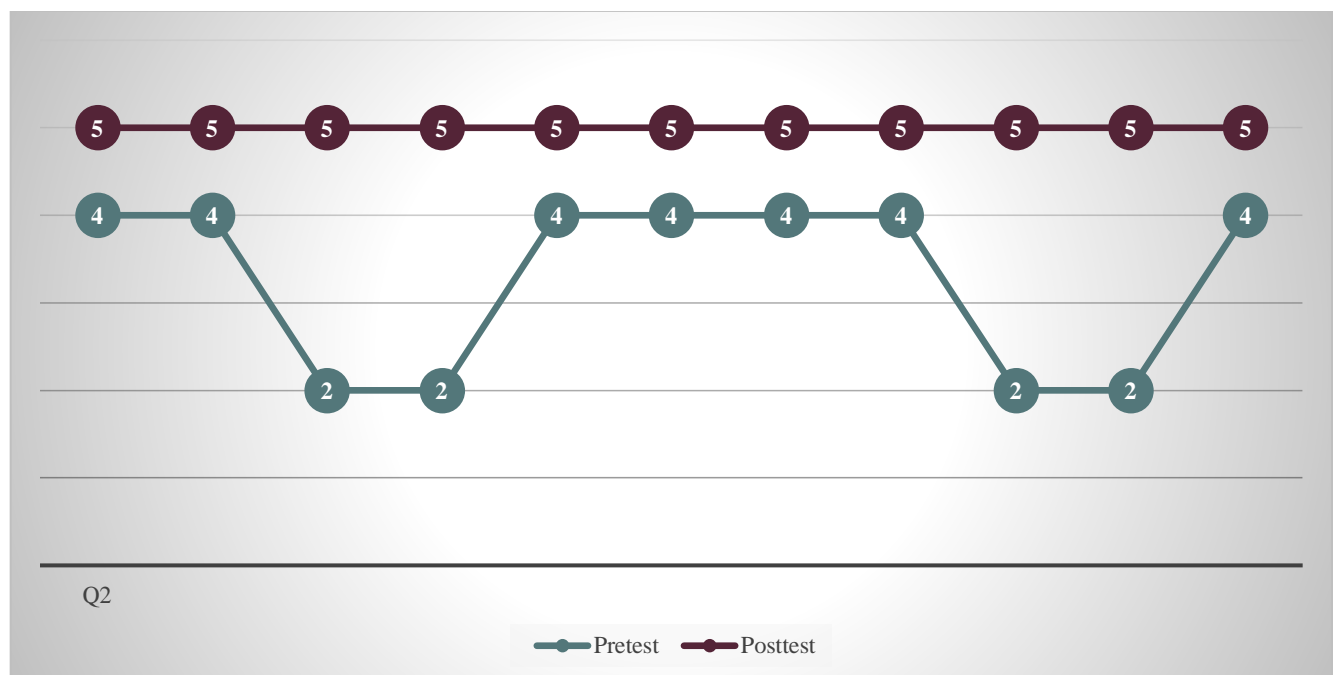
Seminar Six CCE

Pretests v. Posttests

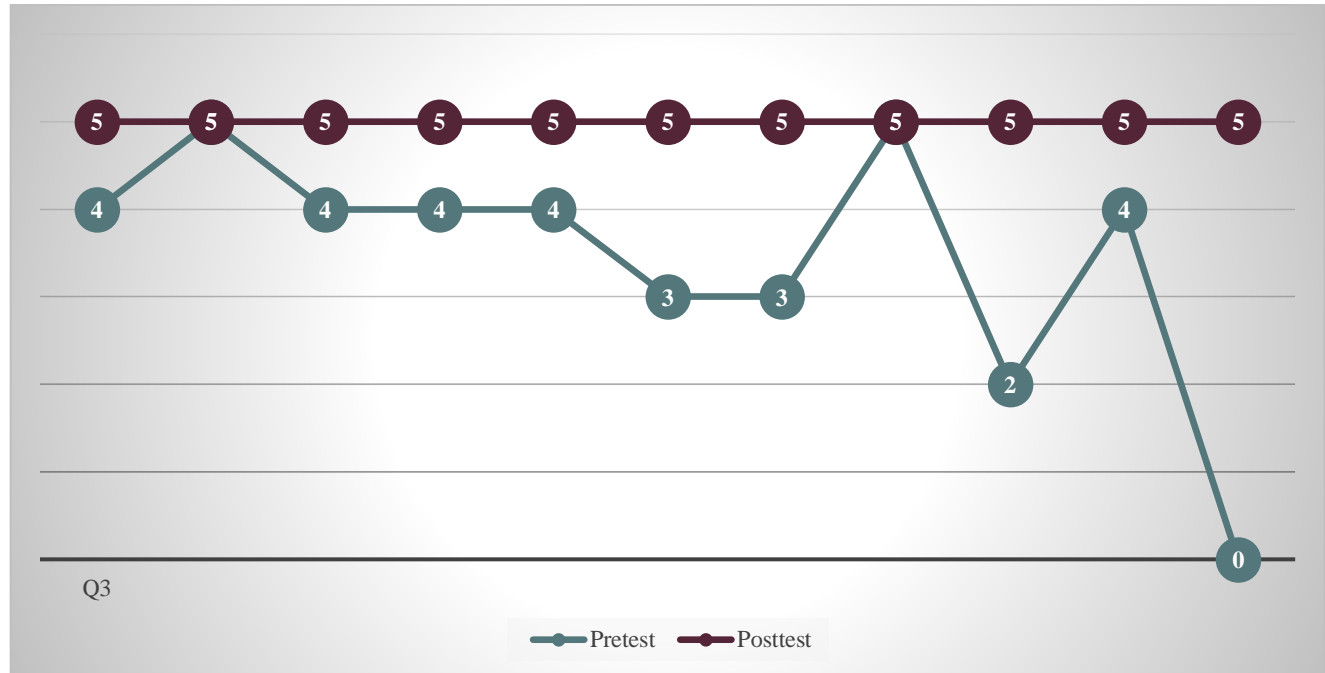
Q1: I understand the mental health issues that most affect the Arabic speaking population.



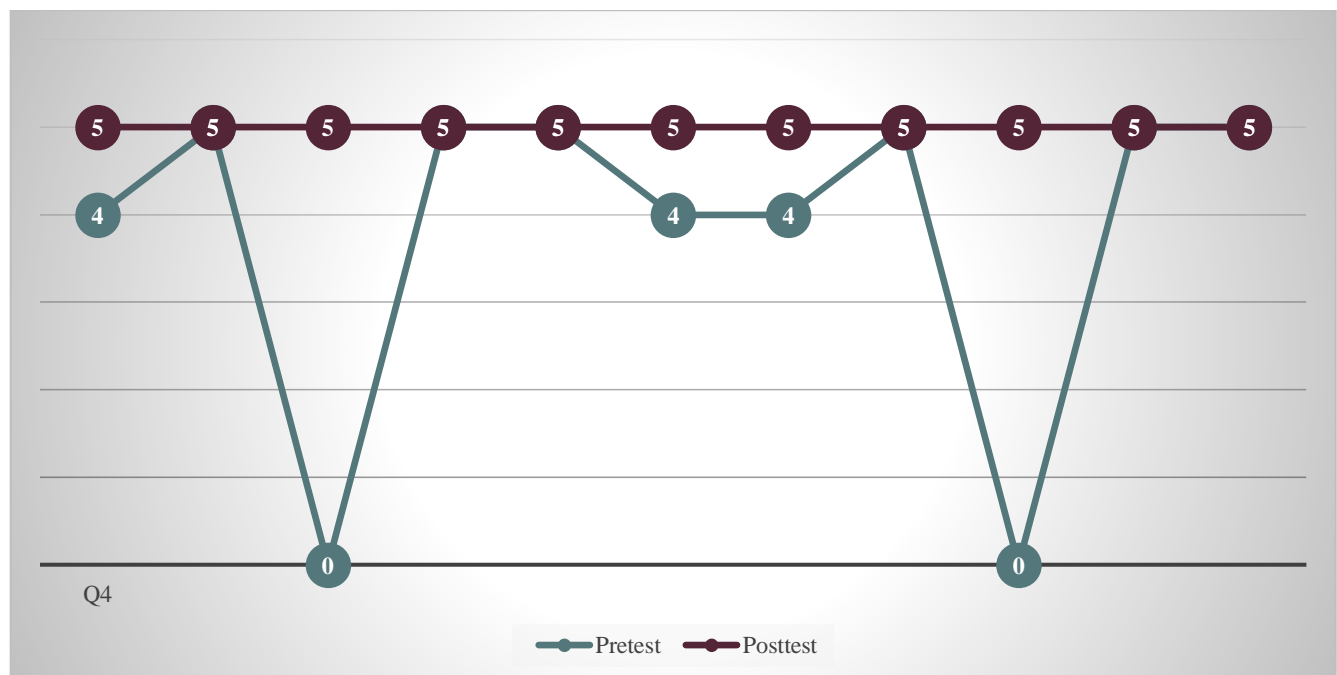
Q2: I can identify common mental health and behavioral health issues in children of Arabic heritage.



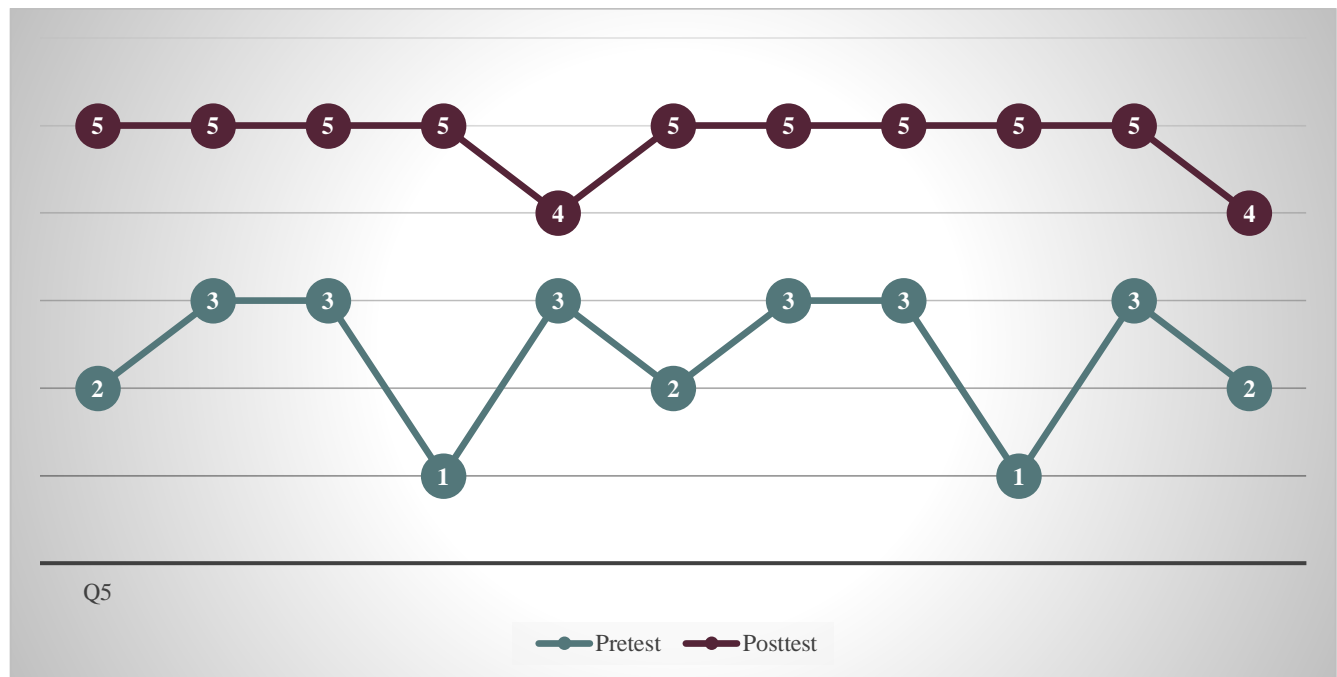
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.



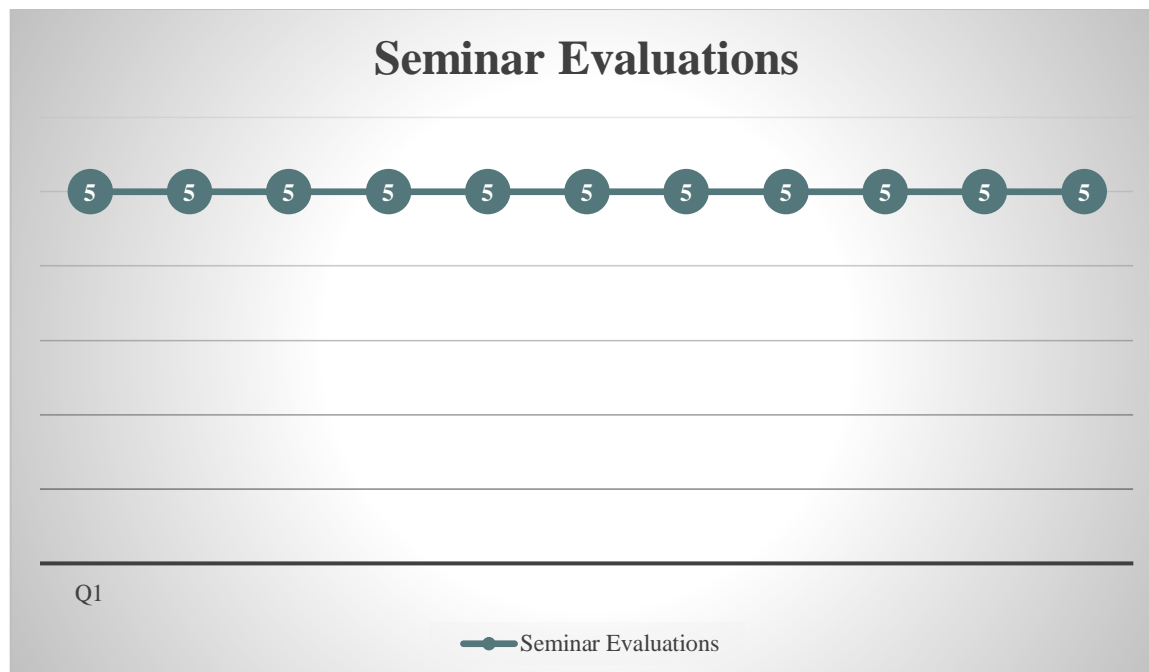
Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.



Seminar Six CCE

Seminar Evaluations

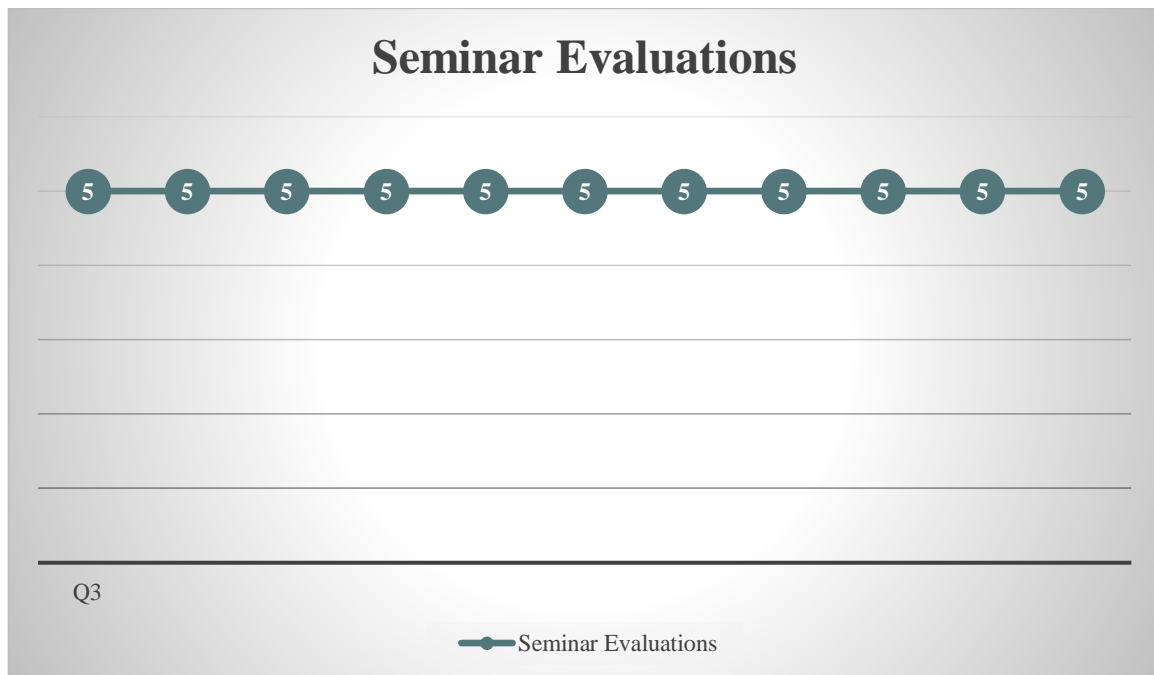
Q1: Purpose communicated clearly.



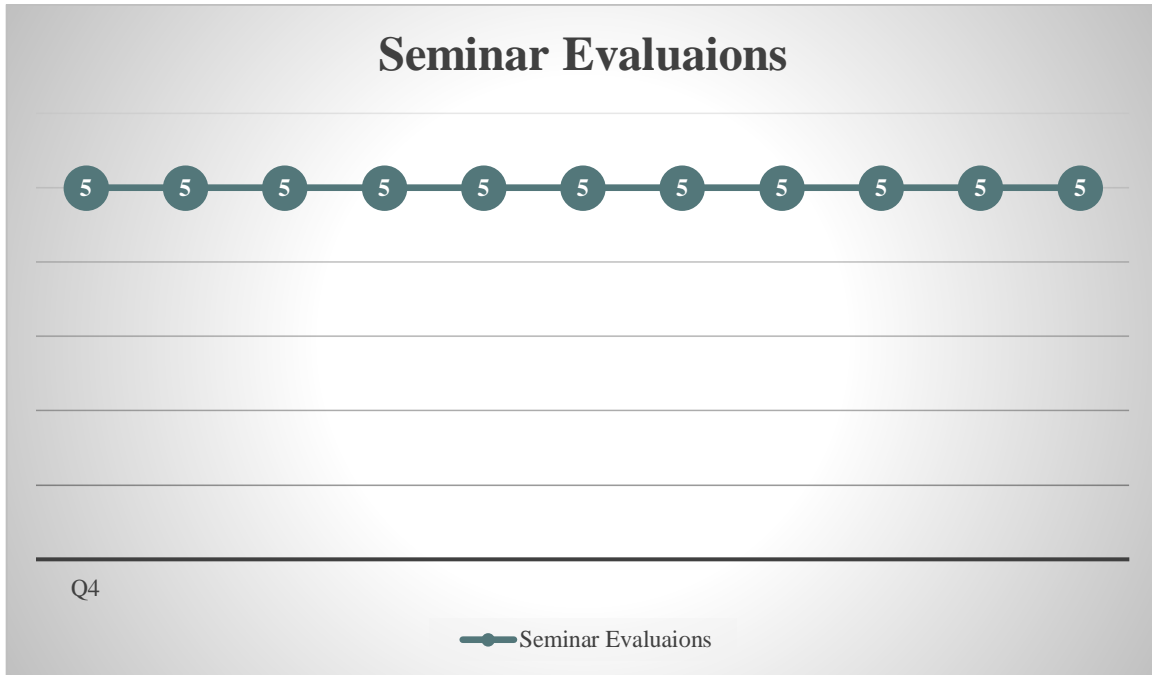
Q2: The presenter was organized and easy to follow.



Q3: Presenter exhibited a good understanding of the topic.



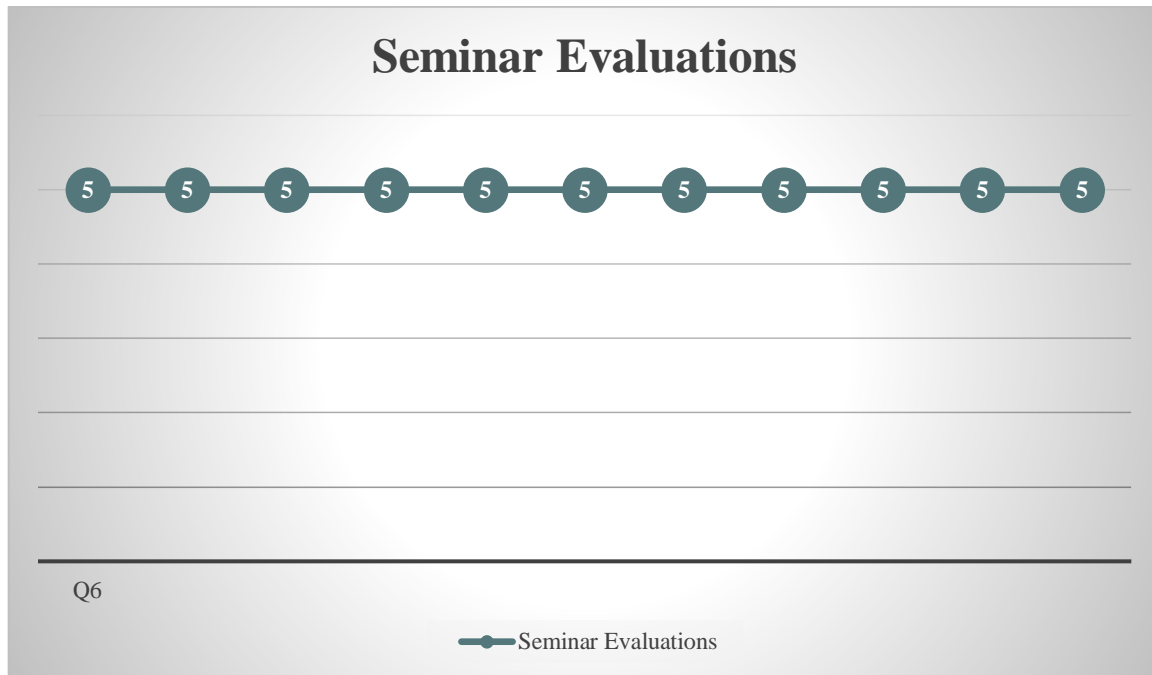
Q4: Presenter spoke clearly/ effectively.



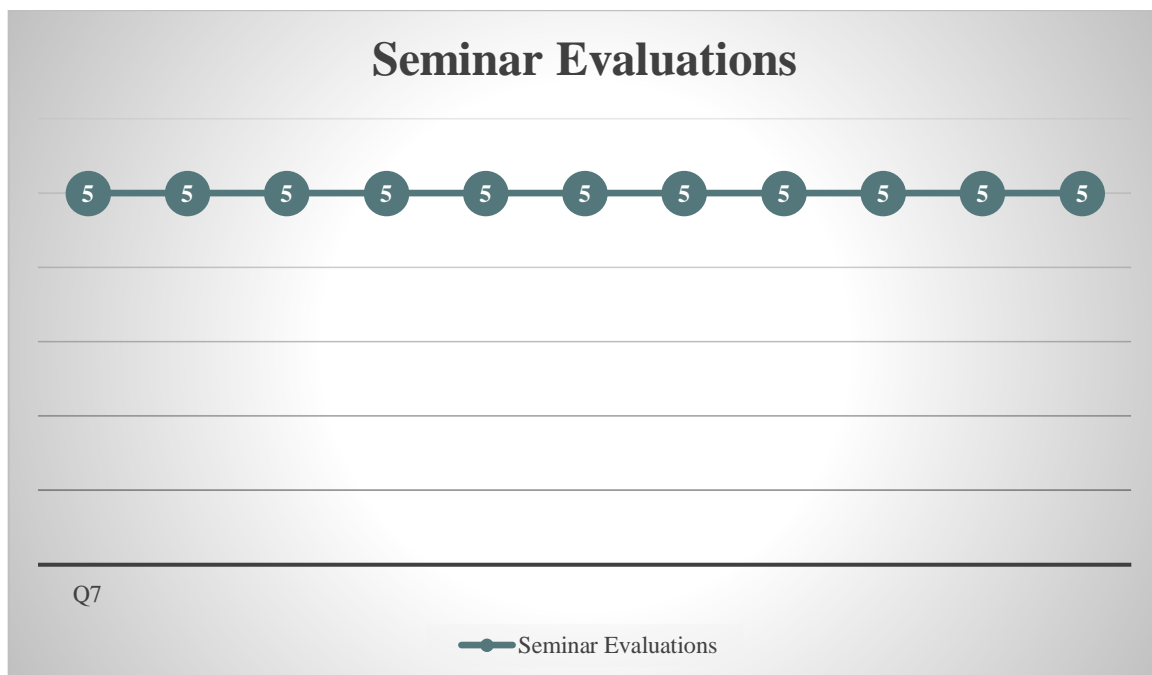
Q5: Time for presentation used effectively.



Q6: Slides enhanced presentation.



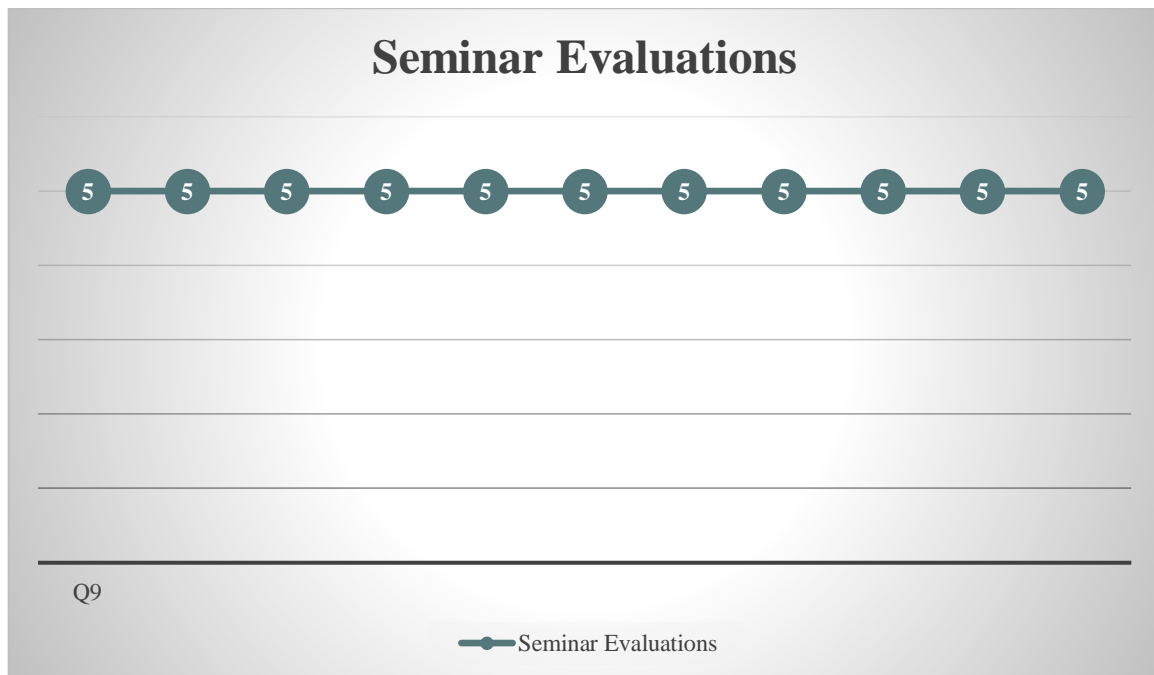
Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



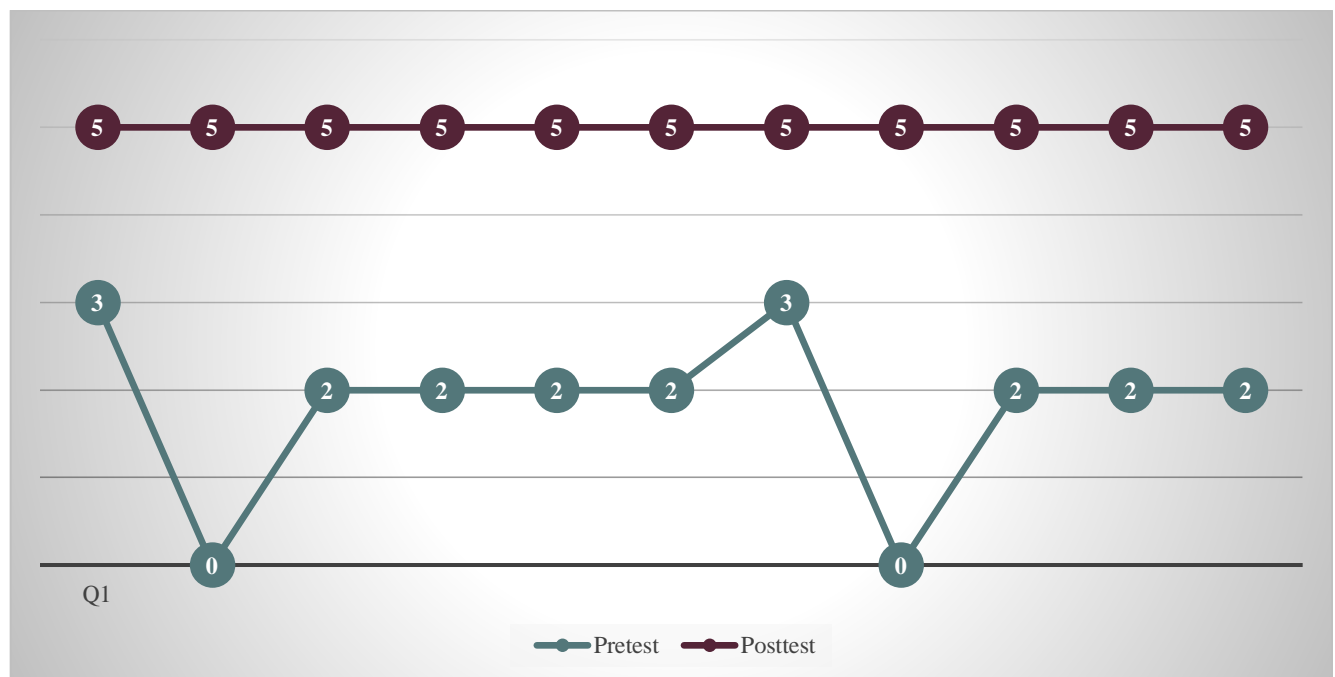
Seminar Seven HRL Consulting, LLC (HRLC)

Seminar seven took place at HRL Consulting, LLC (HRLC) in service area seven, and had 11 signed-in participants (4 males; 7 female). Participants who signed-in were mostly in the TAY- 16-25 category (5) with one child, two adults, and three in the older adult category. Of those signed-in there were 11 pretests and 11 posttests and 11 seminar evaluations filled out. Thirty-one matched-pairs were used for analysis, leaving no discrepancy to be accounted for by those who signed-in.

