Examining Demographic Concordance of Clinicians and Therapeutic Preferences of Muslims Living in the United States

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INTRODUCTION:
- Muslims living in the United States (MLUS) are an underserved psychotherapy population (Inayat, 2007; Khan, 2006), but little empirical work has been done to develop more palatable treatments for them.
- Scholars have suggested MLUS may prefer providers of a similar background e.g. ethnicity, religion, and gender (Padela et al., 2012; Al-Karam, 2018).
- Chaudry (2011) has suggested therapist-directed therapy may be better suited for MLUS, while others have noted MLUS tend to engage in and prefer more oblibing, collaborative communication styles compared to non-MLUS (Croucher, 2011).
- This study seeks to understand therapy preferences of MLUS by empirically assessing these assumptions

METHODS:
- 252 MLUS obtained through Qualtrics survey (Male= 46%; Female= 54%; Age: M=37.6, SD=14.2)
- Using paired t-tests examine preferences within therapeutic style, location, and therapy type.
- Examine if clinician concordance preference differ across gender (chi-square).

MEASURES:
- **Clinician Concordance (Ethnicity, Religion, Gender)**
  - 5 pt. scale: Preferences for clinician characteristics
- **Therapeutic Style Preference**
  - 6 pt. scale, 12 item exploratory measure
  - Client Directed example: “In mental health therapy I expect to lead the discussion.”
- **Location/Type Preferences**
  - 6 pt. Likert: “…rate how likely you are to use these resources…”
  - “…rate how likely you are to attend mental health therapy in these locations.”

RESULTS:
- Preferred a collaborative therapeutic style (M = 20.1, SD = 3.8) over client-directed (M = 17.6, SD = 4.1; t(251) = 10.5, p < .001) and therapist-directed (M = 17.8, SD = 4.3; t(251) = 10.1, p < .001)
- Preferred individual therapy (M = 3.8, SD = 1.7) over group therapy (M = 3.31, SD = 1.7); t(251) = 5.53, p < .001 and family therapy (M = 3.5, SD = 1.7; t(251) = 3.72, p<.001)
- Also preferred medication (M = 3.7, SD = 1.7) over group therapy (t(251) = 3.99, p < .001) and family therapy (t(251) = 2.35, p < .05)
- Offices (M = 4.0, SD = 1.6); t(251) = 5.16, p < .001) and mosques (M = 3.92, SD = 1.7; t(251) = 4.71, p < .001) were preferred settings vs community centers (M = 3.5, SD = 1.6); (t(251) = 5.16, p <.001)
- **Clinician concordance preferences did not differ across men and women** for a same-gender clinician, same-religion preference, or same-ethnicity preference.

DISCUSSION:
- Collaborative therapeutic style preferences goes against previous notion that MLUS would prefer therapist-directed work; most current evidence-based practice emphasizes collaboration.
- Interestingly, individual therapy and medication were preferred types above other options.
- Could be related to concerns about privacy and desire to limit stigma.
- The majority of MLUS indicated no preference for clinician concordance, excluding gender.
- Likely due to Islamic teachings on limiting private spaces with non-familial opposite sex members
- Men and women did not differ in their clinician concordance preferences; future work will investigate whether beliefs about quality of care might influence the above preferences.
- Mosques and offices are equally preferred among participants. Further research could clarify whether offices vs. mosques attract different groups of MLUS.
- While mosque space is not private, it may suggest some level of acceptance from the Islamic community, perhaps reducing a sense of stigma.
- Subsequent research could better demarcate underlying differences among these preferences to better develop therapies for MLUS and encourage collaboration within the Islamic community.