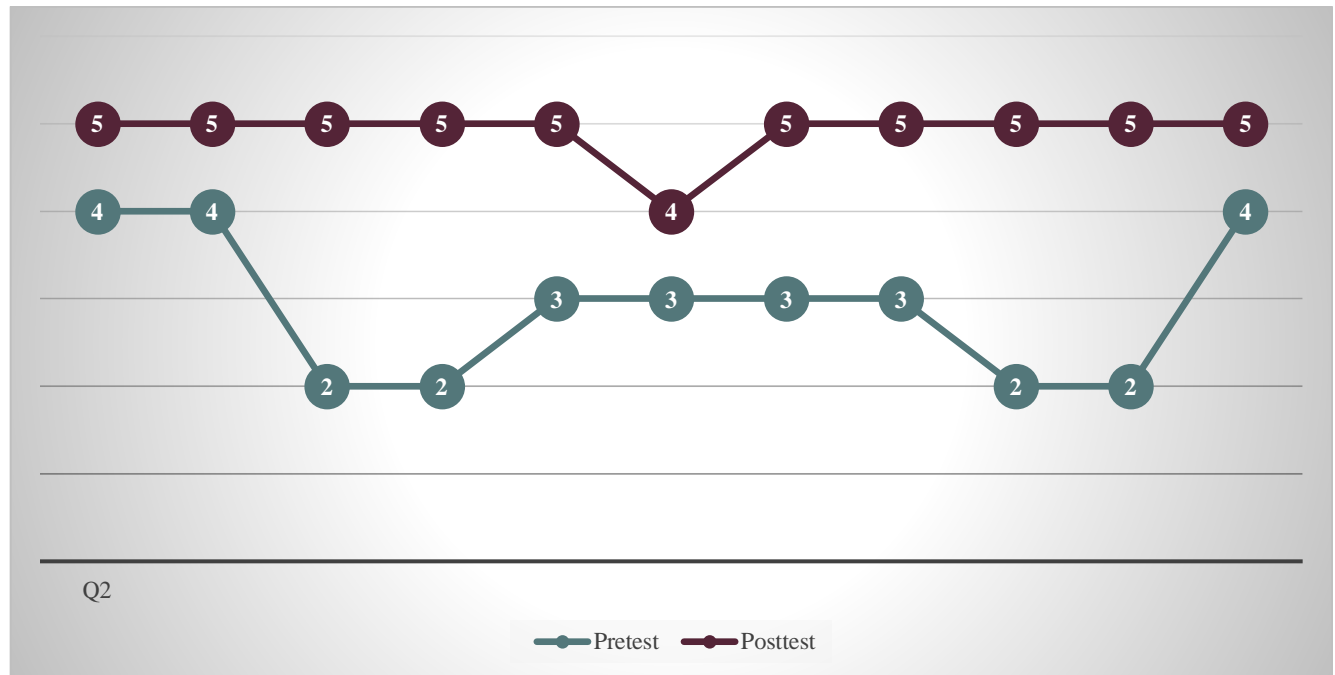
Seminar Seven HRL Consulting, LLC

Pretests v. Posttests

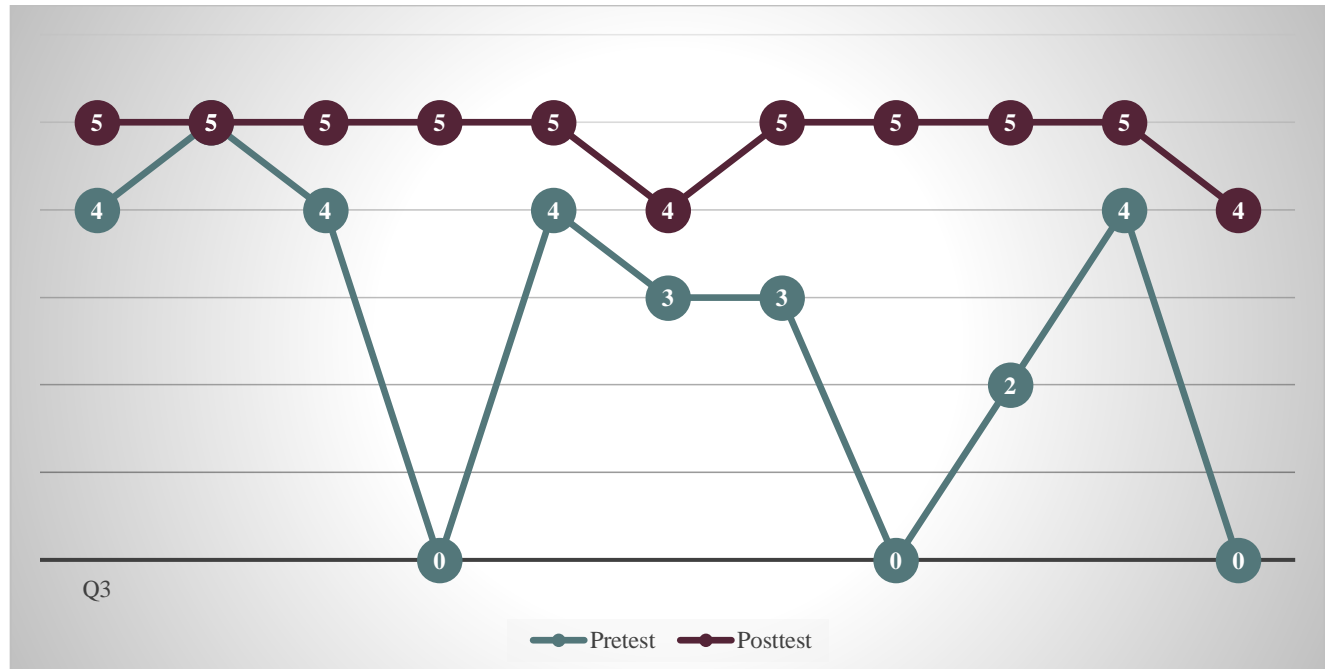
Q1: I understand the mental health issues that most affect the Arabic speaking population.



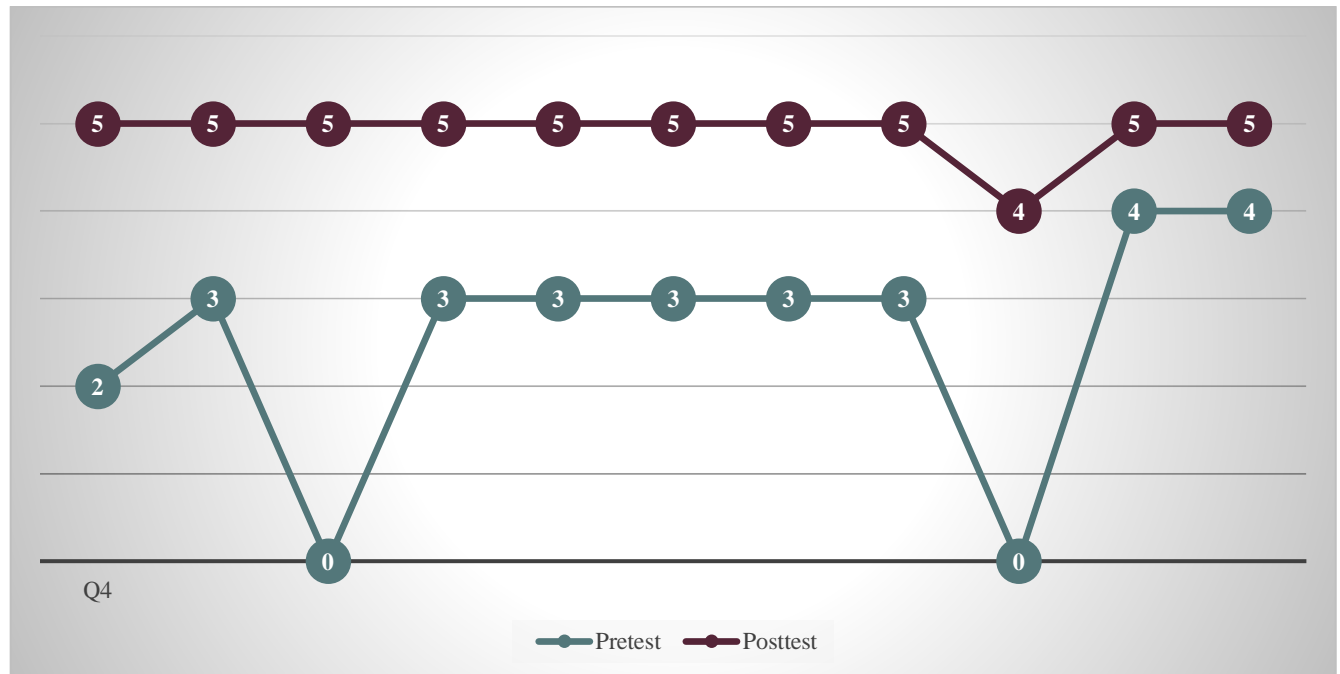
Q2: I can identify common mental health and behavioral health issues in children of Arabic heritage.



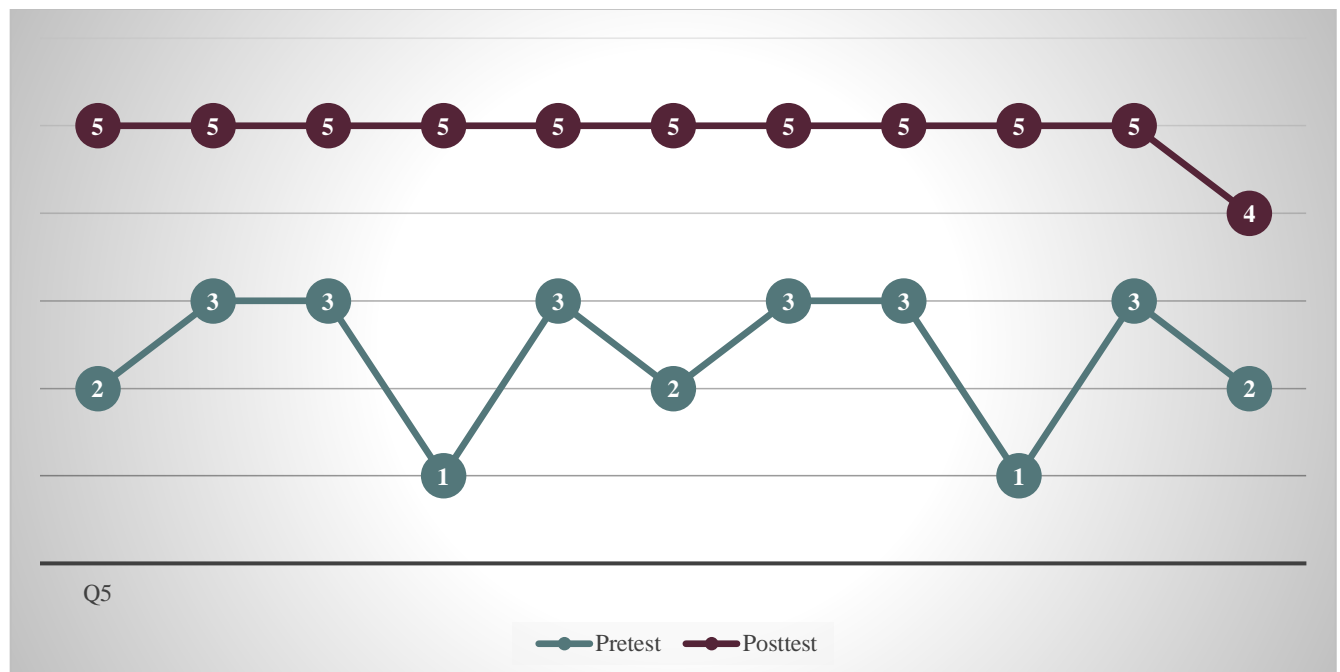
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.



Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.



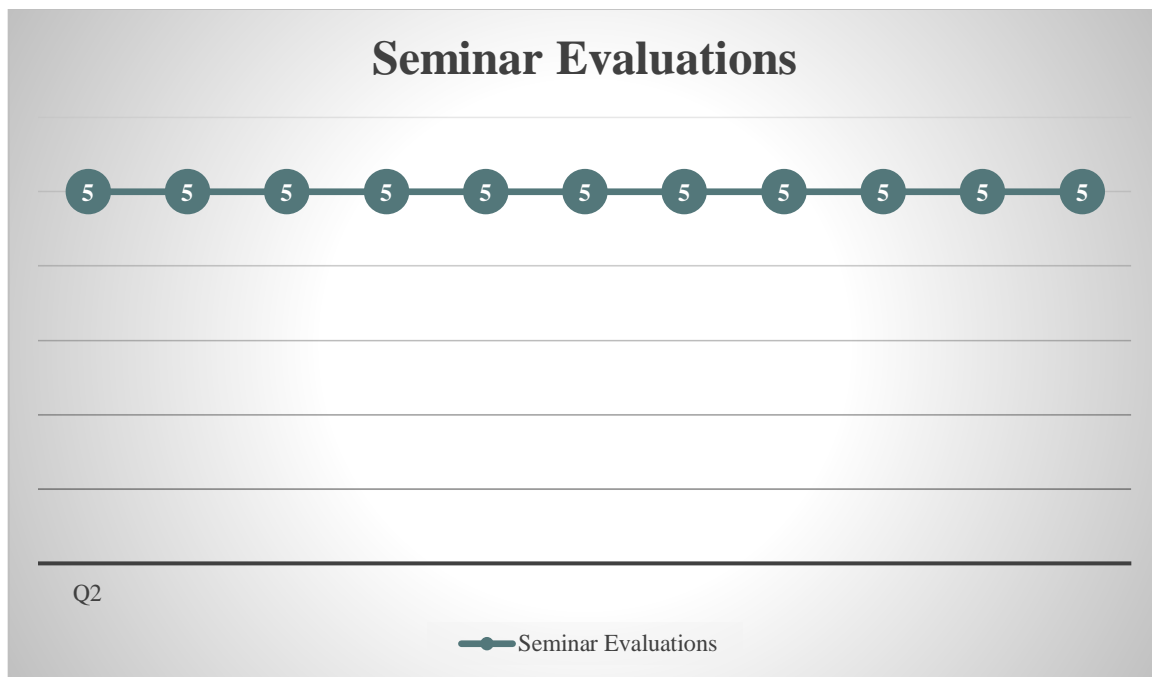
Seminar Seven HRLC

Seminar Evaluations

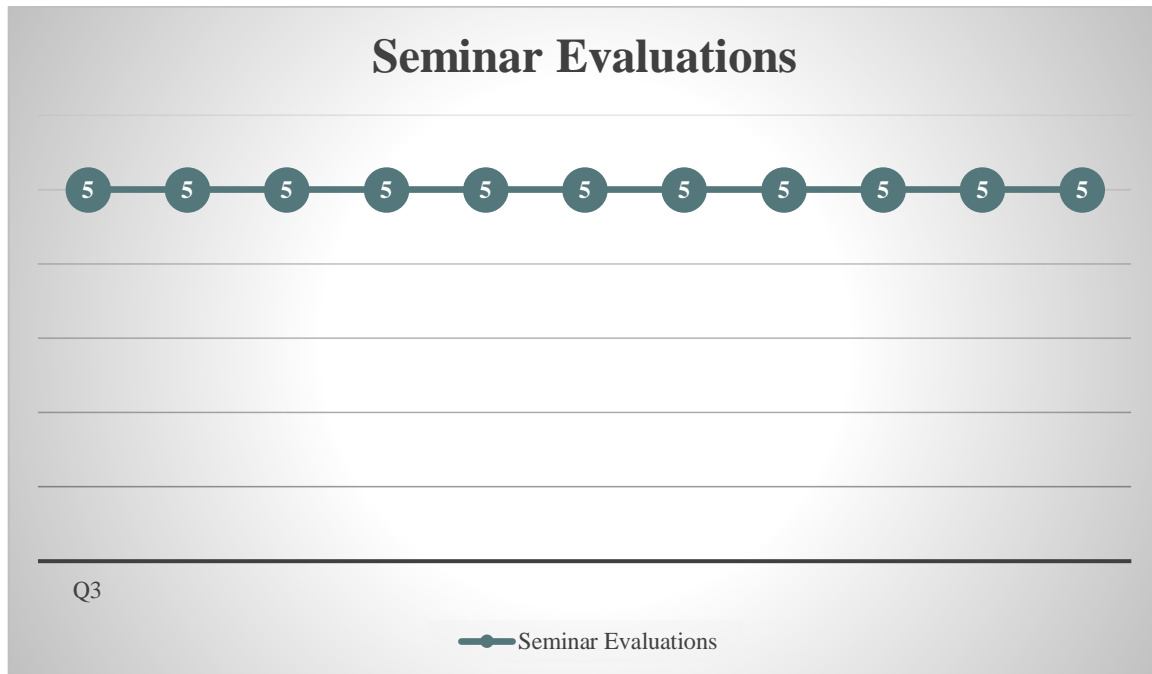
Q1: Purpose communicated clearly.



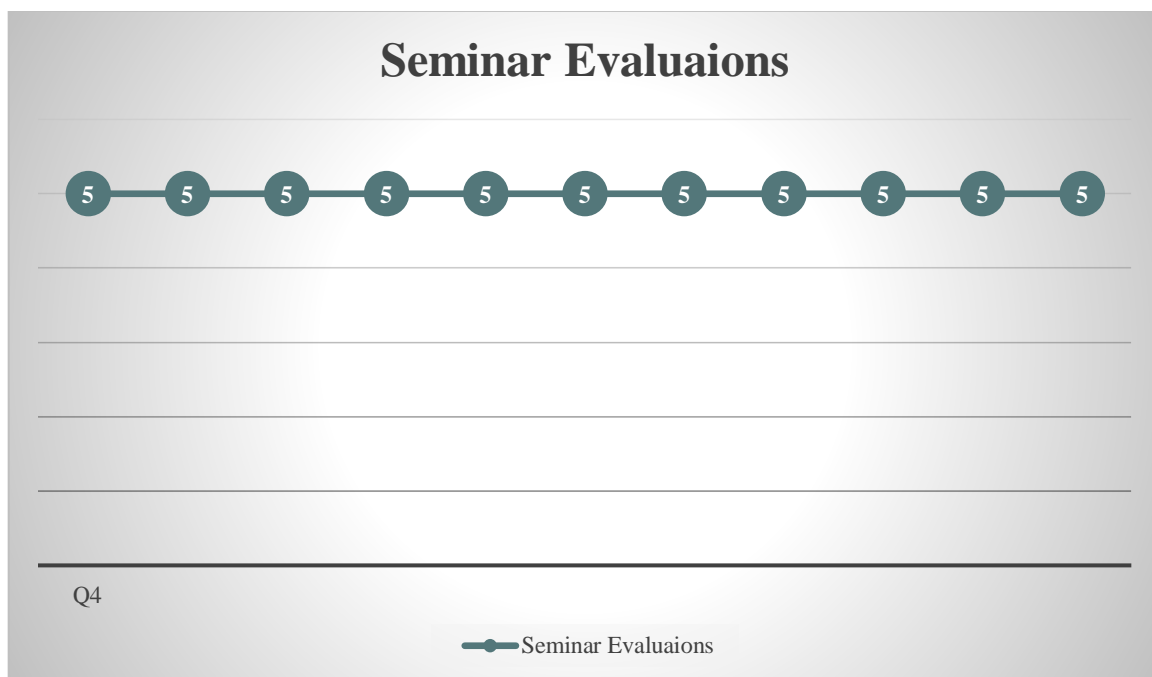
Q2: The presenter was organized and easy to follow.



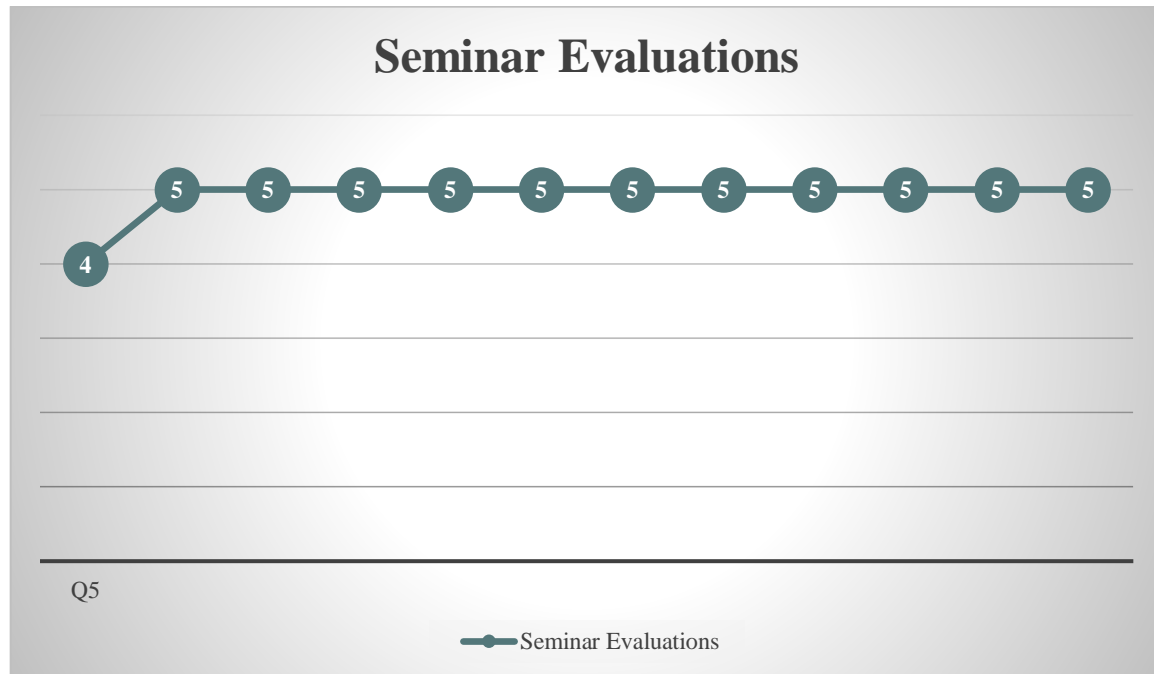
Q3: Presenter exhibited a good understanding of the topic.



Q4: Presenter spoke clearly/ effectively.



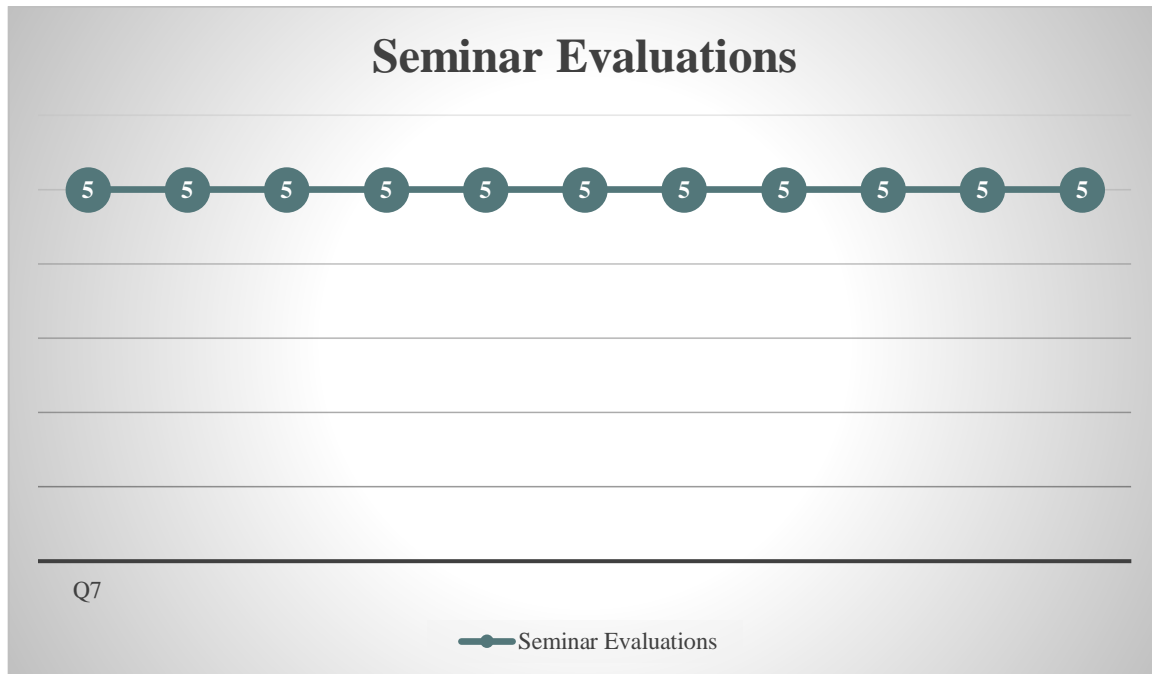
Q5: Time for presentation used effectively.



Q6: Slides enhanced presentation.



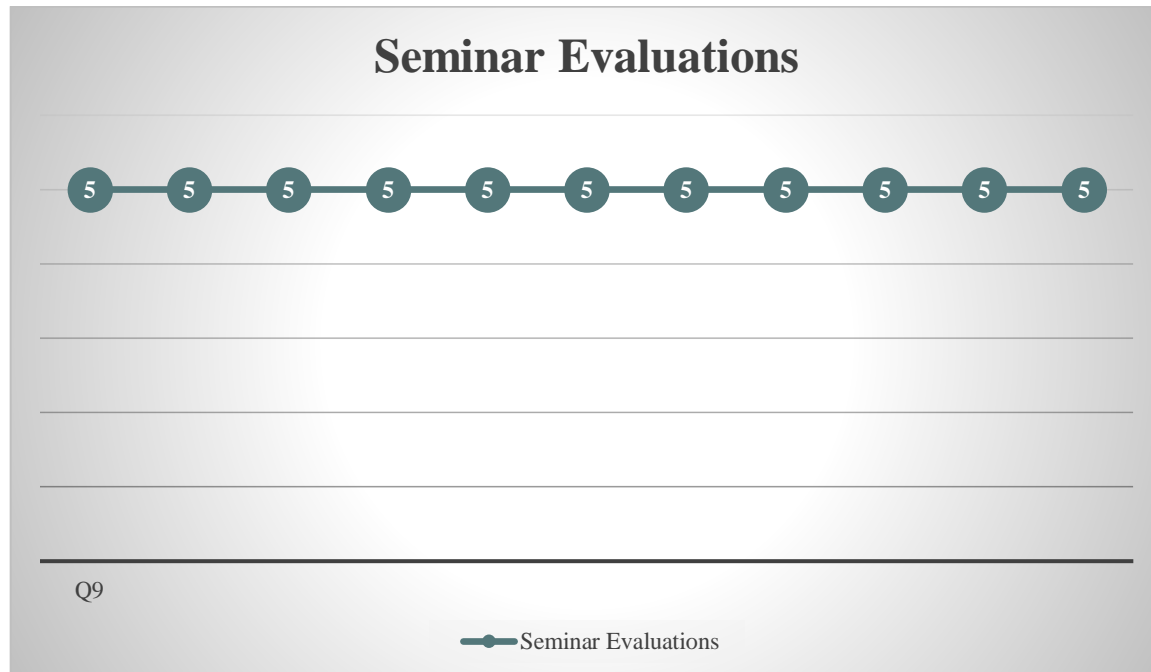
Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



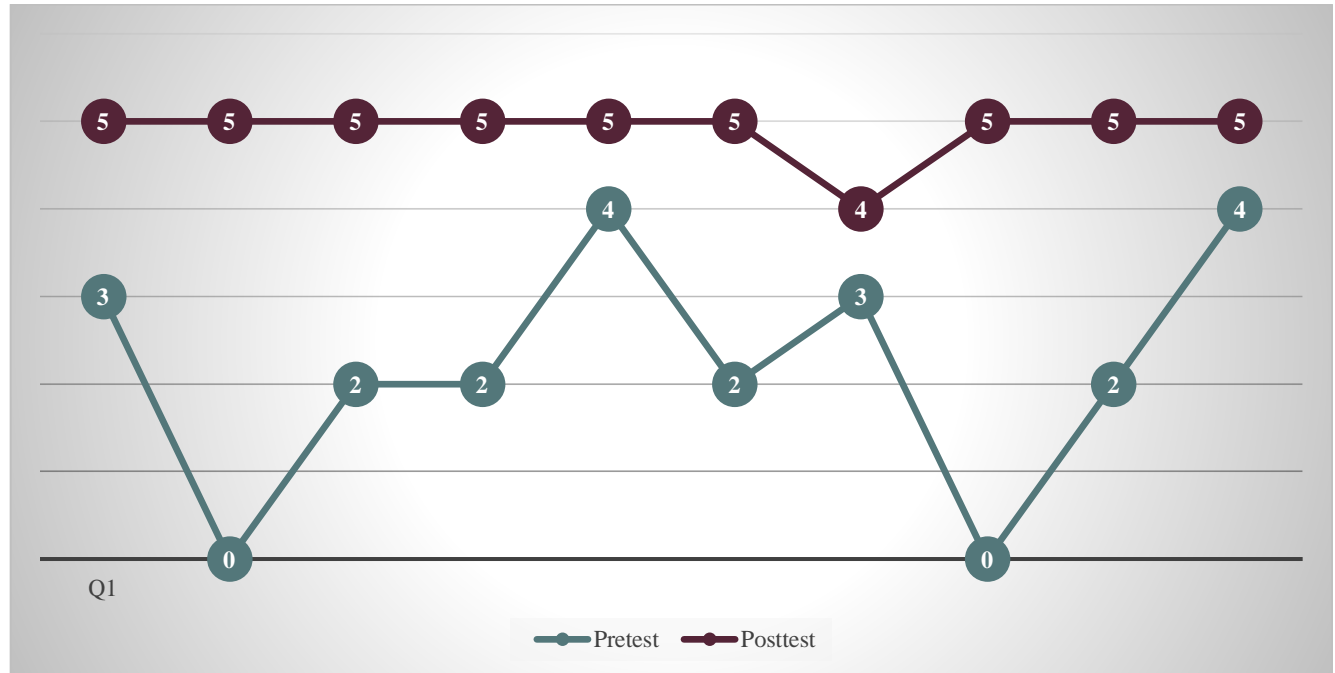
Seminar Eight Center for Muslim Mental Health and Islamic Psychology, Inc. (CMMHIP)

Seminar eight took place at the Center for Muslim Mental Health and Islamic Psychology, Inc., in service area seven, and had 10 signed-in participants (4 males; 6 female). Participants who signed-in were mostly in the 25-59 category (7) with zero children and TAY and three in the older adult category. Of those signed-in there were 10 pretests and 10 posttests and 10 seminar evaluations filled out. Ten matched-pairs were used for analysis, leaving no discrepancy to be accounted for by those who signed-in.

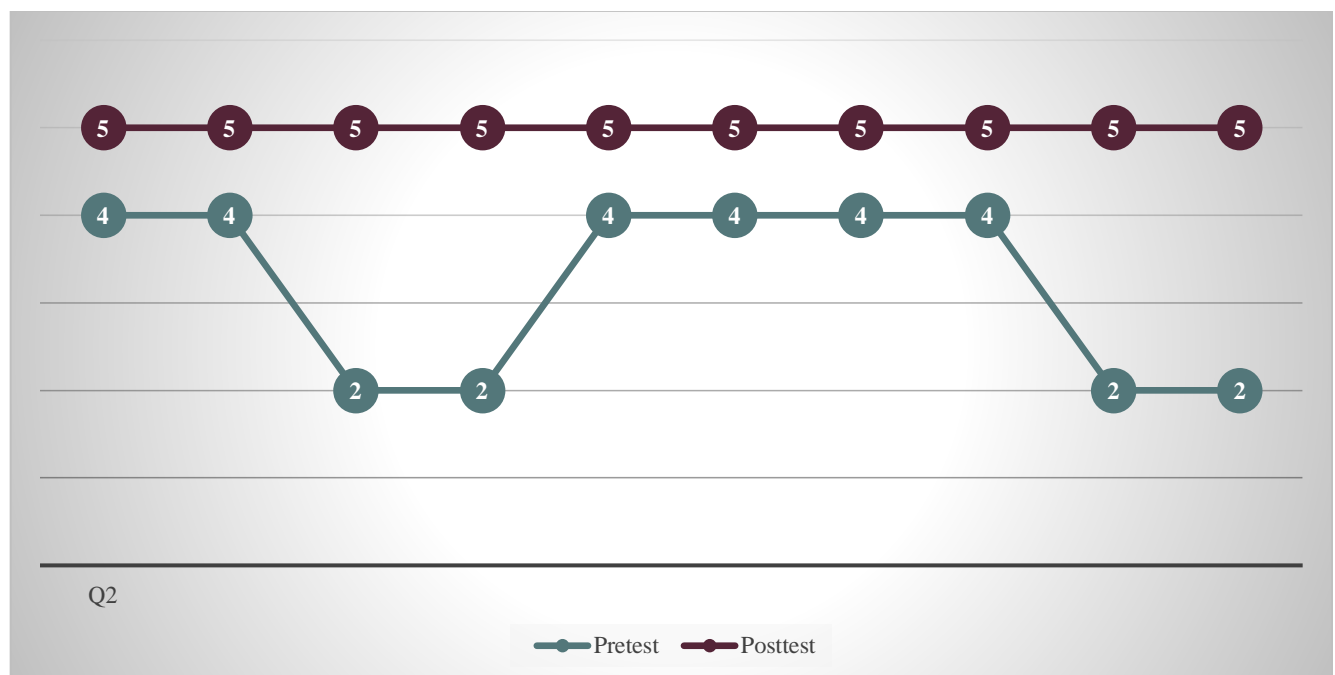
Seminar Eight CMMHIP

Pretest v. Posttest

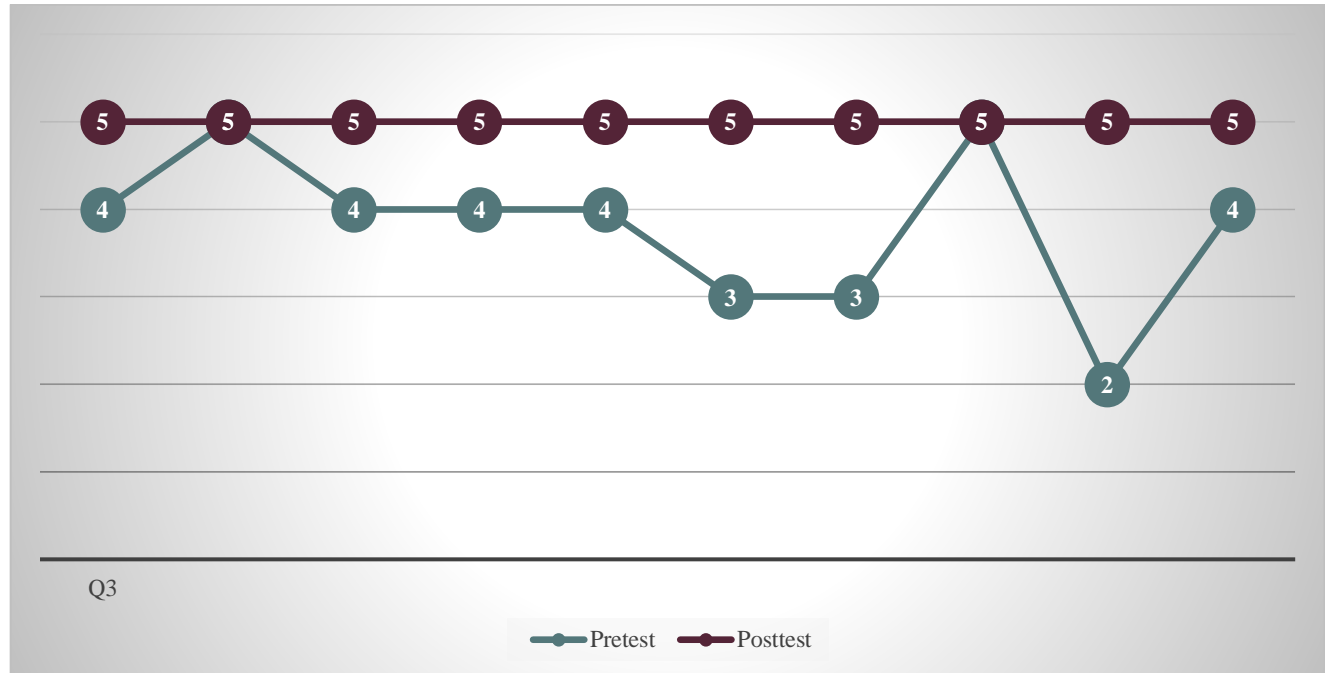
Q1: I understand the mental health issues that most affect the Arabic speaking population.



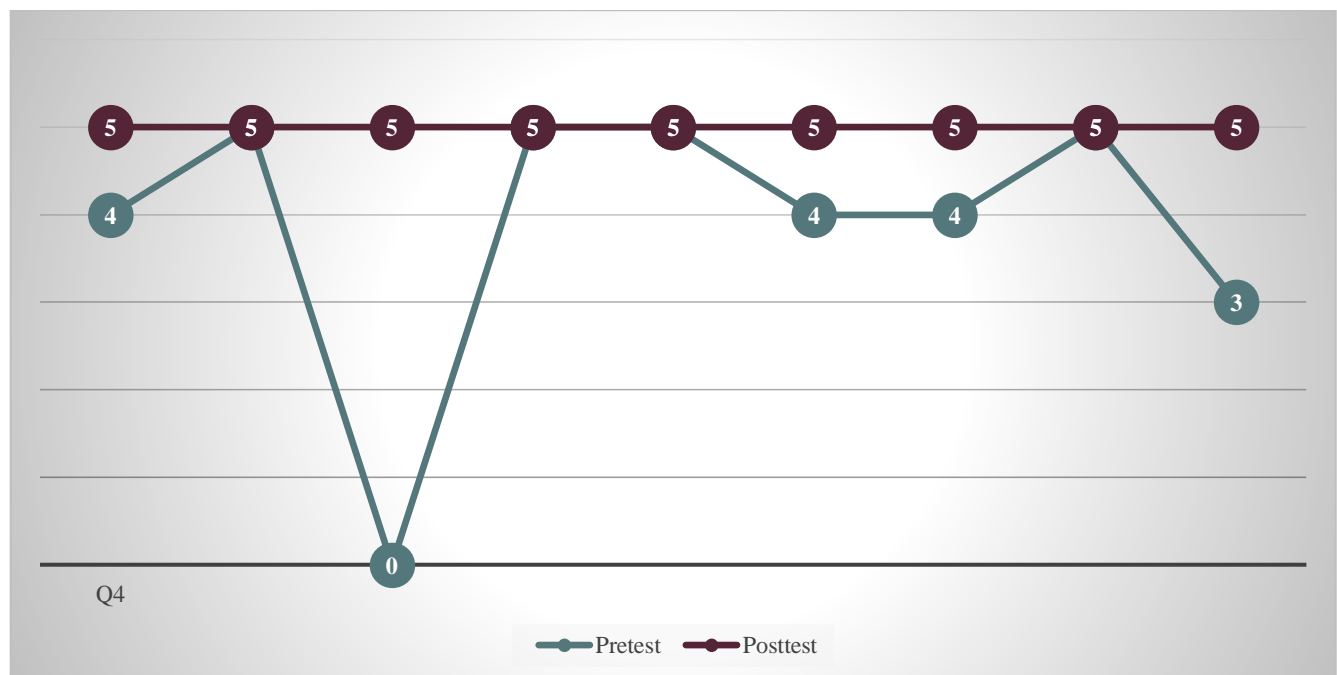
Q2: I can identify common mental health and behavioral health issues in children of Arabic heritage.



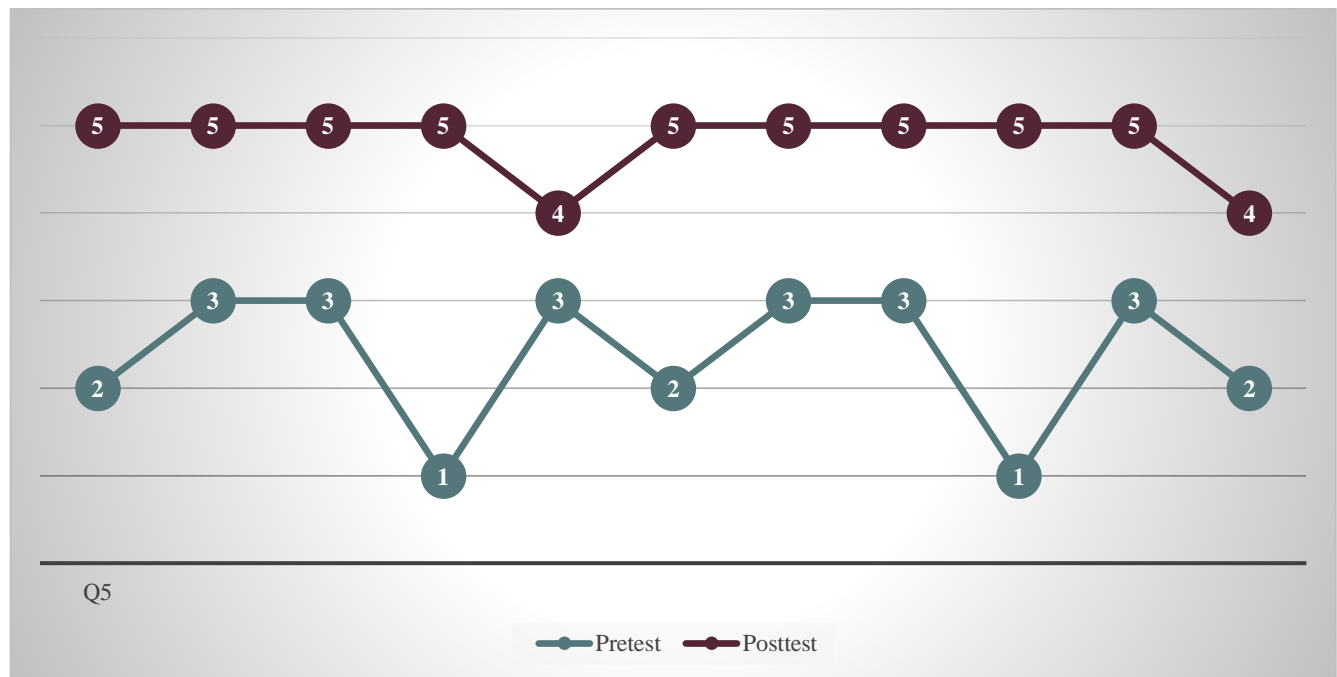
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.



Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.



Seminar Eight CMMHIP

Seminar Evaluations

Q1: Purpose communicated clearly.



Q2: The presenter was organized and easy to follow.



Q3: Presenter exhibited a good understanding of the topic.



Q4: Presenter spoke clearly/ effectively.



Q5: Time for presentation used effectively.



Q6: Slides enhanced presentation.



Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



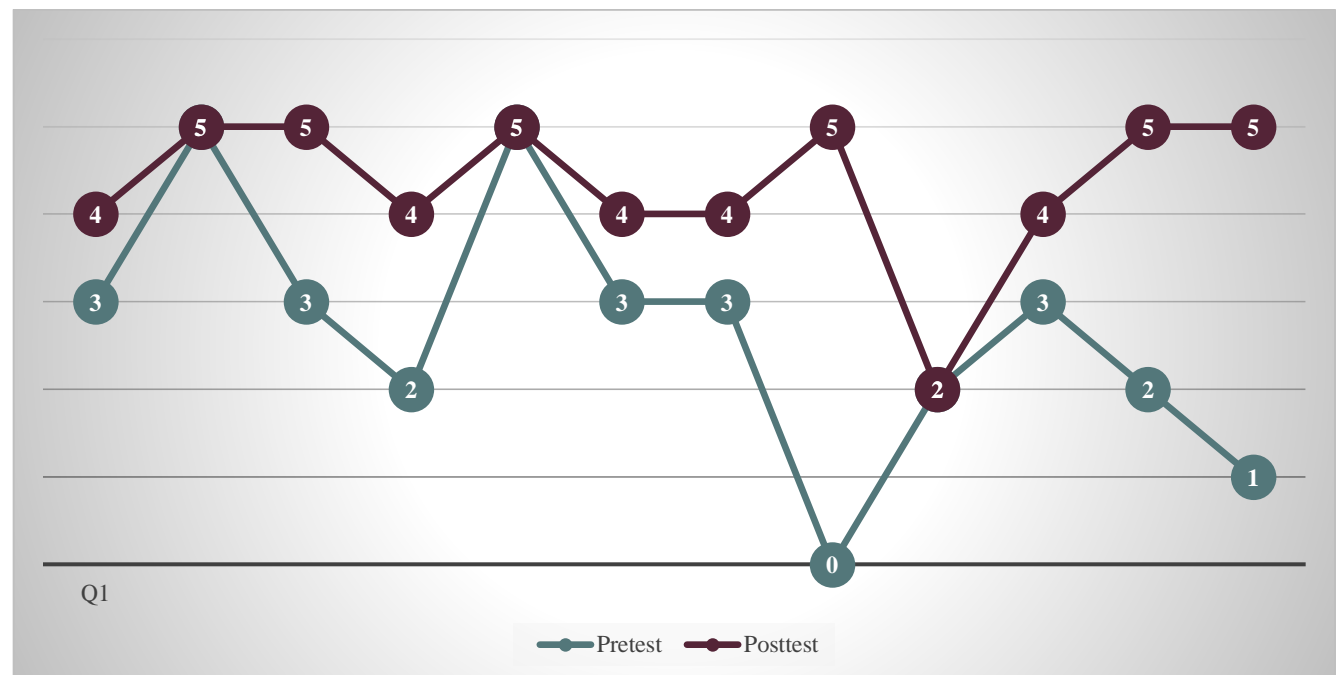
Seminar Nine University of Southern California Office of Religious Life (USCORL)

Seminar nine took place at University of Southern California Office of Religious Life (USCORL) in service area six and had 12 signed-in participants (3 males; 9 female). Participants who signed-in were mostly in the TAY category (10) with three in the adults, and zero in the older adult category. Of those signed-in there were 12 pretests and 12 posttests and 10 seminar evaluations filled out. Twelve matched-pairs were used for analysis, leaving no discrepancy to be accounted for by those who signed-in. The discrepancy in seminar evaluations was accounted for by two people who were in a hurry to leave and didn't fill out. The session went over time by two hours by choice of the participants.

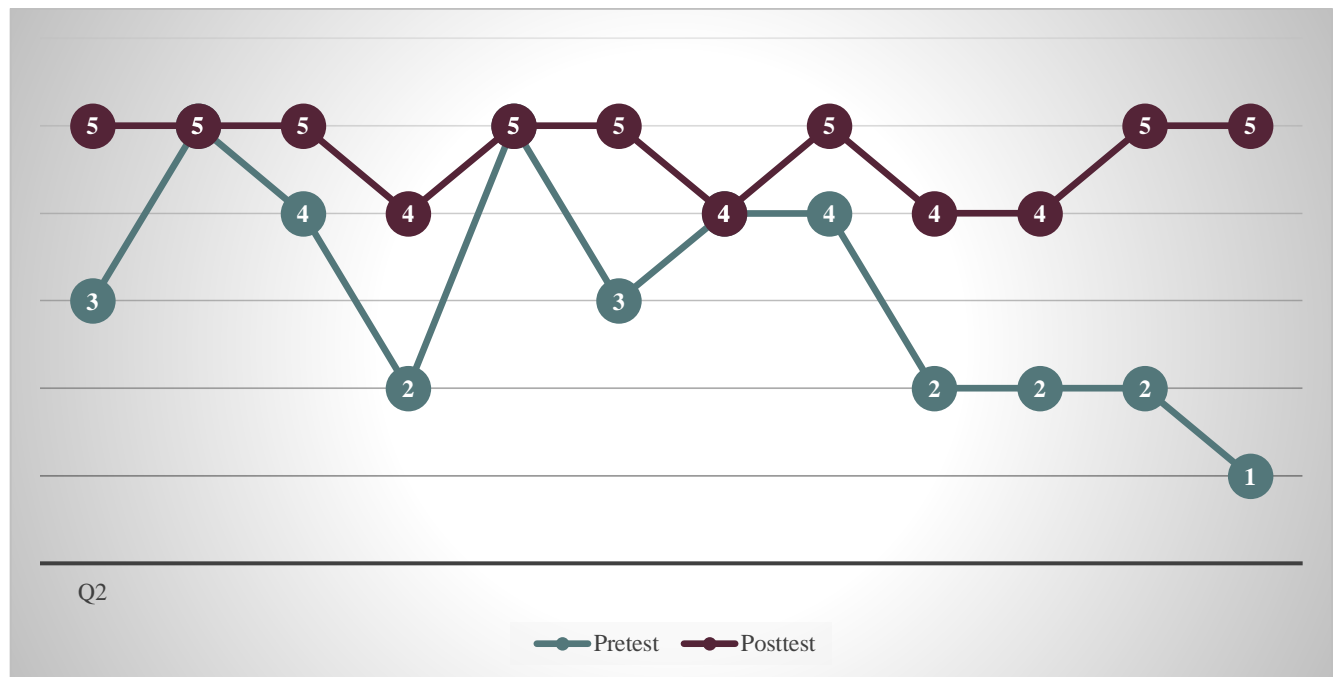
Seminar Nine USCORL

Pretest v. Posttest

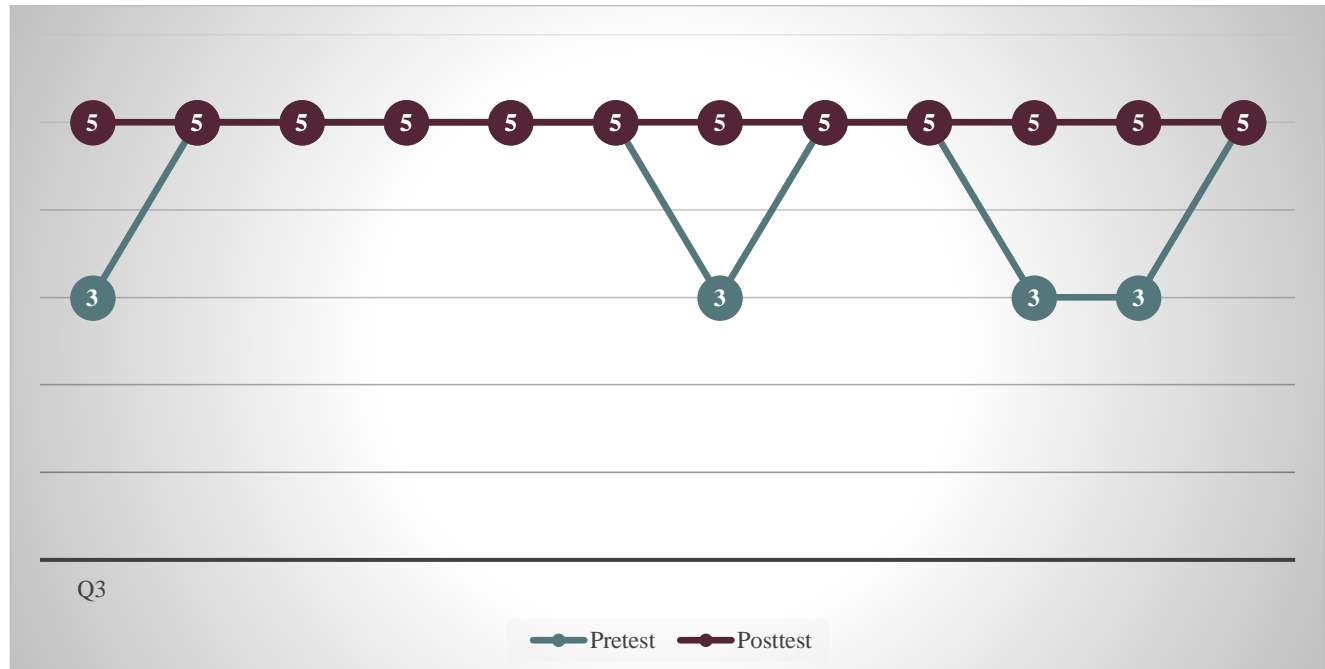
Q1: I understand the mental health issues that most affect the Arabic speaking population.



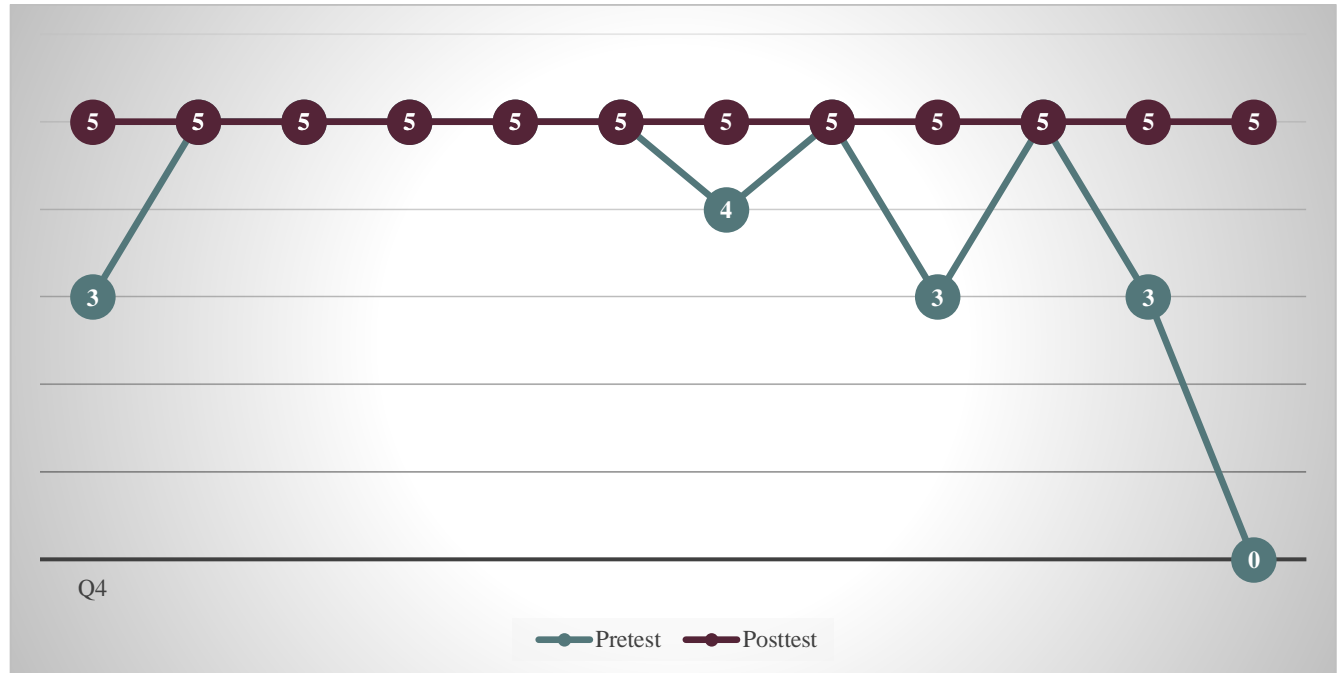
Q2: I can identify common mental health and behavioral health issues in children of Arabic heritage.



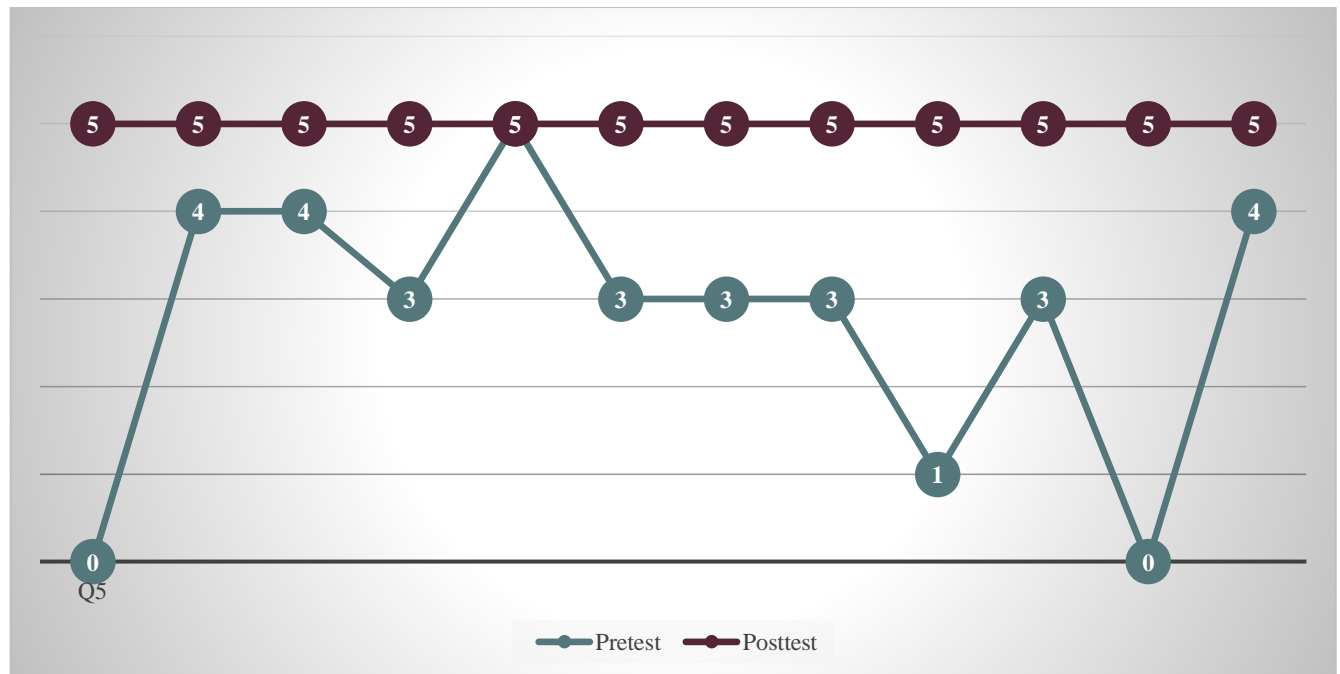
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.

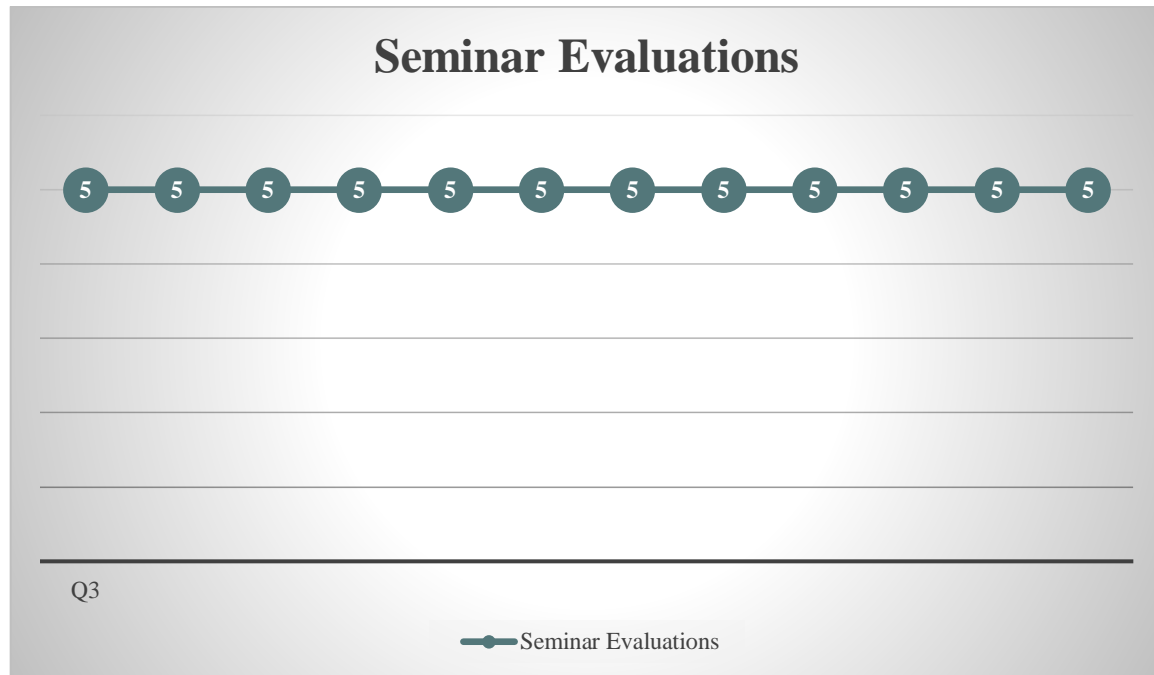


Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.



Seminar Nine USCORL

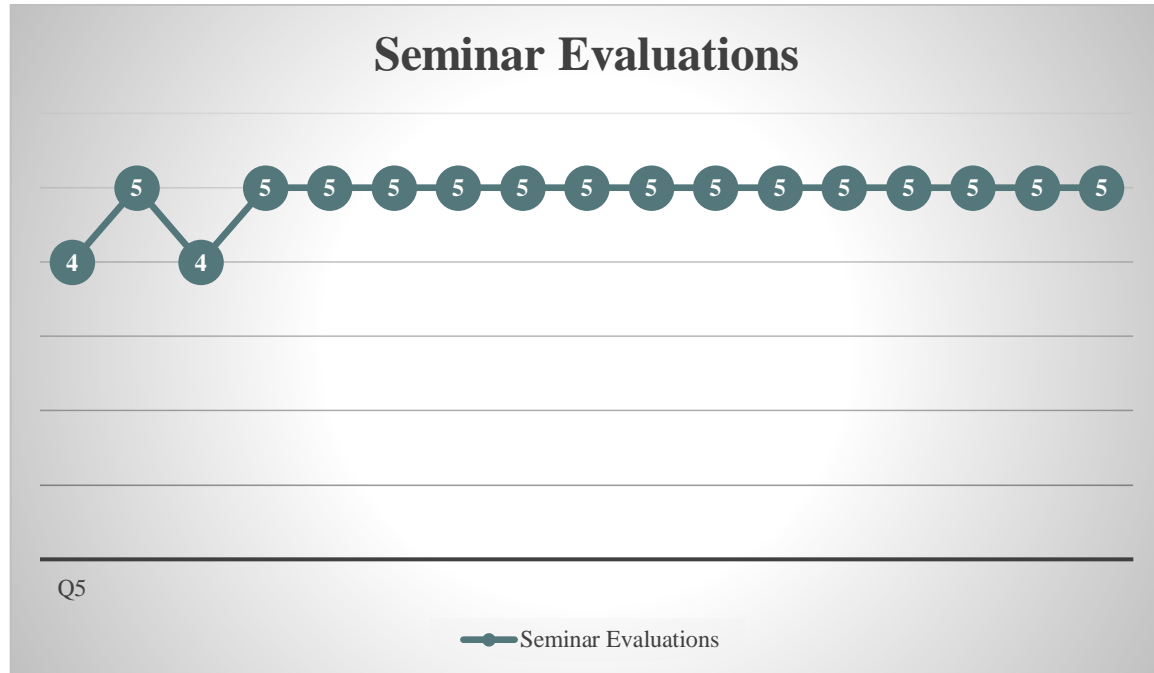
Q3: Presenter exhibited a good understanding of the topic.



Q4: Presenter spoke clearly/ effectively.



Q5: Time for presentation used effectively.



Q6: Slides enhanced presentation.



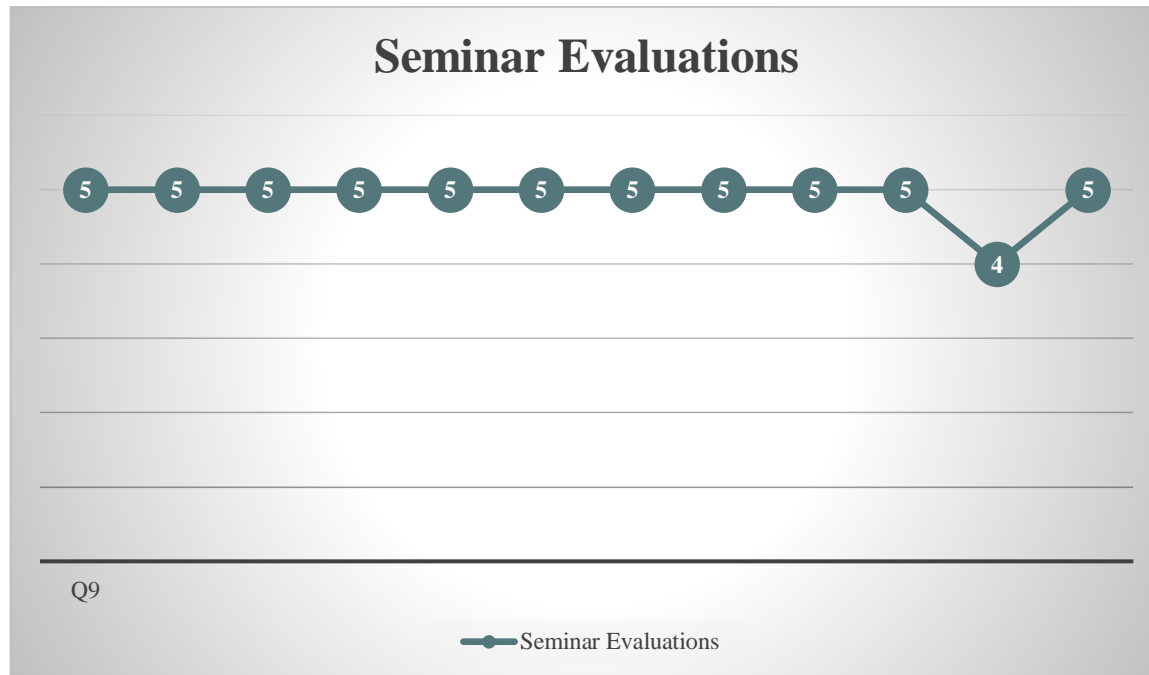
Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



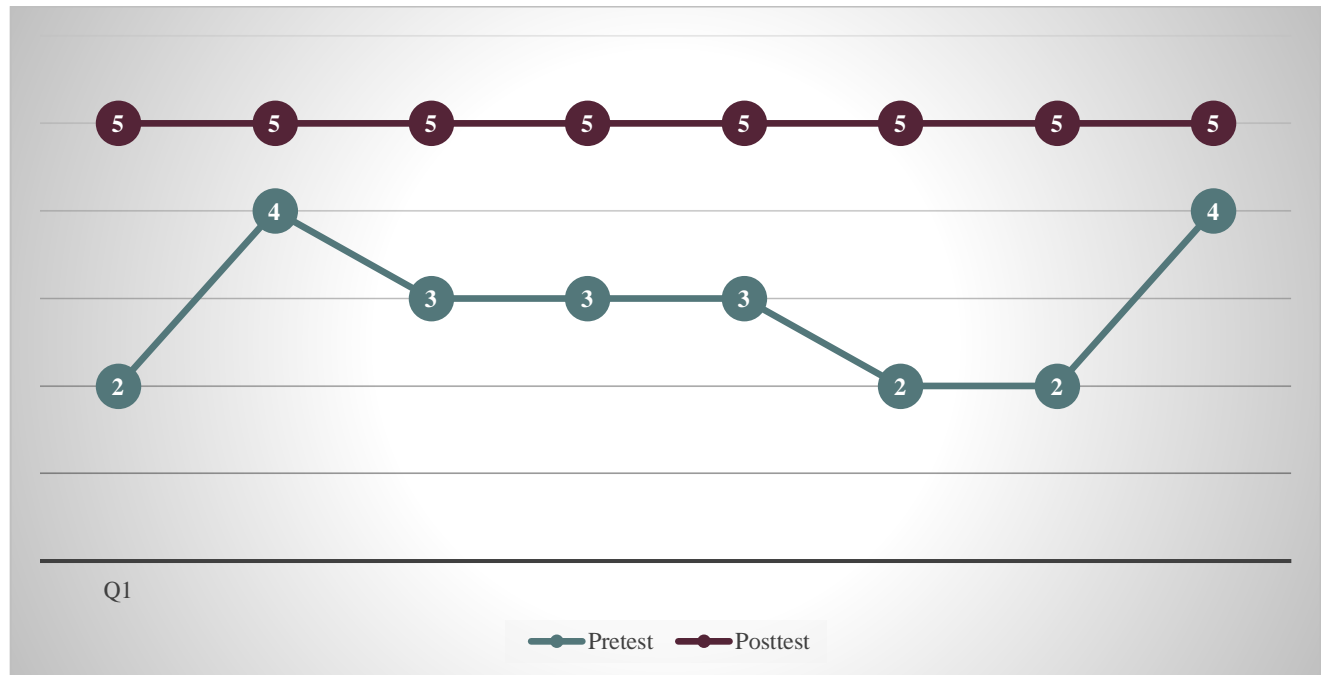
Seminar Ten New Horizon School- Los Angeles (NHS-LA)

Seminar ten took place at New Horizon School – Los Angeles (NHS-LA) in service area four and had 8 signed-in participants (0 male; 8 female). Participants who signed-in were equally in the 25-59 category (4) and TAY(4), zero in the older adult category. Of those signed-in there were 8 pretests and 8 posttests and 8 seminar evaluations filled out. Eight matched-pairs were used for analysis, leaving no discrepancy to be accounted for by those who signed-in.

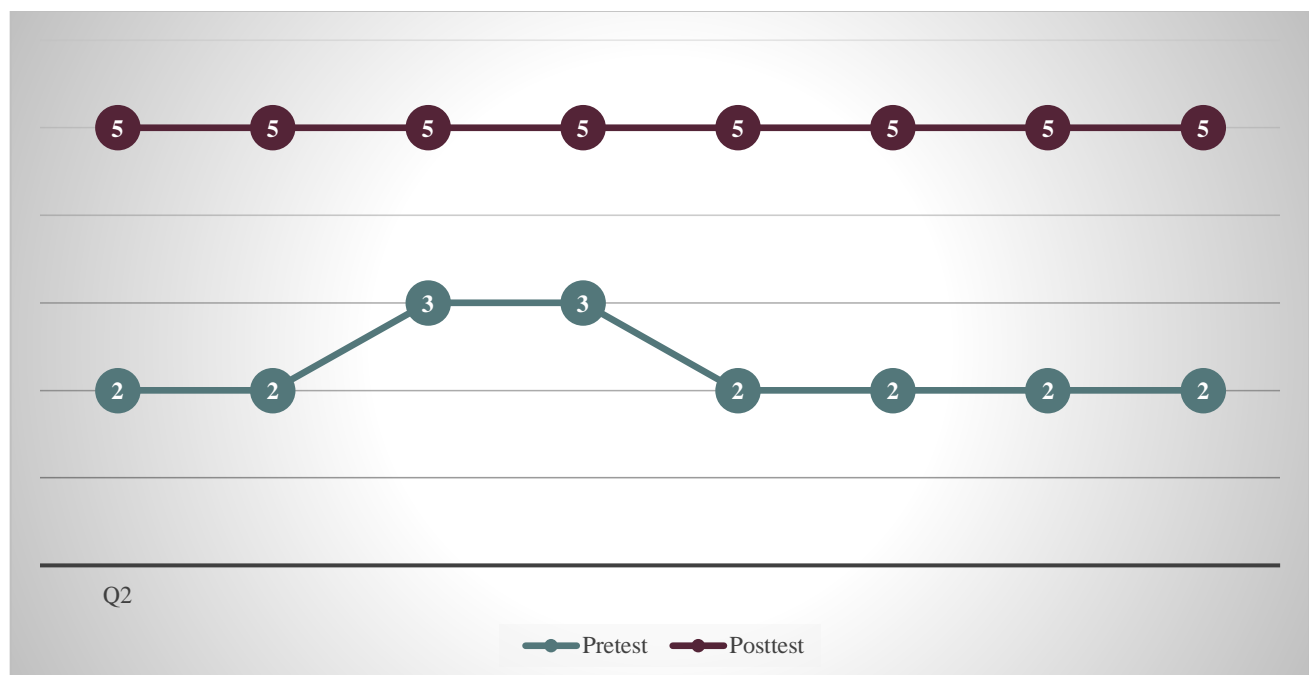
Seminar Three NHS-LA

Pretest v. Posttest

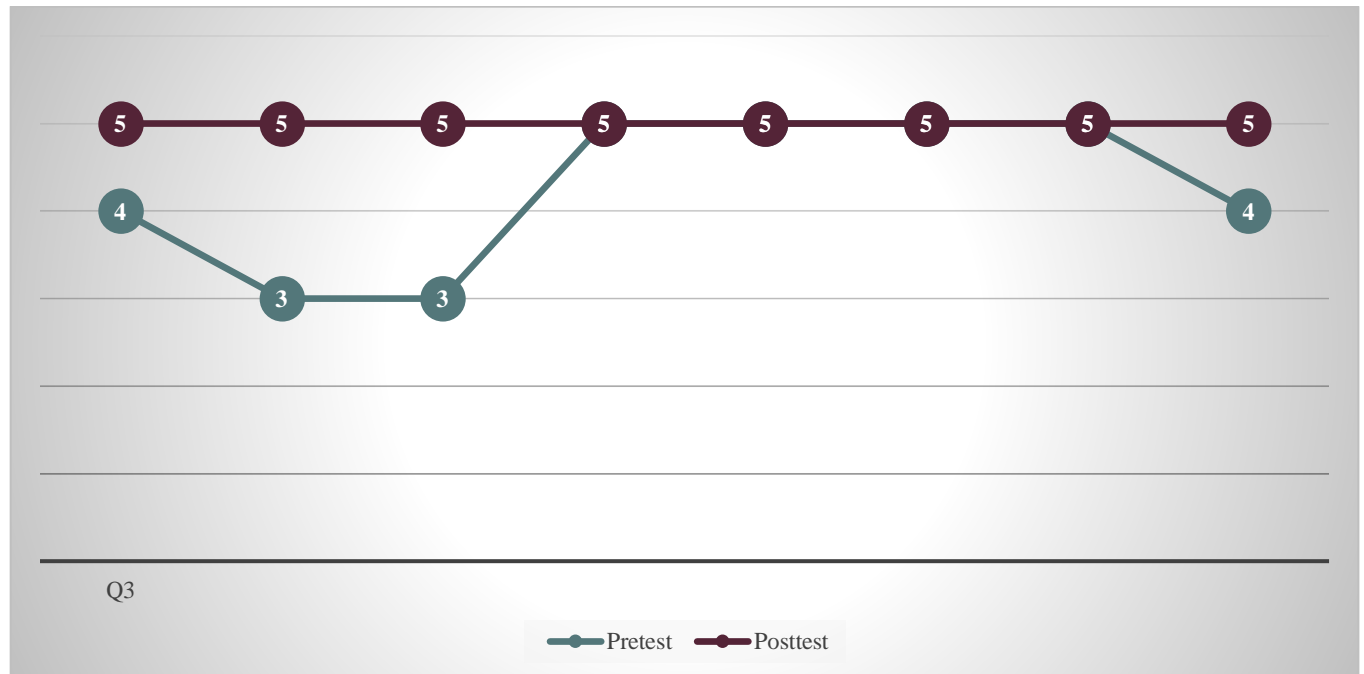
Q1: I understand the mental health issues that most affect the Arabic speaking population.



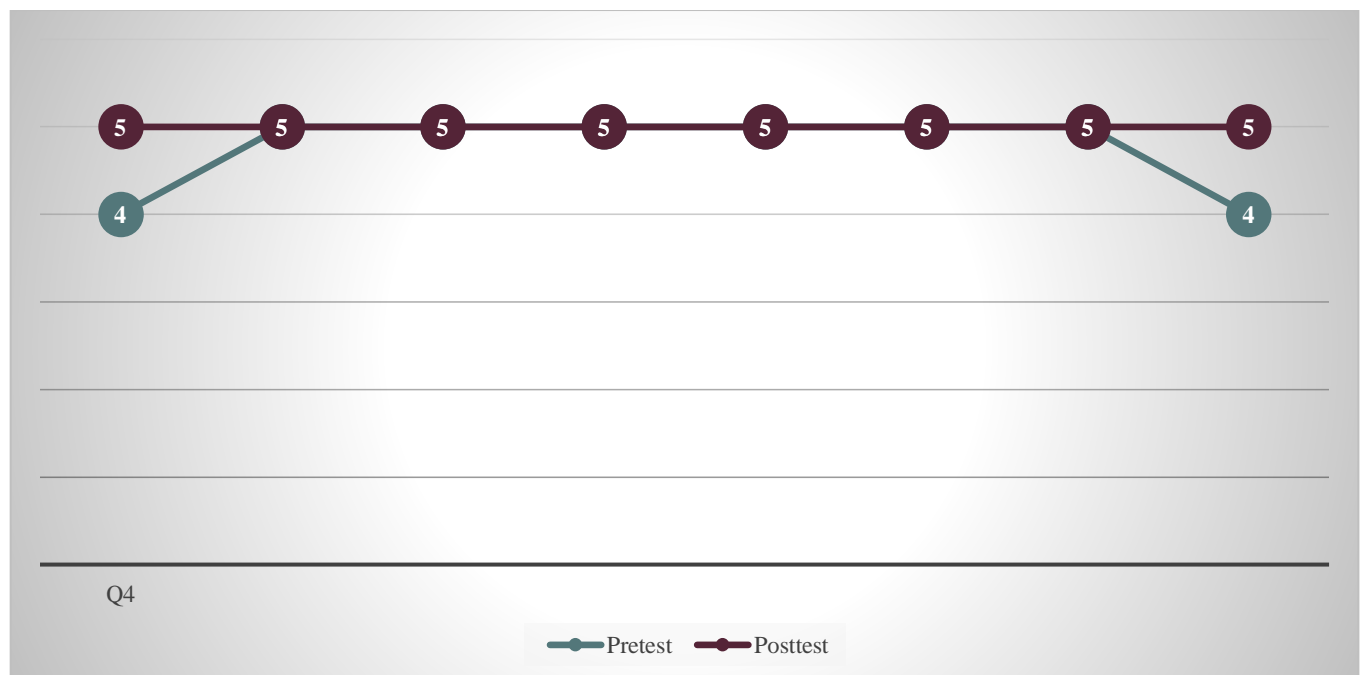
Q2: I can identify common mental health and behavioral health issues in children of Arabic heritage.



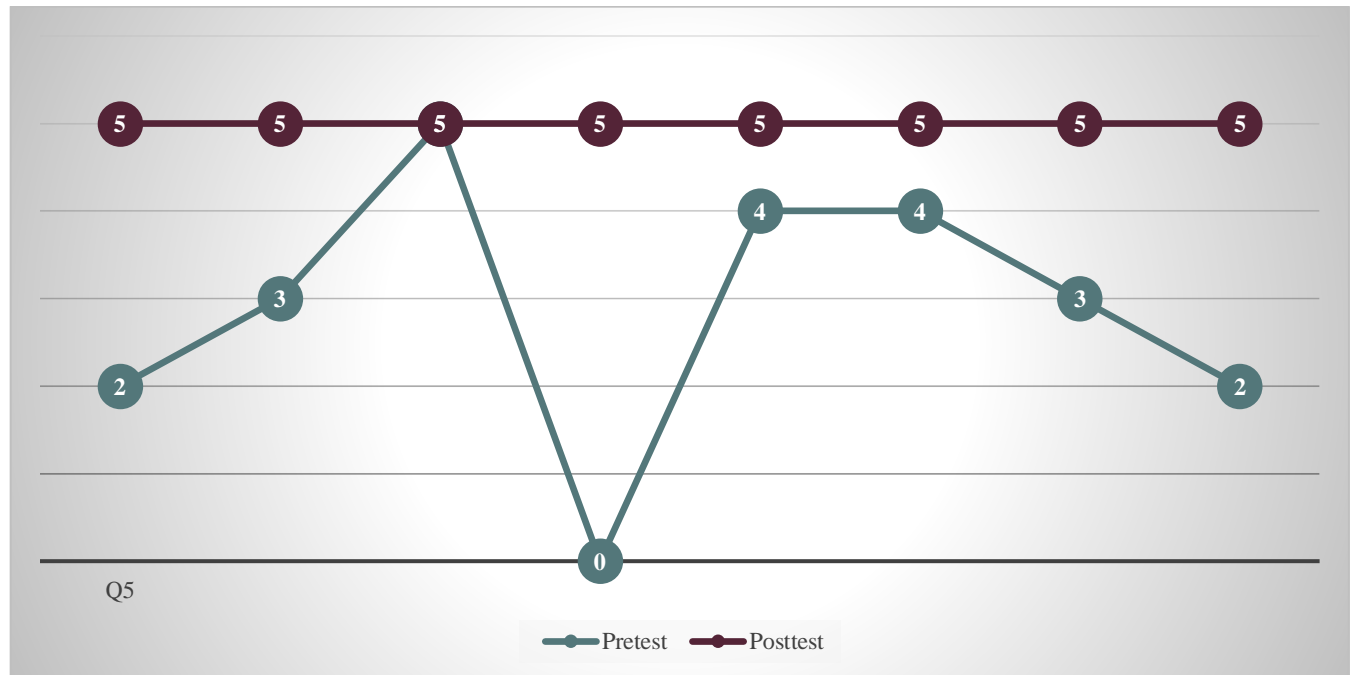
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.



Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.

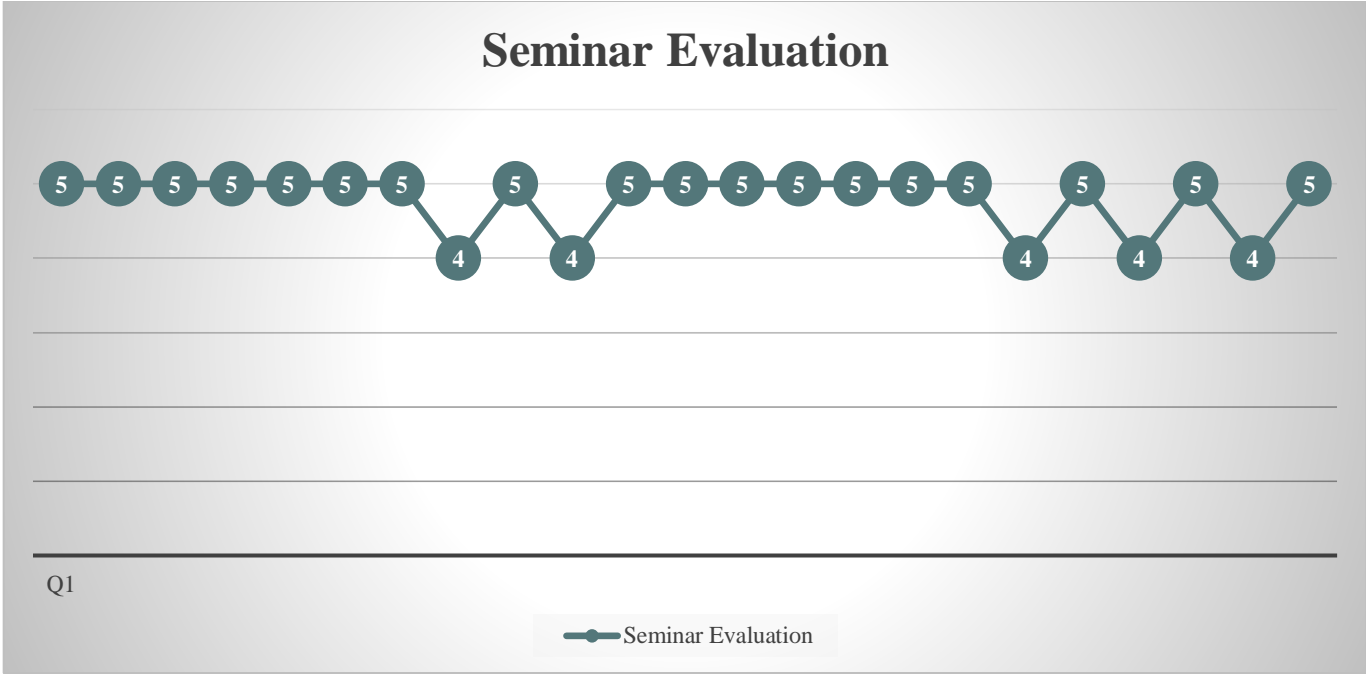


Seminar Ten NHS-LA

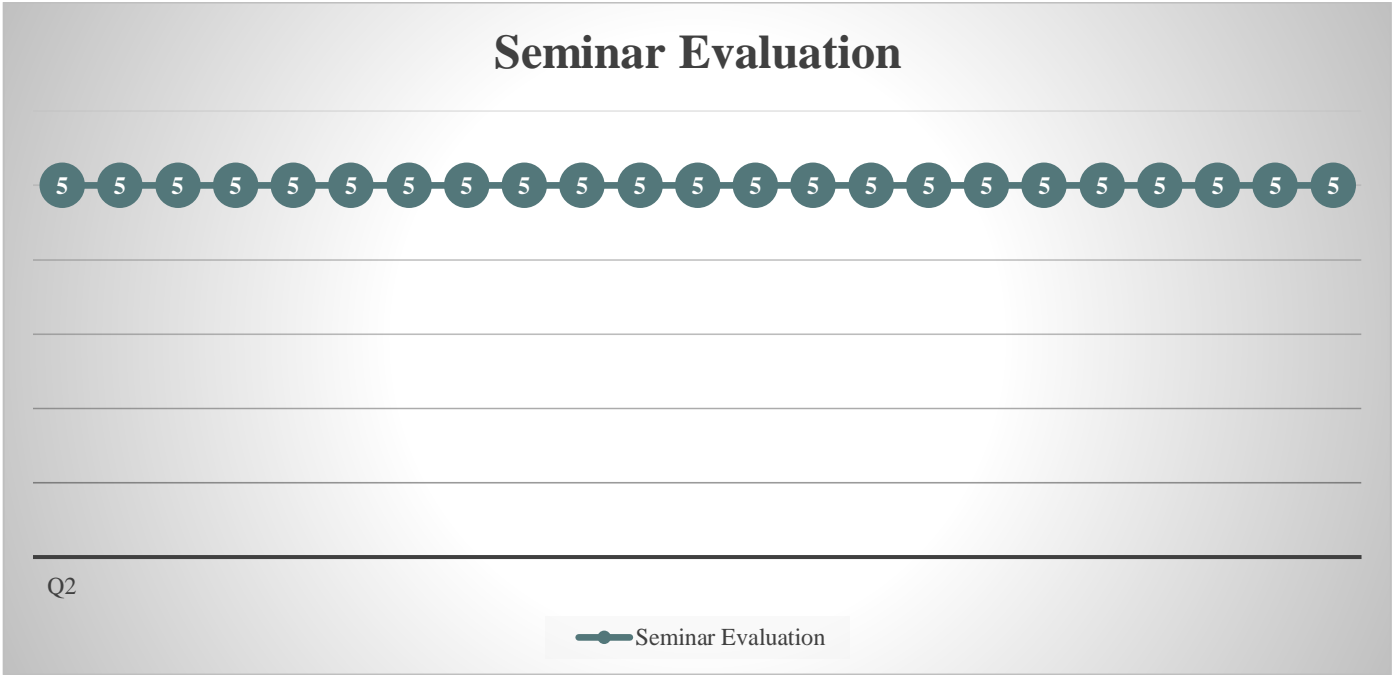
Seminar Evaluations

Seminar Evaluations

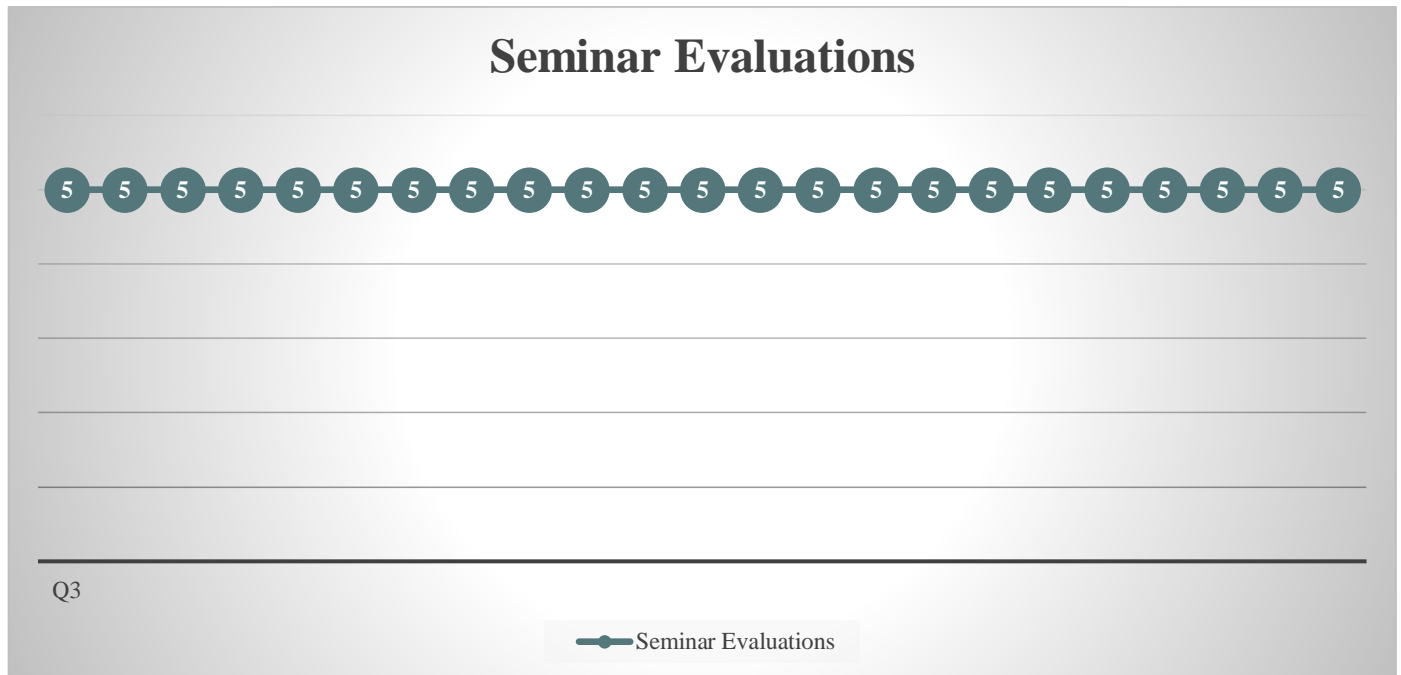
Q1: Purpose communicated clearly.



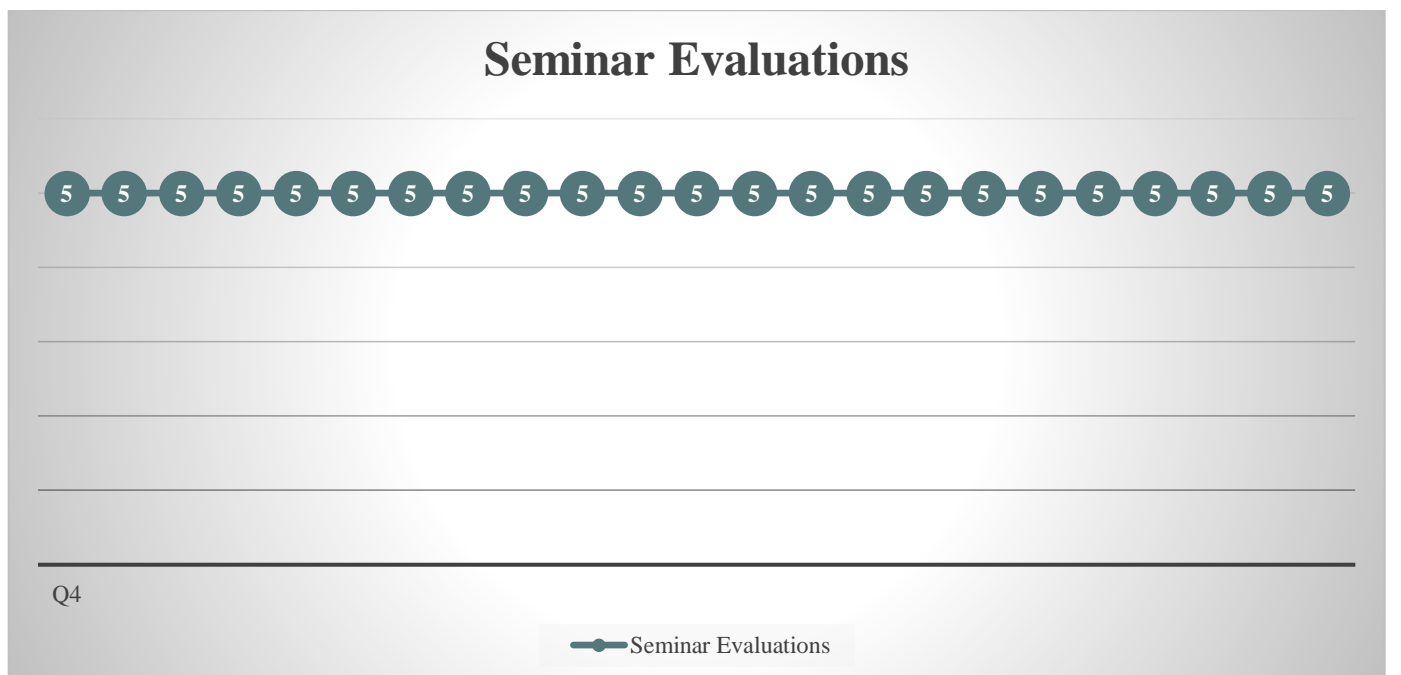
Q2: The presenter was organized and easy to follow.



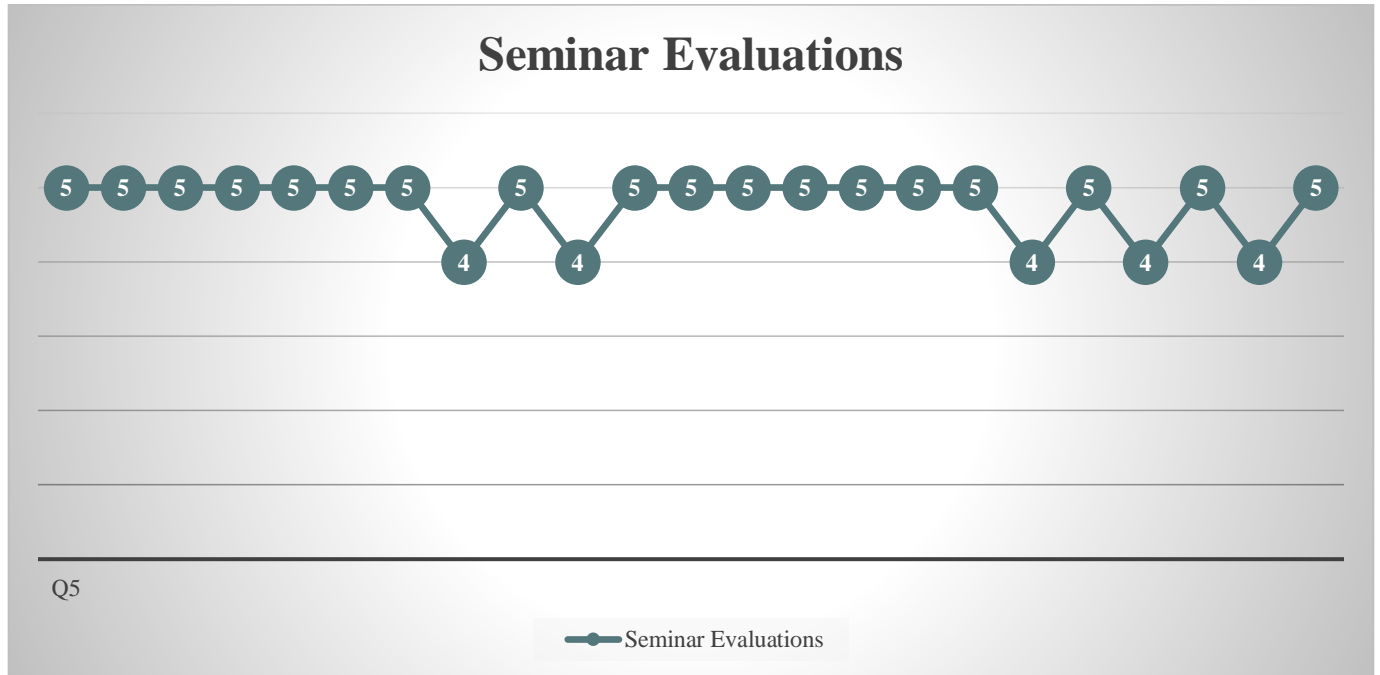
Q3: Presenter exhibited a good understanding of the topic.



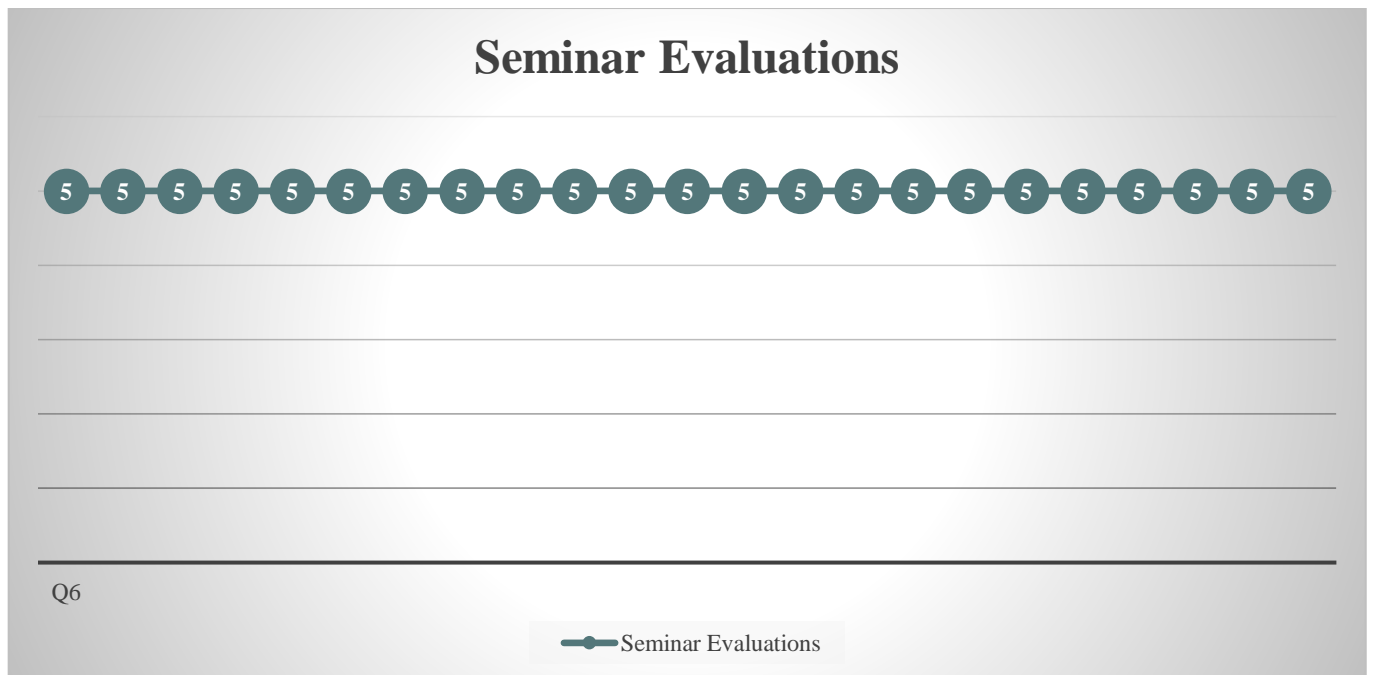
Q4: Presenter spoke clearly/ effectively.



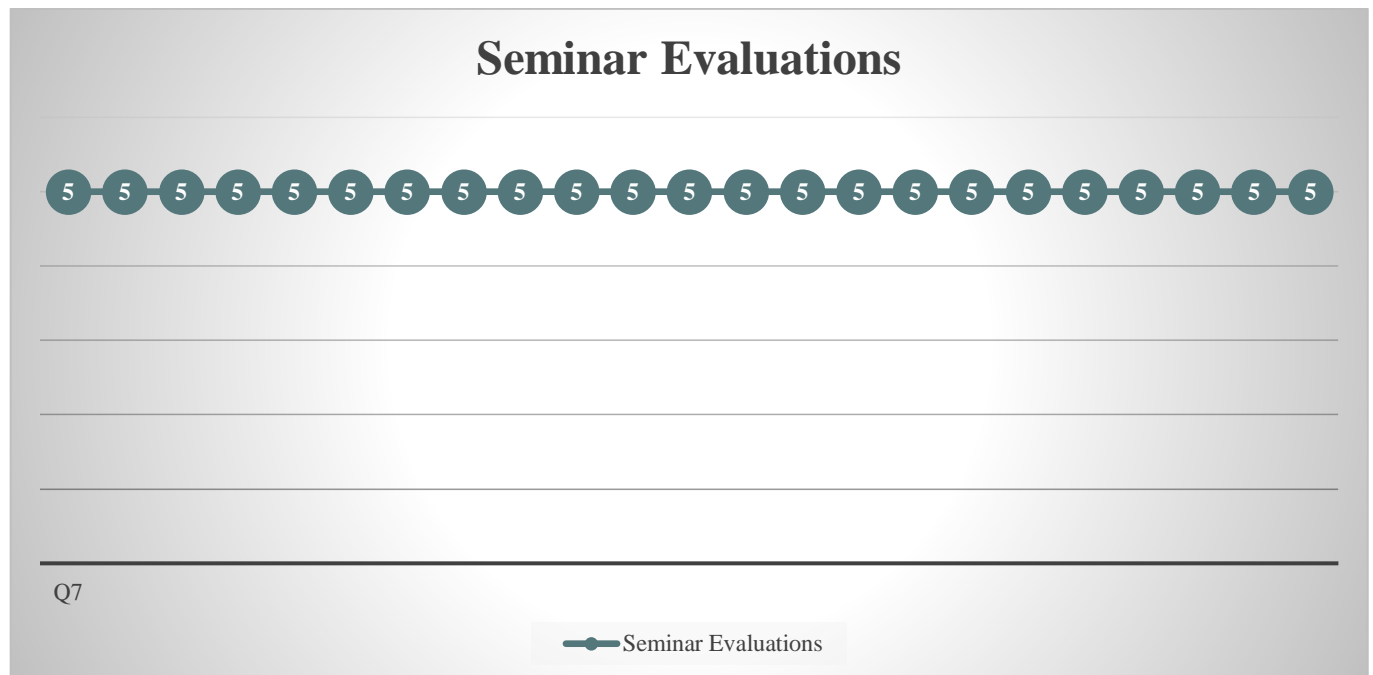
Q5: Time for presentation used effectively.



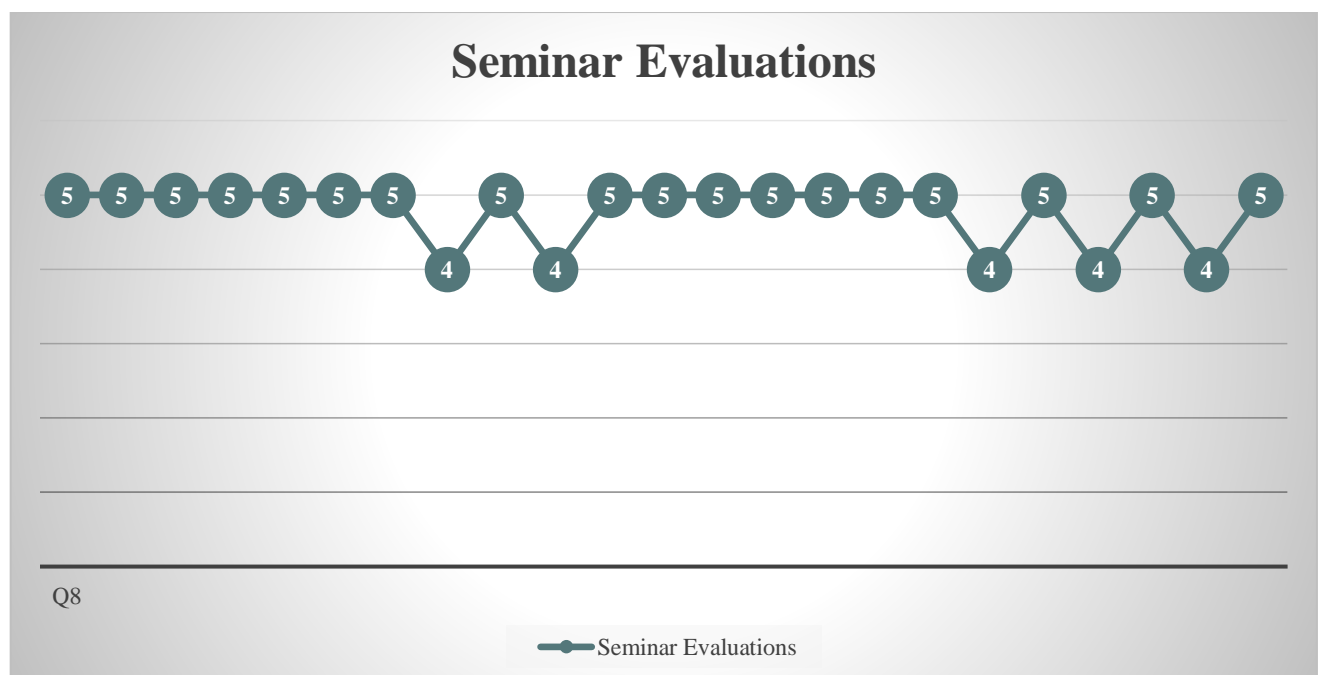
Q6: Slides enhanced presentation.



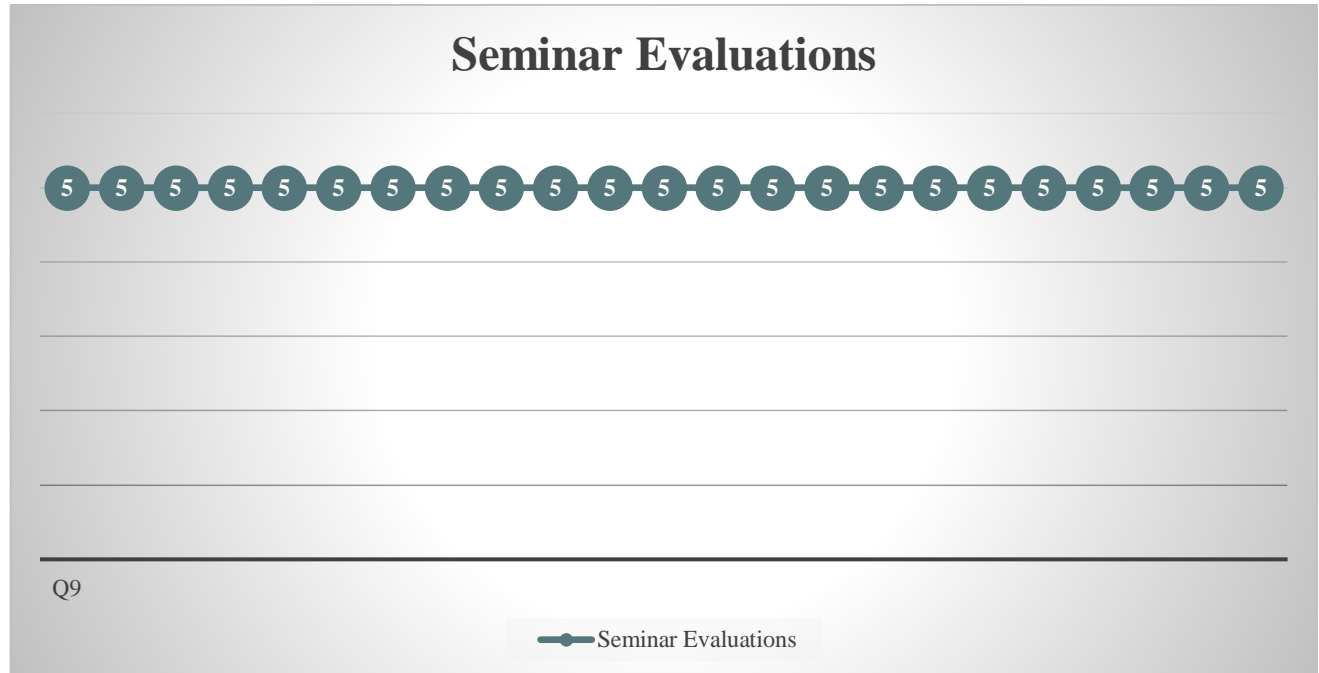
Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



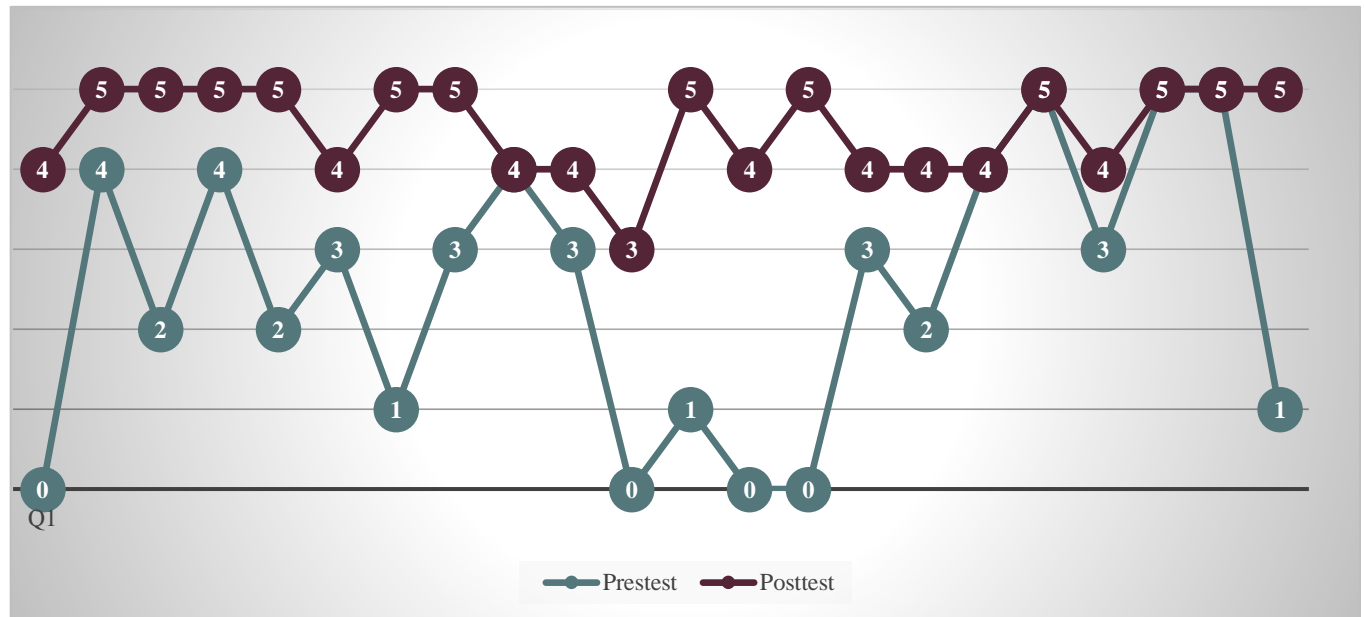
Seminar Eleven Islamic Center of Northridge (ICN)

Seminar eleven took place at the Islamic Center of Northridge (ICN) in service area one and had 22 signed-in participants (12 males; 10 female). Participants who signed-in were mostly in the 25-59 category (15), zero TAY, one child, zero in the older adult category, and six not willing to give their age. Of those signed-in there were 22 pretests and 22 posttests and 22 seminar evaluations filled out. Twenty-two matched-pairs were used for analysis, leaving no discrepancy to be accounted for by those who signed-in.

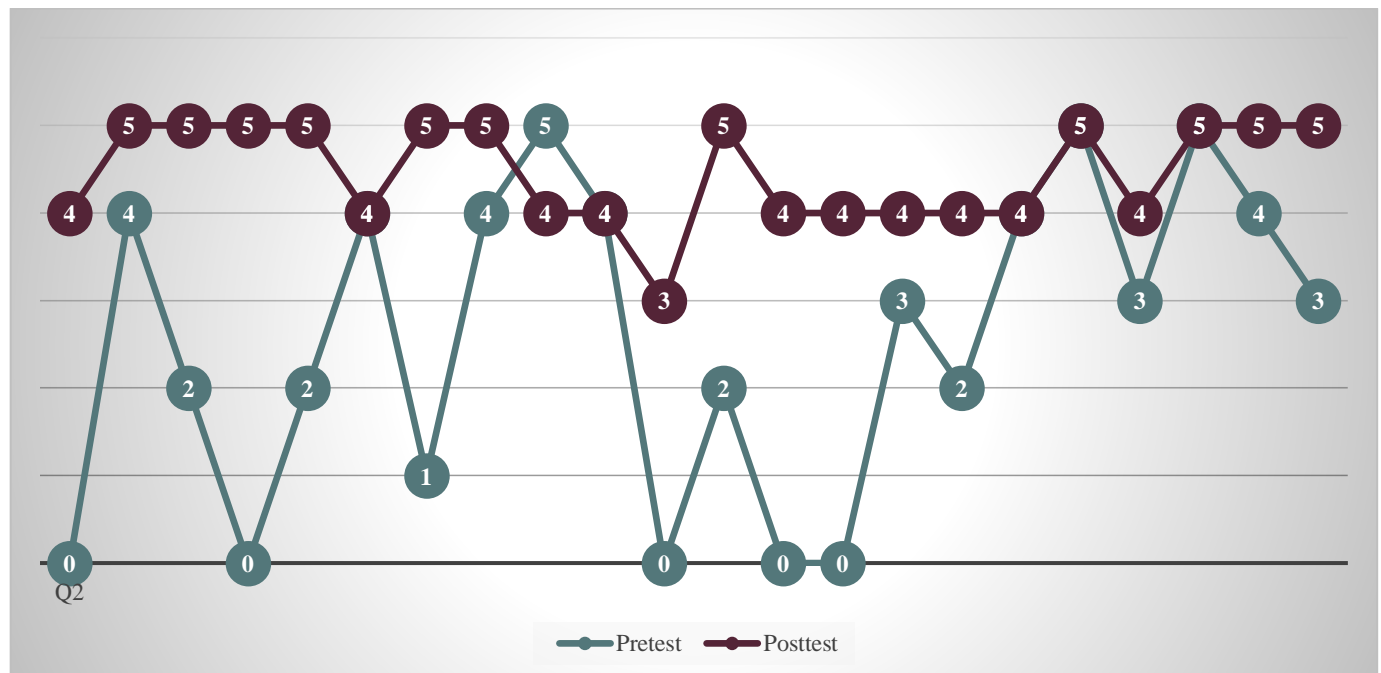
Seminar Eleven ICN

Pretest v. Posttest

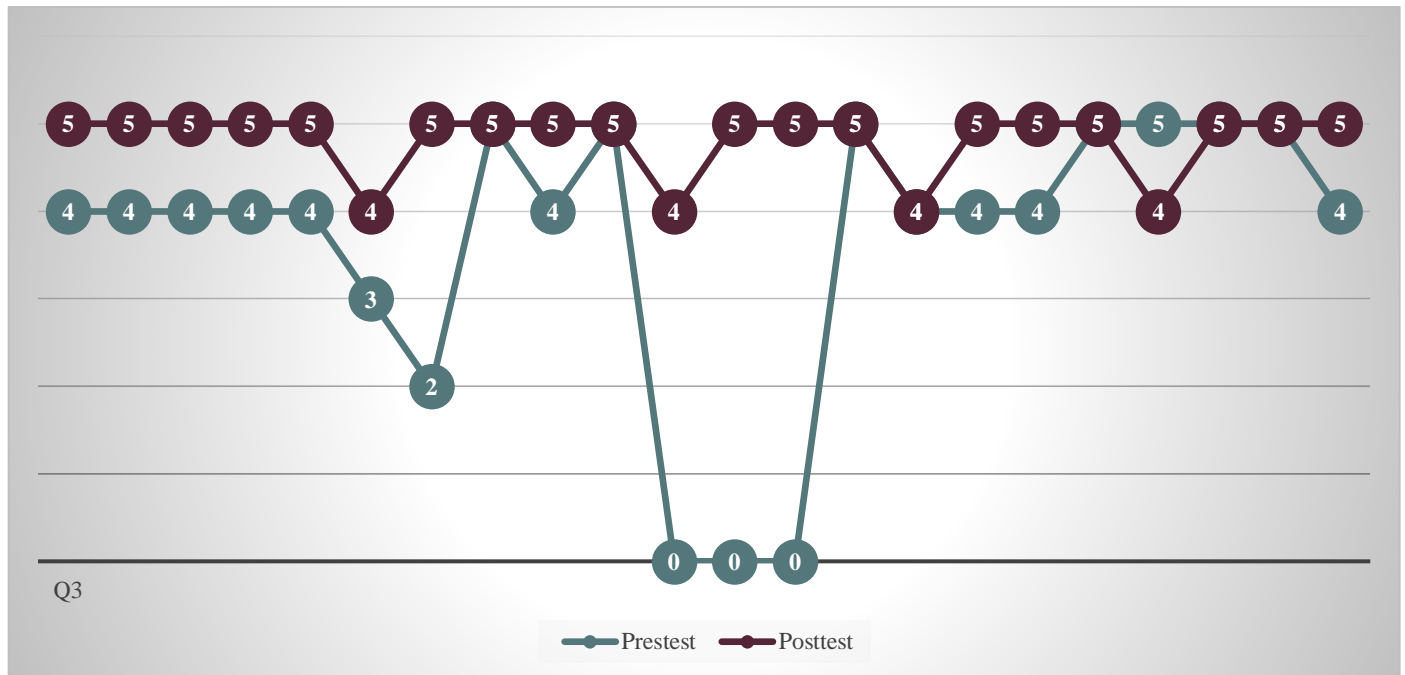
Q1: I understand the mental health issues that most affect the Arabic speaking population.



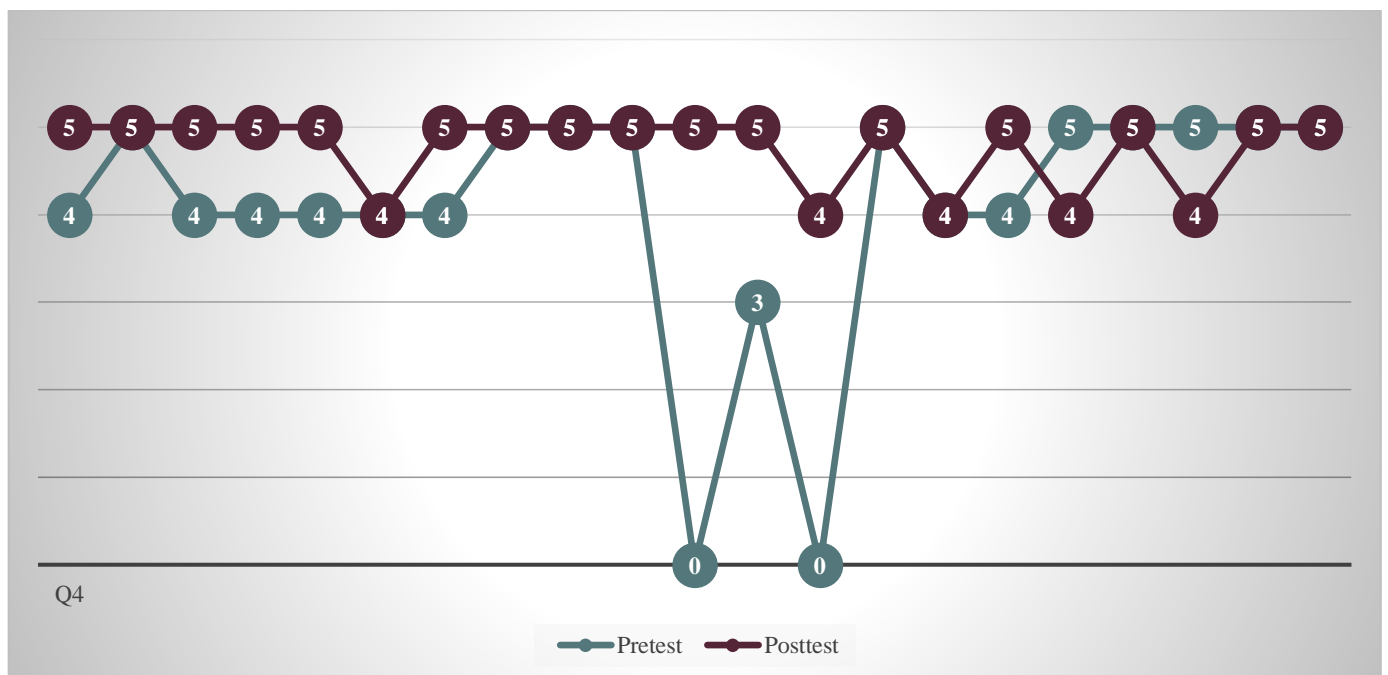
Q2: I can identify common mental health and behavioral health issues in children of Arabic heritage.



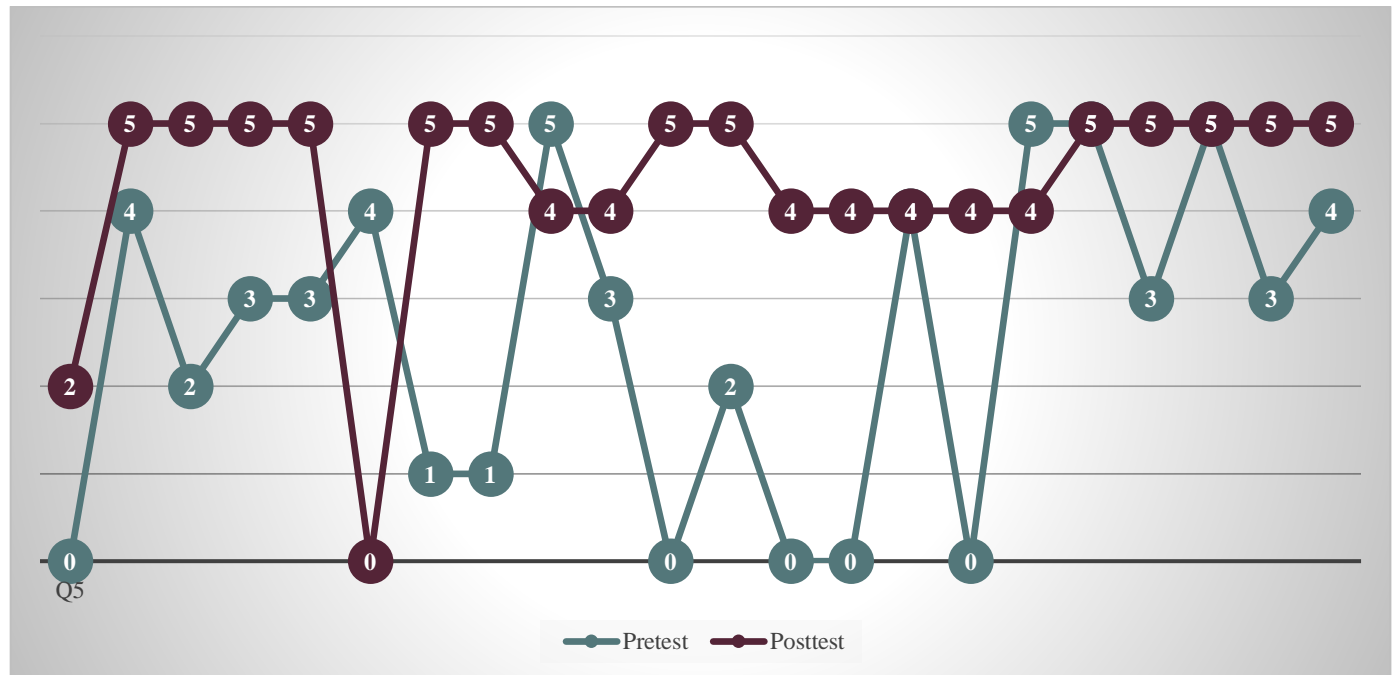
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.



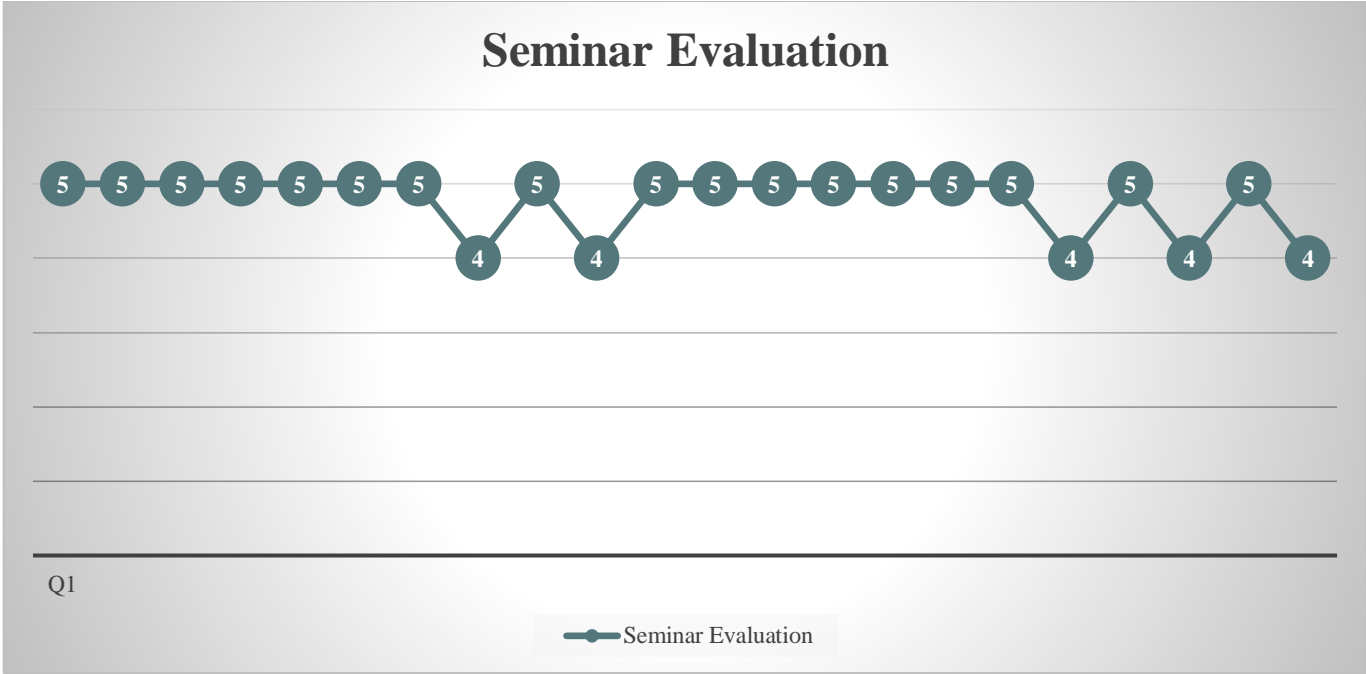
Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.



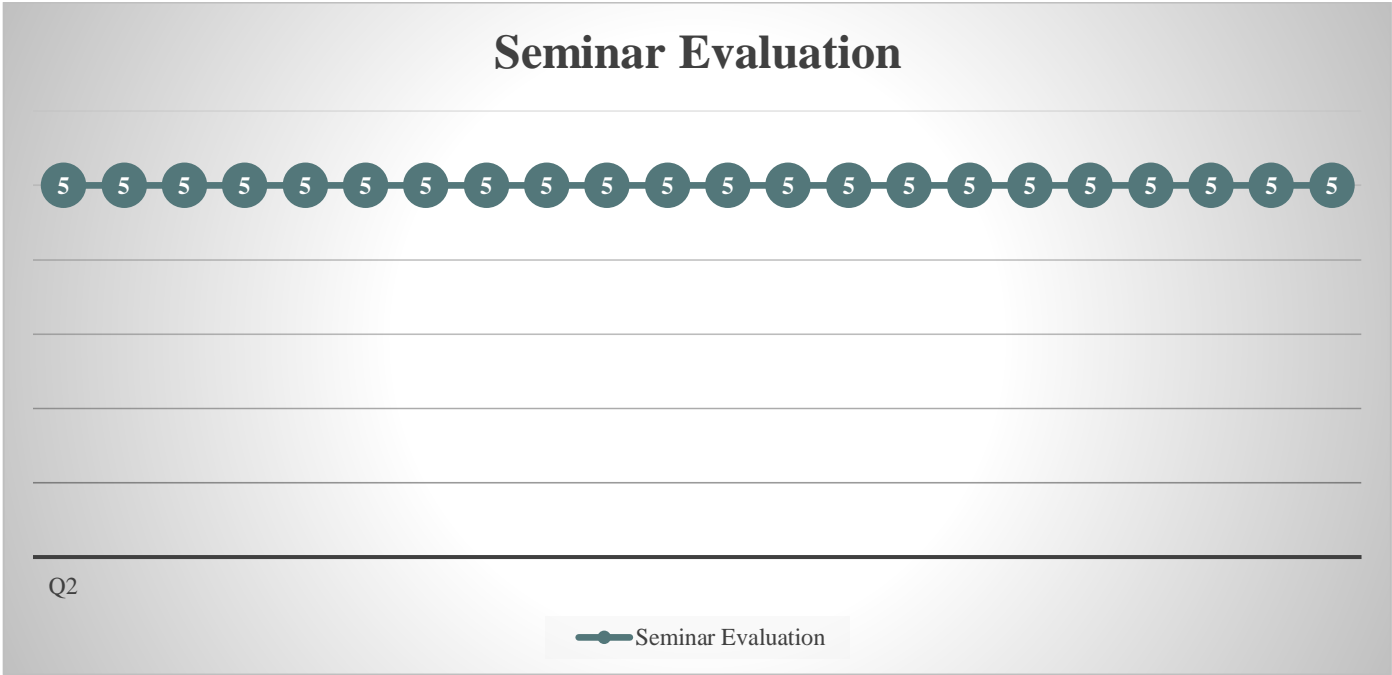
Seminar Twelve at Community of Pasadena

Seminar Evaluations

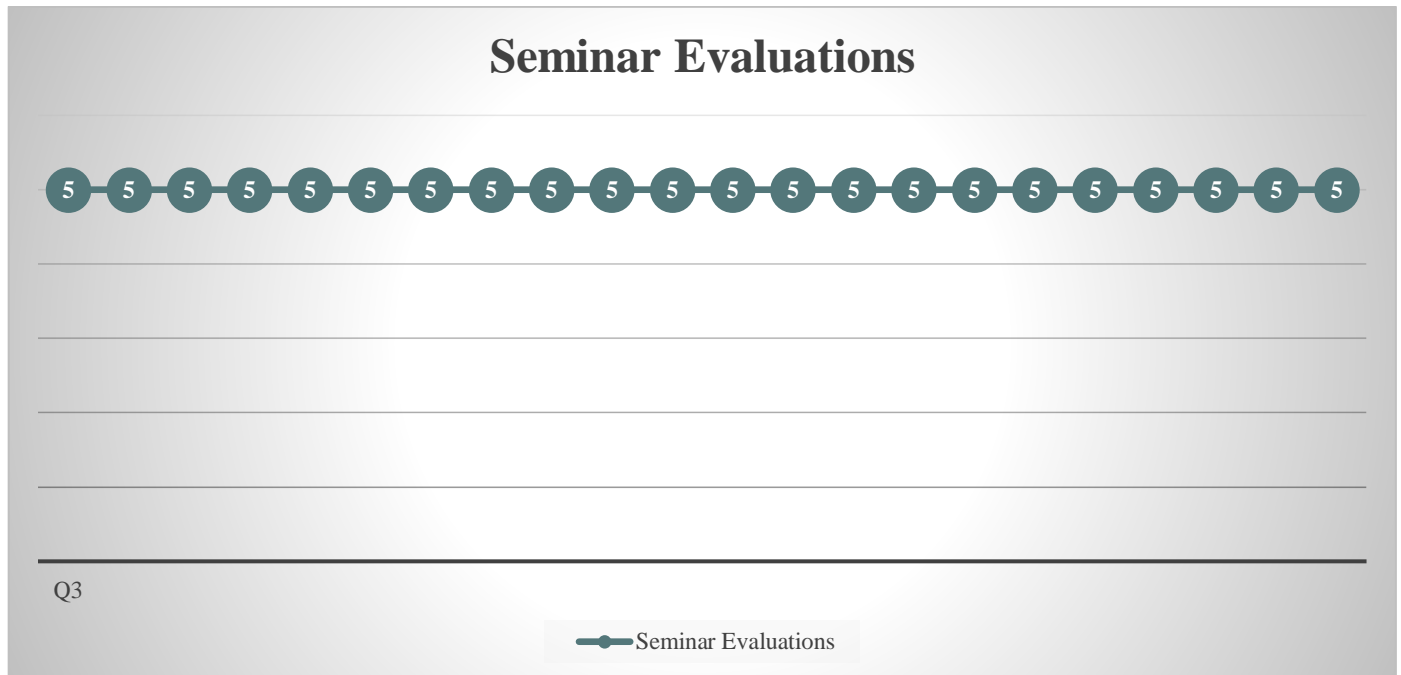
Q1: Purpose communicated clearly.



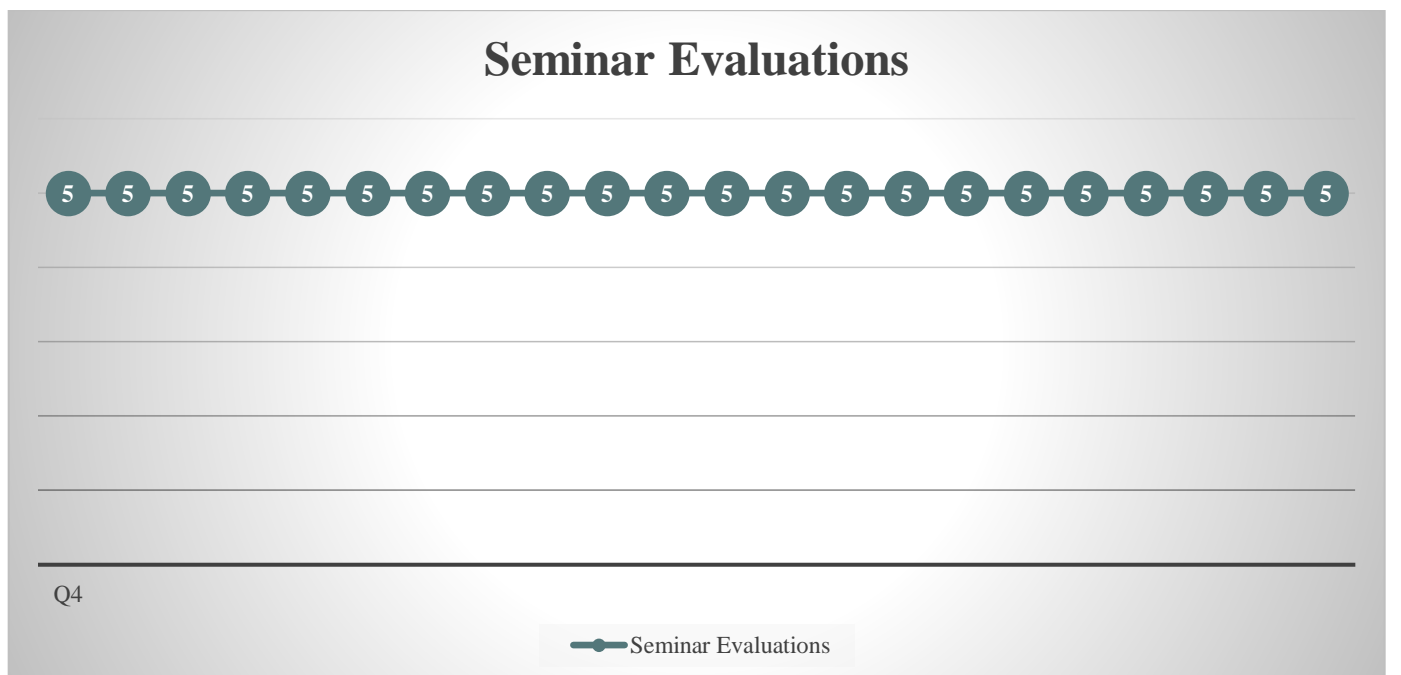
Q2: The presenter was organized and easy to follow.



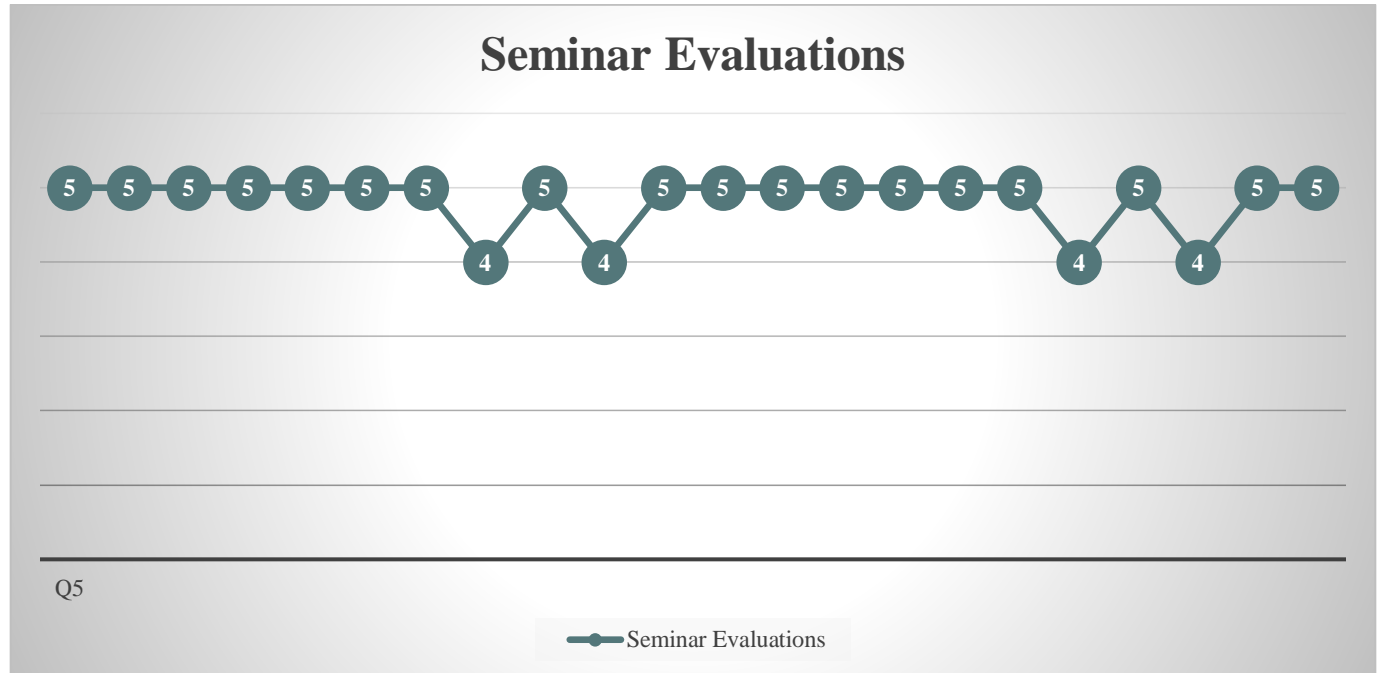
Q3: Presenter exhibited a good understanding of the topic.



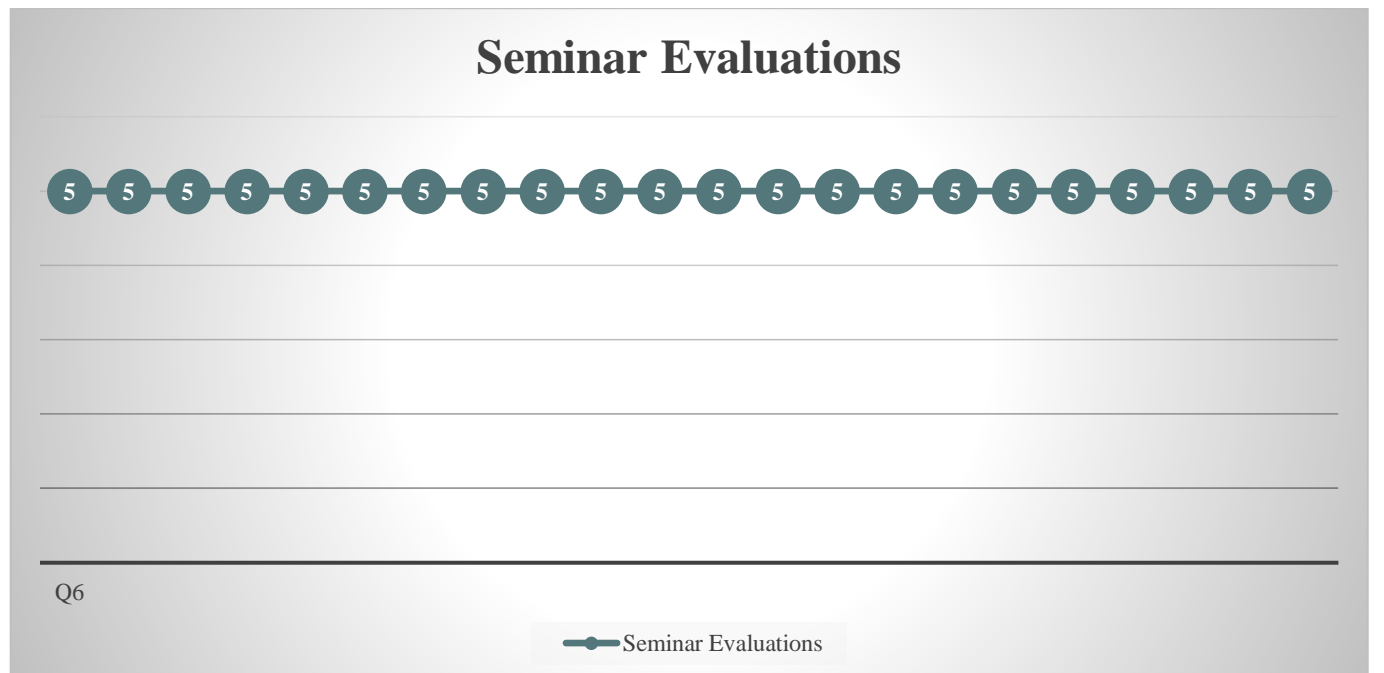
Q4: Presenter spoke clearly/ effectively.



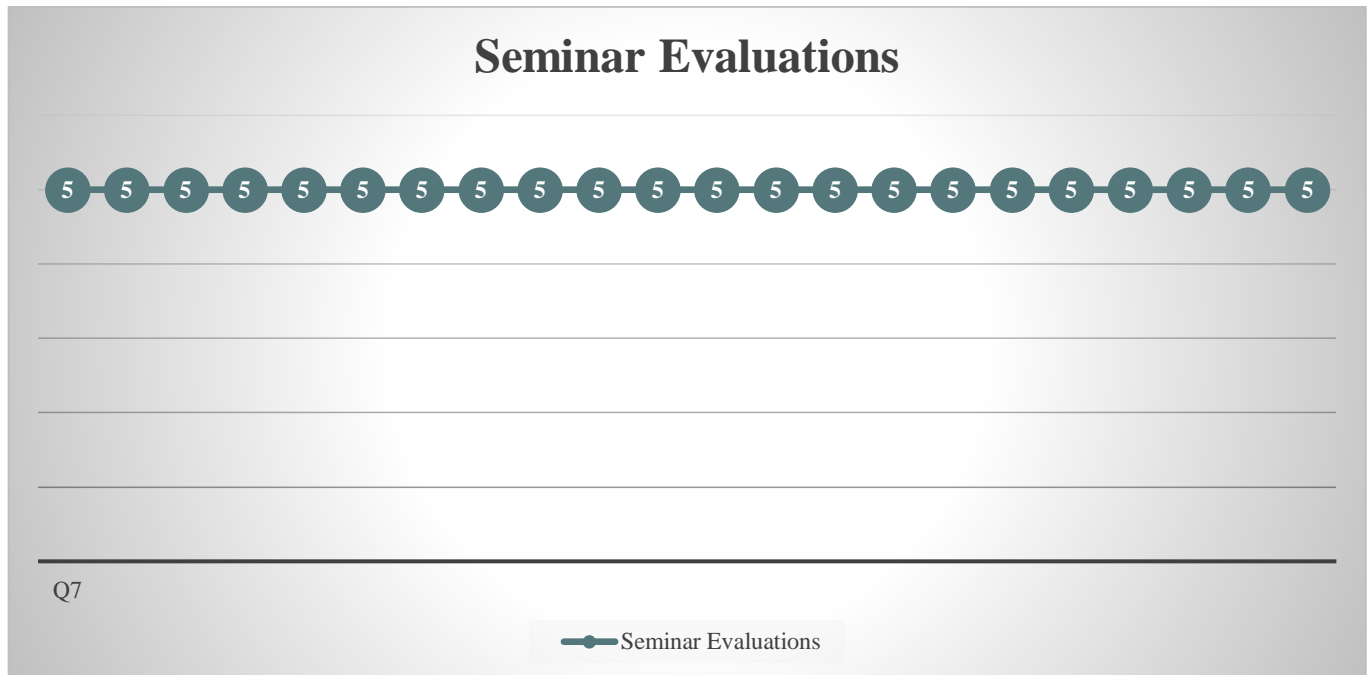
Q5: Time for presentation used effectively.



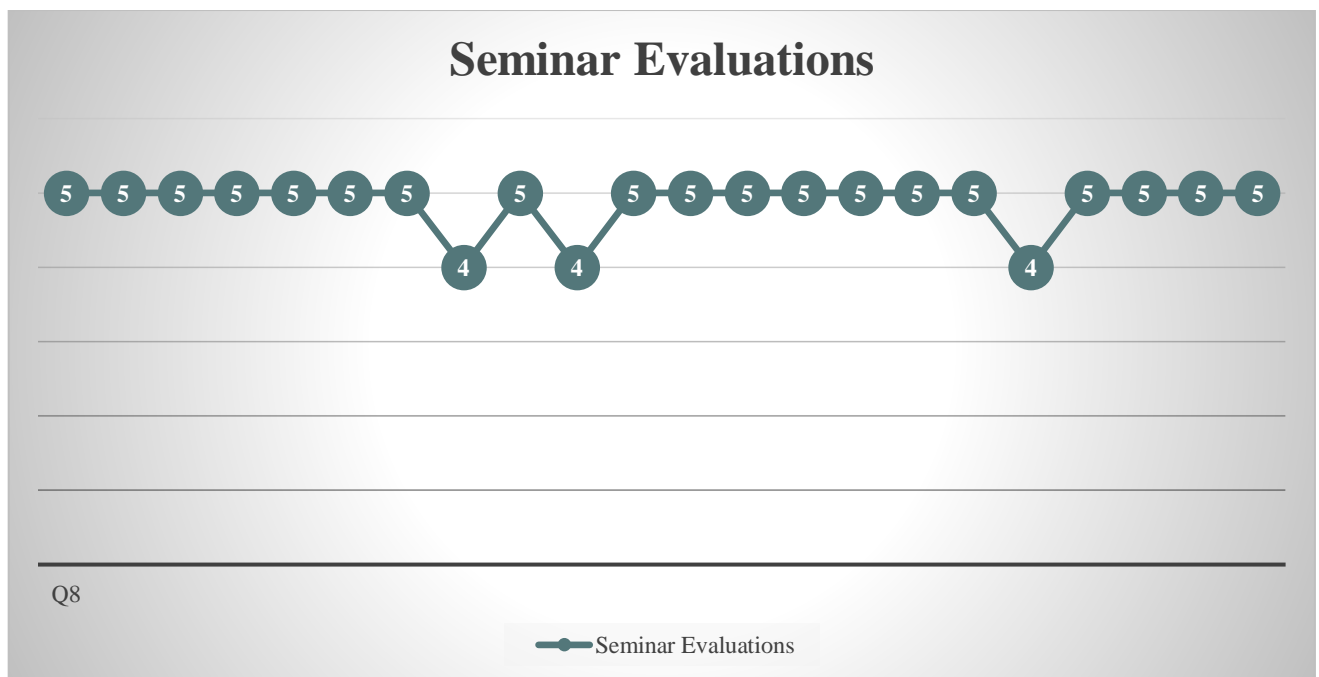
Q6: Slides enhanced presentation.



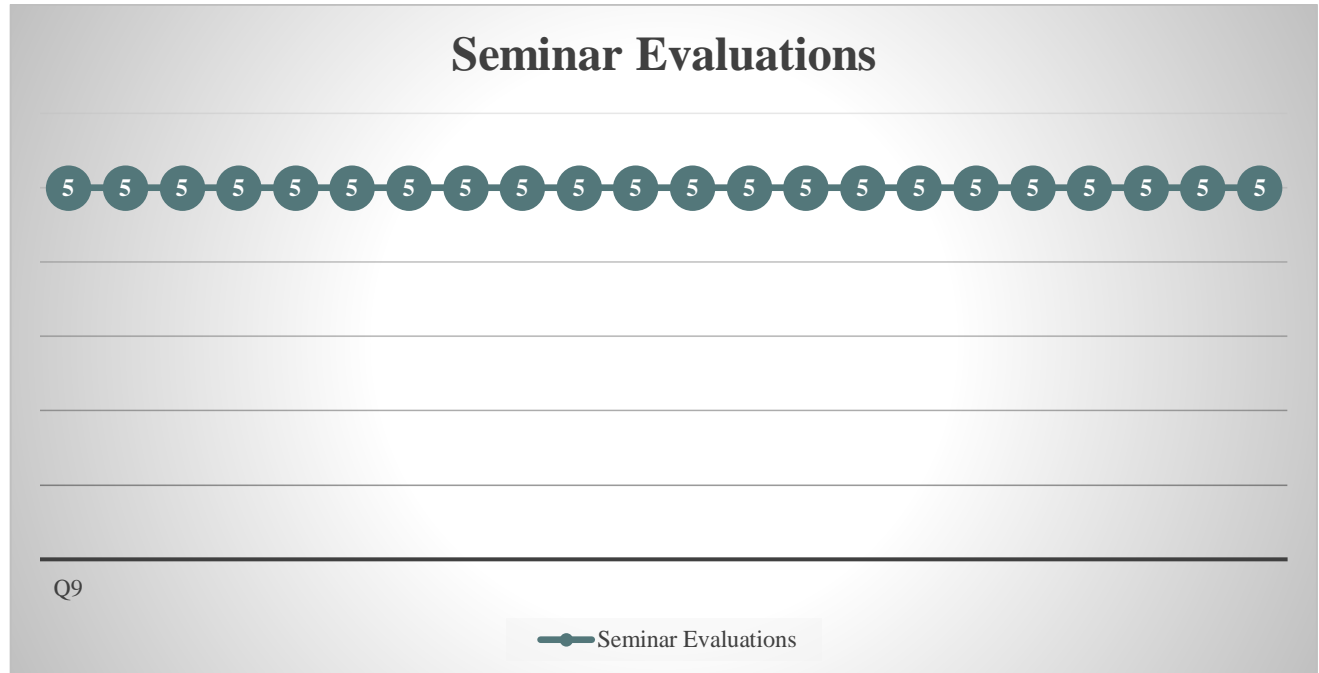
Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



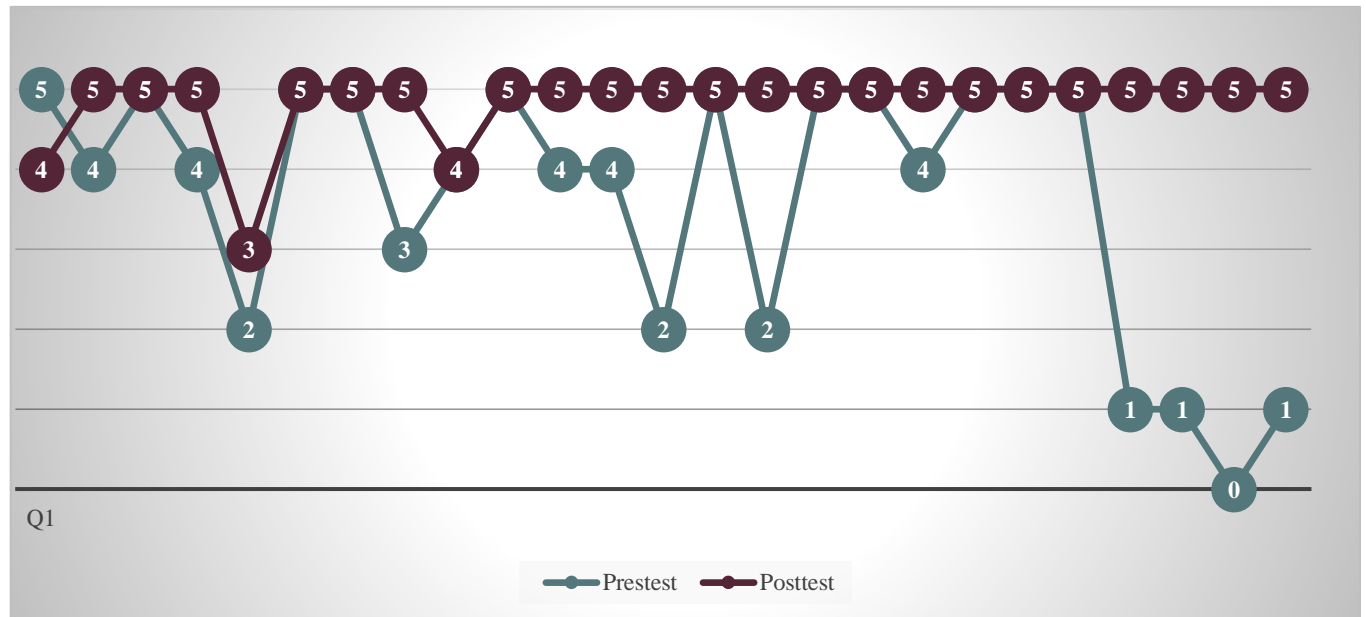
Seminar Twelve Community of Pasadena (COP)

Seminar ten took place at New Horizon School – Los Angeles (NHS-Pasadena) for the Community of Pasadena in service area three and had 25 signed-in participants (7 males; 18 female), although there was a head count of 33 people participating. Participants who signed-in were mostly in the 25-59 category (20) with one TAY, two in the older adult category and two unidentified. Of those signed-in there were 25 pretests and 25 posttests and 20 seminar evaluations filled out. Twenty-five matched-pairs were used for analysis, leaving no discrepancy to be accounted for by those who signed-in.

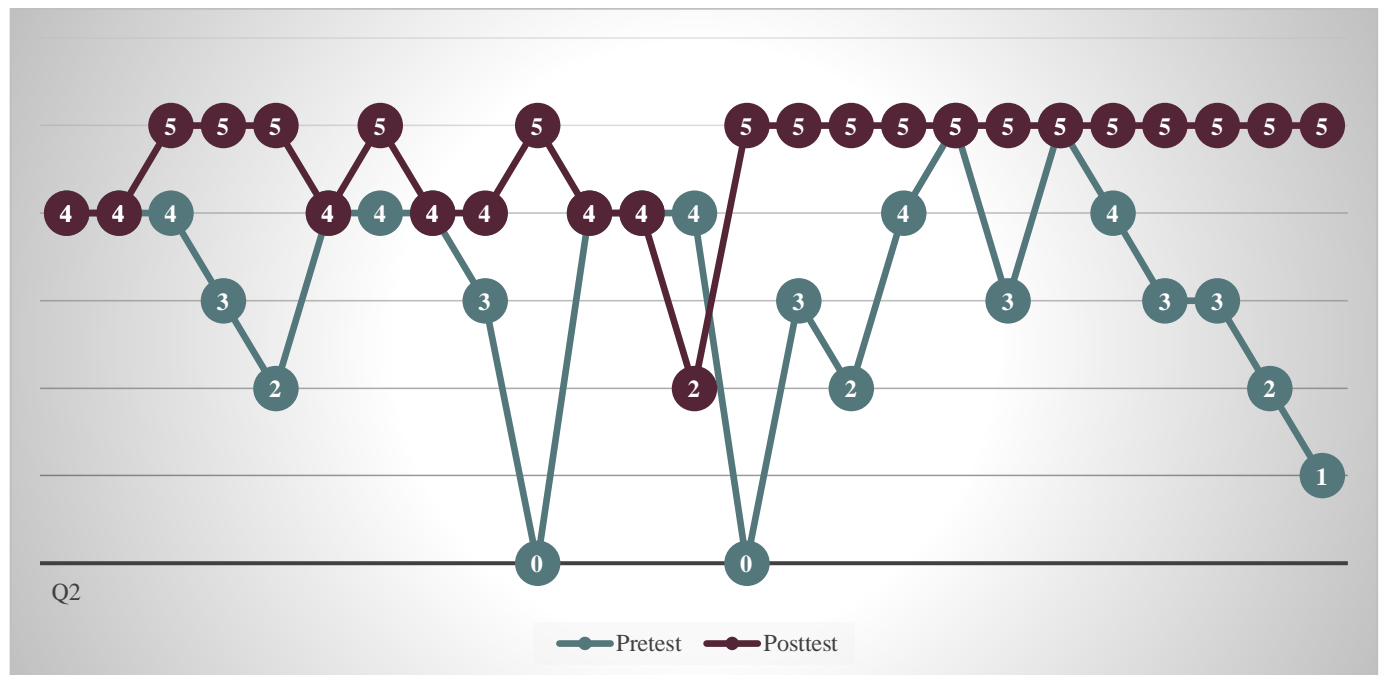
Seminar Twelve at COP

Pretest v. Posttest

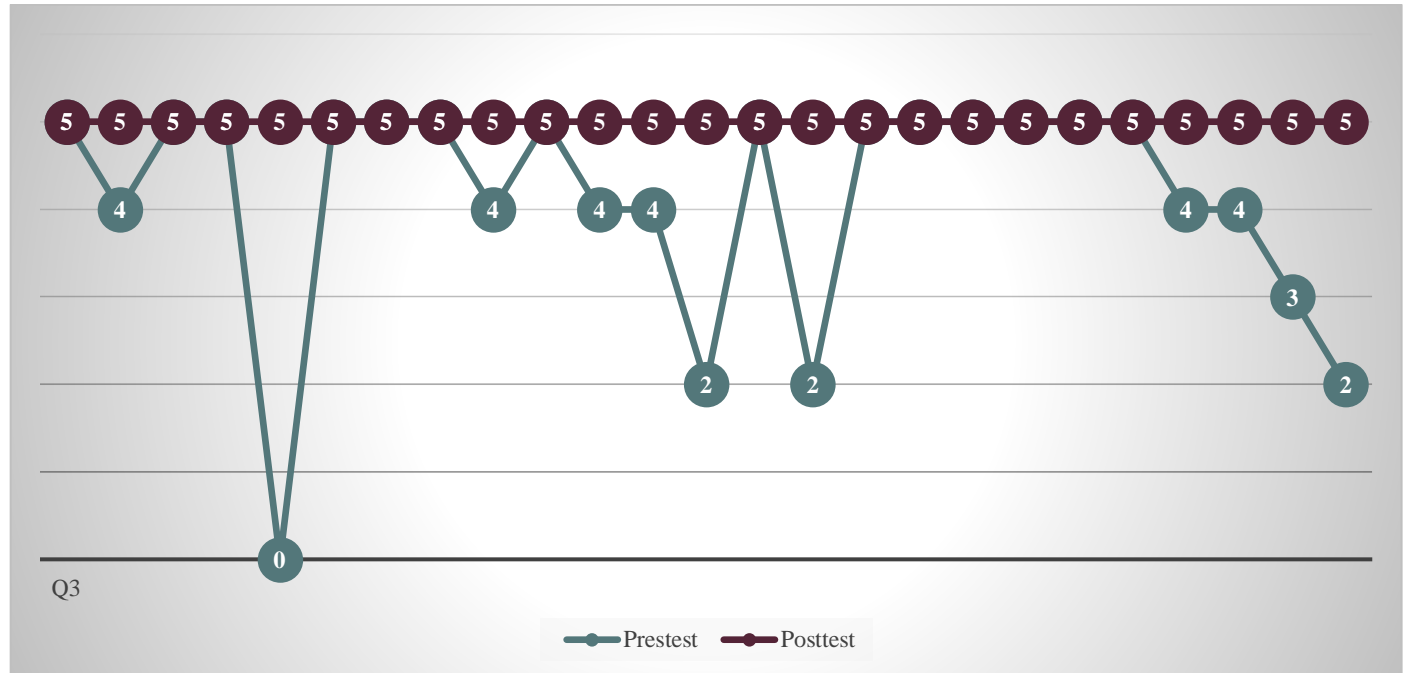
Q1: I understand the mental health issues that most affect the Arabic speaking population.



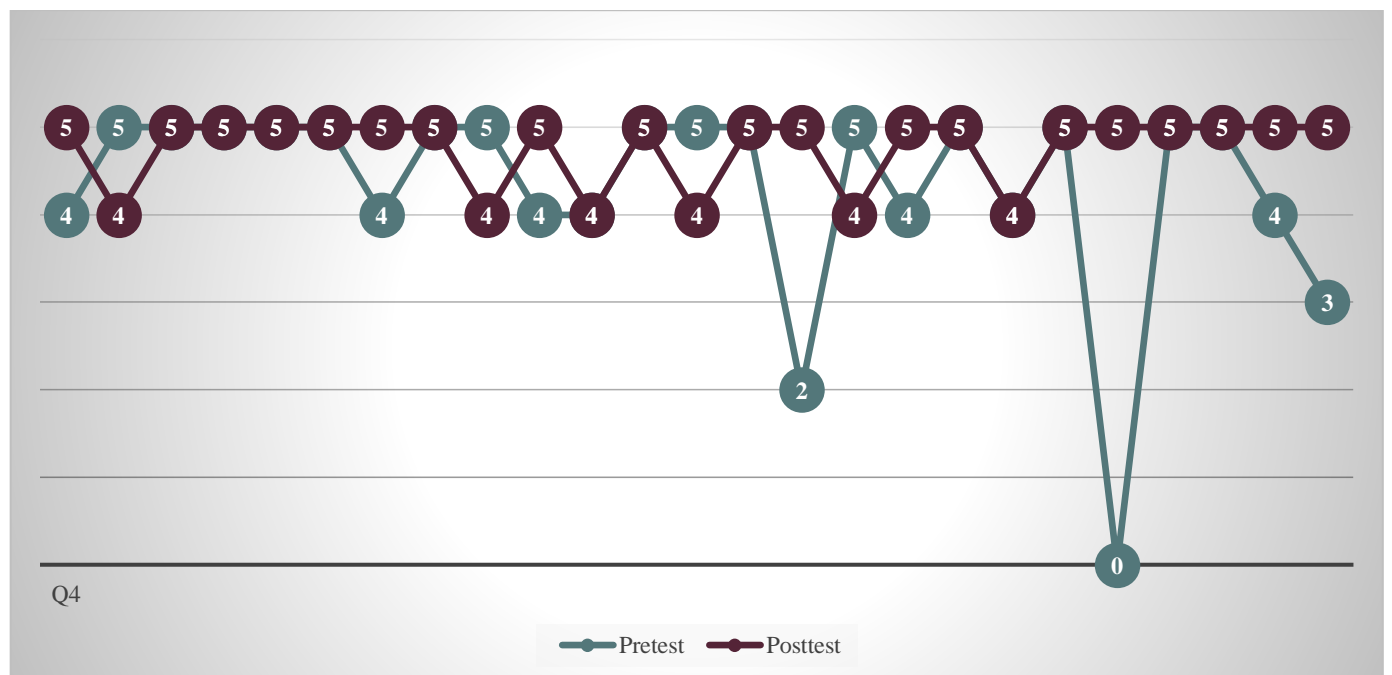
Q2: I can identify common mental health and behavioral health issues in children of Arabic heritage.



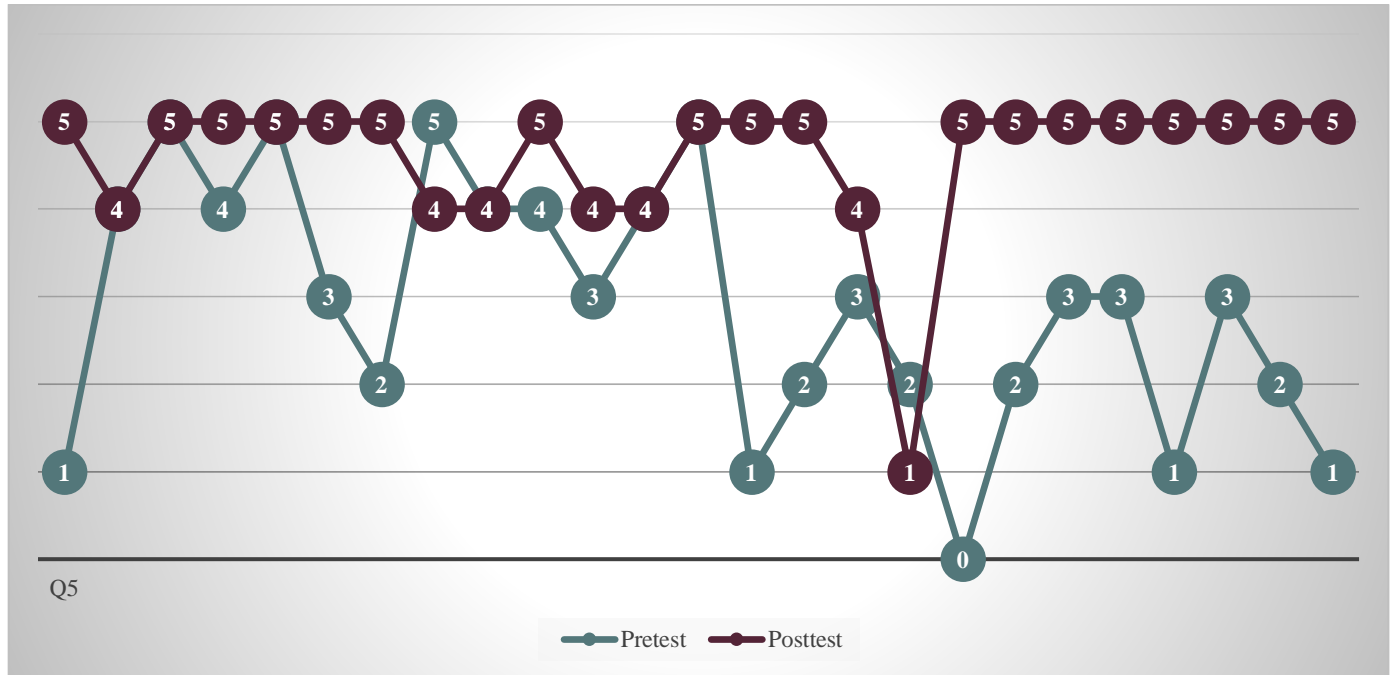
Q3: I understand how mental illness can affect families.



Q4: I understand how my own behavior may contribute to my child's/children's development.



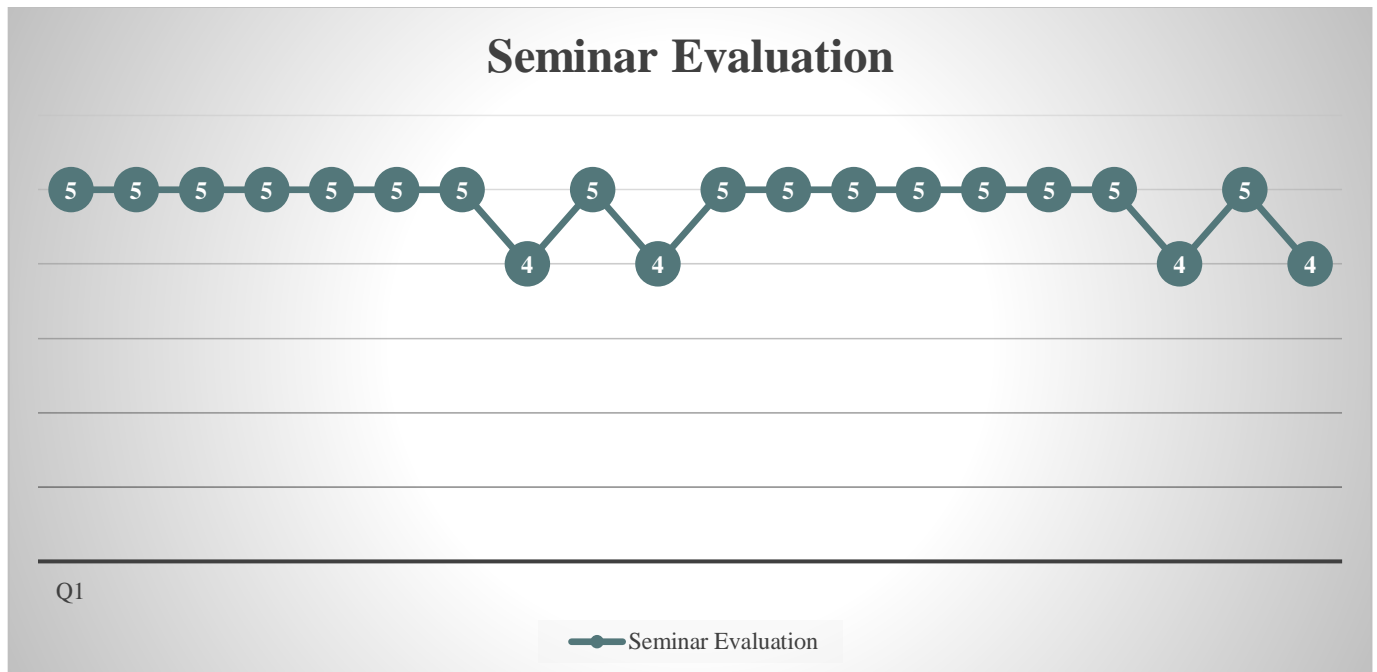
Q5: I can identify support and support systems within the county that will help me access mental health resources within and for the Arabic speaking community when needed.



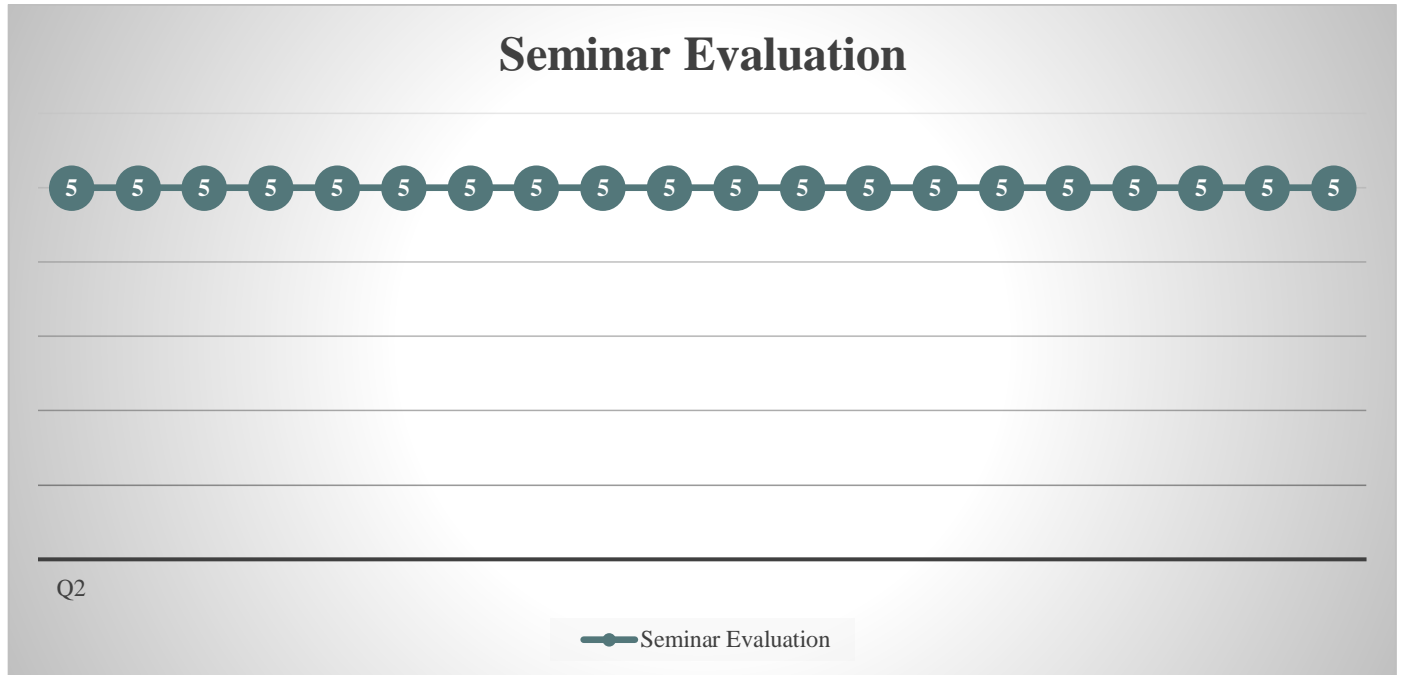
Seminar Twelve at Community of Pasadena

Seminar Evaluations

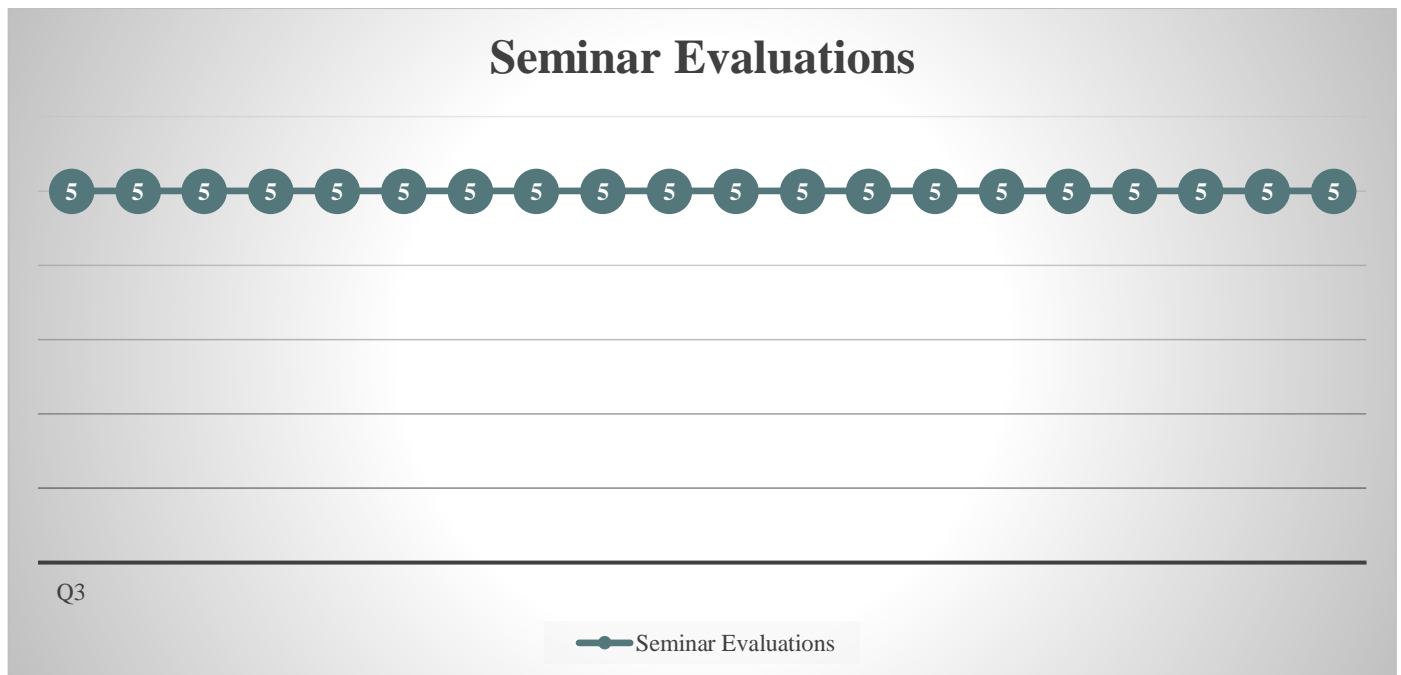
Q1: Purpose communicated clearly.



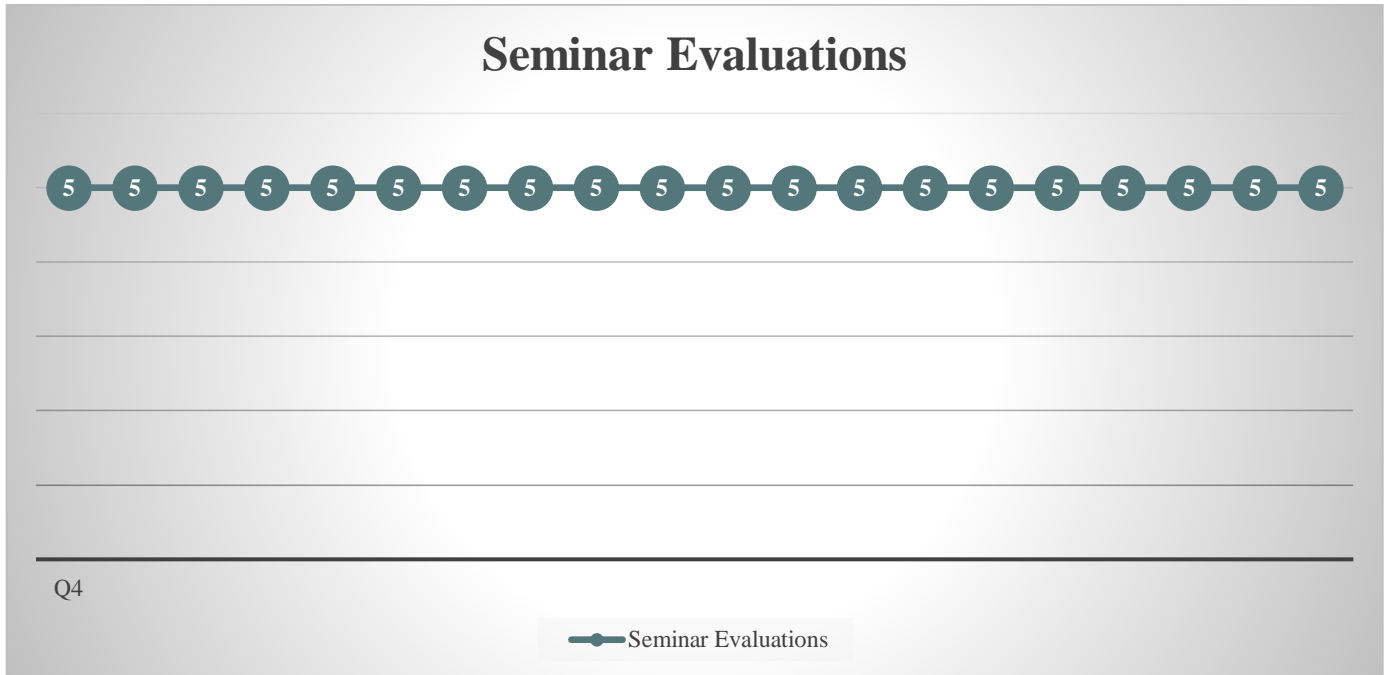
Q2: The presenter was organized and easy to follow.



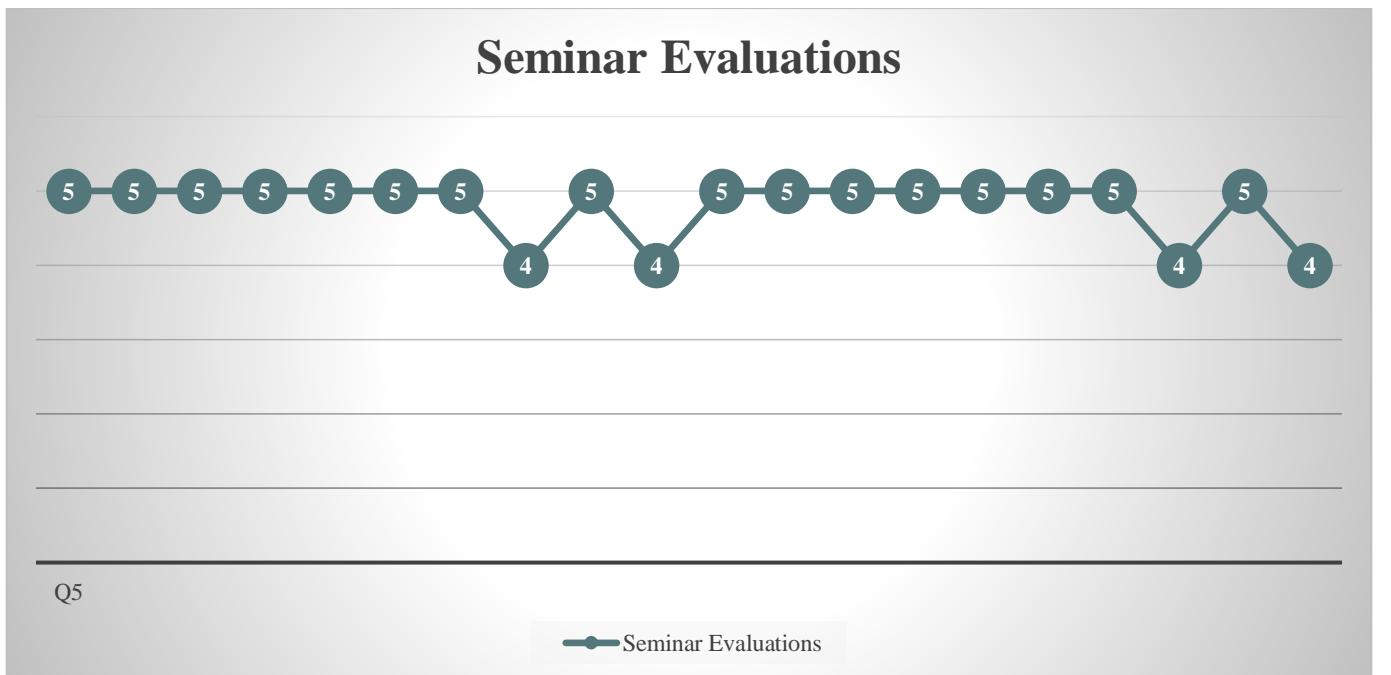
Q3: Presenter exhibited a good understanding of the topic.



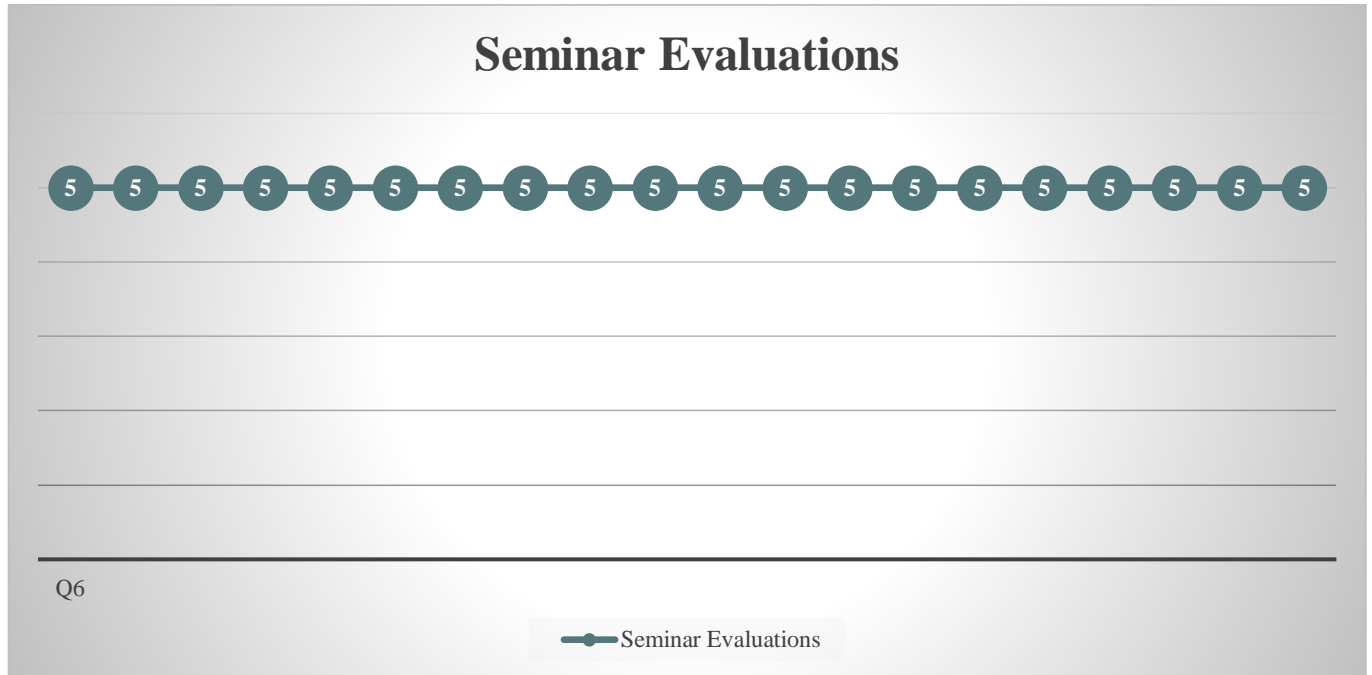
Q4: Presenter spoke clearly/ effectively.



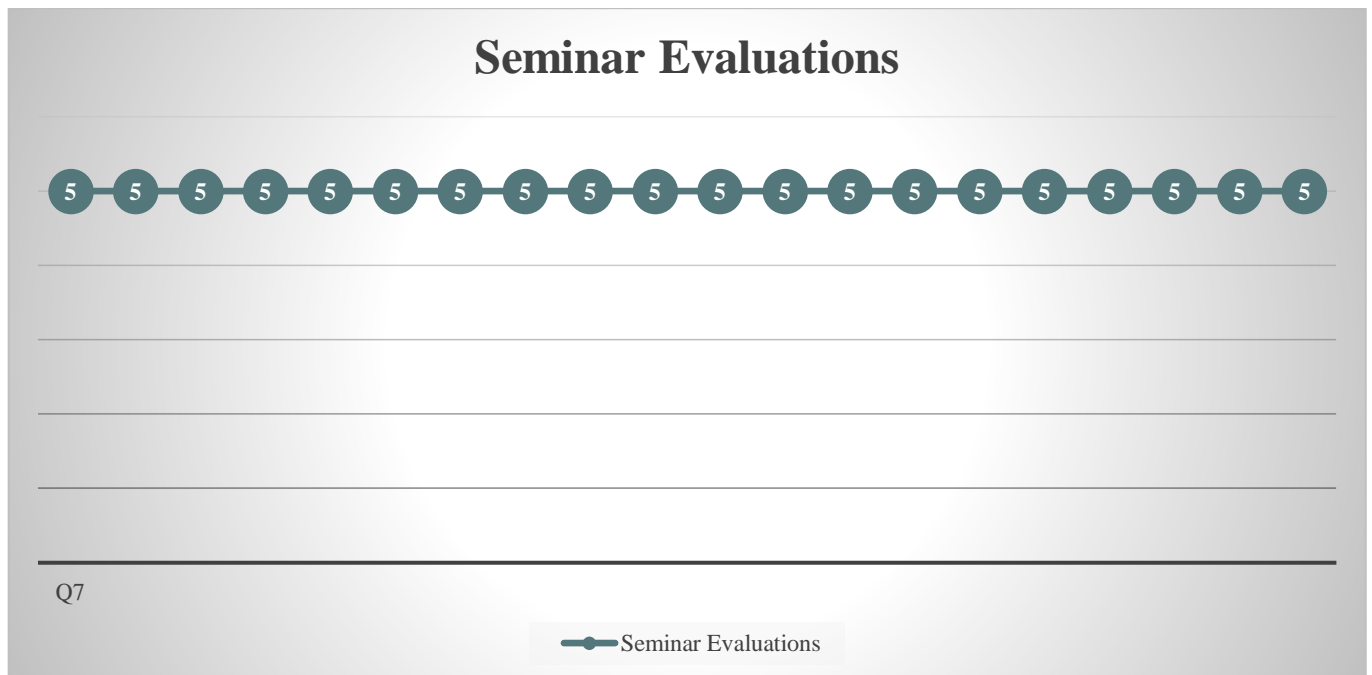
Q5: Time for presentation used effectively.



Q6: Slides enhanced presentation.



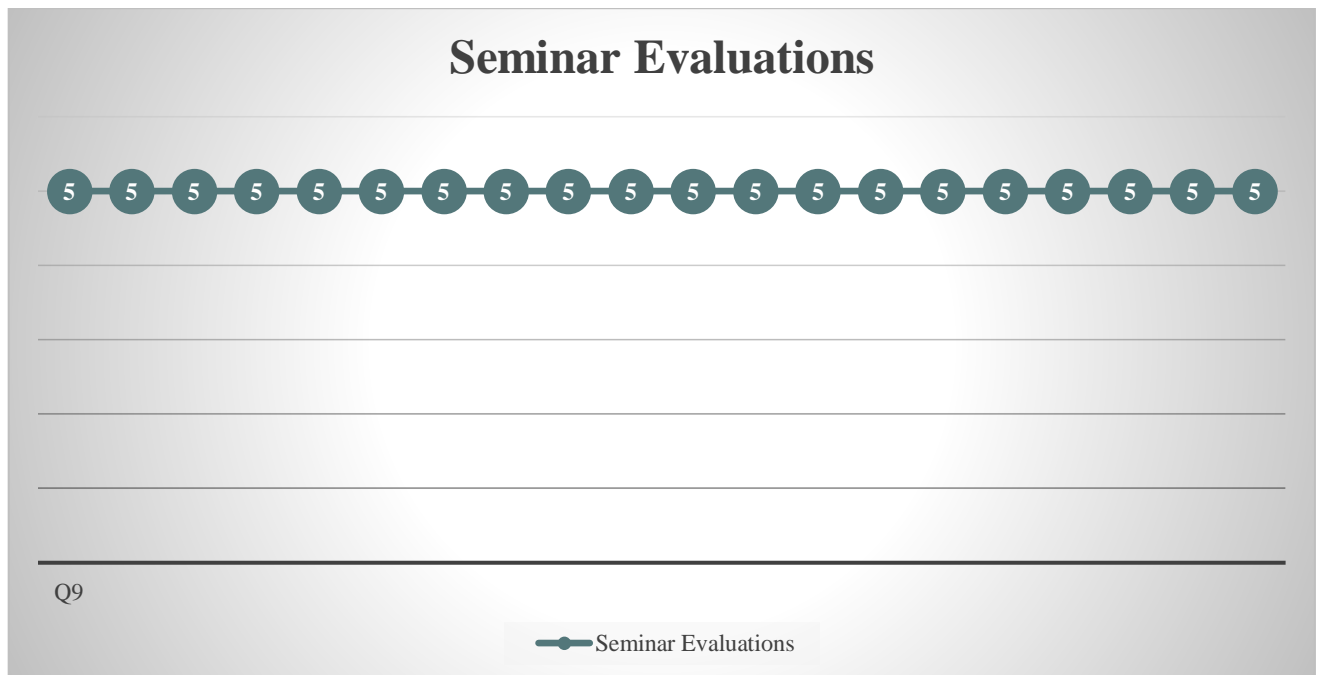
Q7: Presenter responded effectively to audience questions and comments.



Q8: Presentation was done in a way that engaged audience.



Q9: Presenter spoke clearly/effectively.



Summary of mental health linkages and referrals

All participants were given linkages to community mental health resources within their direct areas, and also the last slide of the presentation with the ACCESS hotline as pictured below. Additionally, the Center for Muslim Mental Health and Islamic Psychology, Inc. and other community-based organizations like Cross Cultural Expressions in the Valley were given as a resource for people who wanted culturally and linguistically relevant services.

Los Angeles County Department of Mental Health

ACCESS 24/7 Mental Health Helpline:

1 (800) 854-7771

*LACDMH Services are only available to Los Angeles County Residents

Funded by MHSA

قسم الصحة النفسية التابع لمقاطعة لوس انجلوس

لطلب المساعدة الرجاء الإتصال بخط المساعدة المتاح 24 ساعة على الرقم التالي:

١ (٨٠٠) ٨٥٤ ٧٧٧١

* هذه الخدمات متوفرة لسكان مقاطعة لوس انجلوس فقط



Conclusion

Overall, the Parenting for Arabic Speaking People; Parenting in modern times seminar, developed a successful proof of concept evidenced by the noticeable positive shift reflected in the measured pre-test and post-tests.

Observation of the feedback received from participants suggests success in the intended program outcomes. It was clear that these services made a tangible difference at many locations, evidenced by the desire of the community to sustain services not previously offered or sustained and also to expand them with other psychoeducational opportunities and classes.

This was accomplished utilizing and implementing culturally competent promotion/prevention

and treatment/intervention education through a diverse lens including the diversity of locations where the seminars were held in multiple locations. It subsequently led for some to the establishment of monthly wellness/self-care themed days and or classes. Community members who did not share their personal challenges previously, now participate in both community wellness programs (promotion/prevention) and client counseling services (treatment/intervention).

An interest in new referrals and cases appeared after every promotion/prevention program, multiple participants asked how they can have more promotion/prevention programming or counseling services. Sometimes they inquired for others within the community who need client counseling services also. This can be expected when the services offered are congruent with cultural and spiritual cues, as evidenced by much research conducted in psychology, psychotherapy, marriage and family therapy and systems theory. To suggest that these attendees just avail themselves of services from governmental agencies such as the Department of Mental Health neglects the very tangible and sometimes intangible reality of epistemic trust that is necessary for some, if not most, participants who were a part of this seminar.

Epistemic trust was developed by providing culturally competent prevention and intervention strategies and treatment. Fonagy & Allison (2014) asserted that epistemic trust is created with

community members by creating attachments with people who may have insecure attachments through familiarity with cultural cues and understanding what is meaningful to a given people. Helping people who are facing challenges helps *everyone*, since healthy, whole people generally do not engage in actions that are destructive towards themselves or others. Meeting people where they are socially, spiritually, mentally is essential for the wellness not just of individuals but also of society at large.

Supporting community wellness through programs and services is appreciated by community members, which is best accomplished with mental health professionals and educational programs. Health-based community-led models allow for change to occur (Salsberg et. al, 2015; Minkler & Wallerstein, 2011; Wilson & Yoshikawa, 2007). The success of this program and programs which may be modeled on it in the future would do well to focus on being community-led and community-centered through a public health and community wellness lens.

When we support individuals in their journey for a happy and productive life, we also support in our collective well-being. As the old saying goes, “Hurt people hurt people.” On the other hand, it’s also true that “helped people help people” and “healed people heal people.” The PASP is one promising approach to promoting and supporting wellness at the local level.