

## **Culture-based Intervention Strategies for Bedouin Parents of Children with ASD - Identification and Conceptualization**

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### **Abstract**

*Professional community workers' intervention strategies are effective insofar as they are relevant to the cultural context in which they are delivered. This article presents a methodological process of identifying and conceptualizing culture-based intervention strategies of Bedouin professionals who work with Bedouin parents of children with ASD. Twenty three Bedouin professionals who work in a special education school for children with ASD participated in semi-structured ethnographic interviews. A thematic analysis was conducted, and 11 culturally based intervention strategies were identified and conceptualized. The manuscript presents these strategies in the results section with reference to three items of information: a) title, b) goals, and c) underlying assumptions. This research is, for the first time, focused on Bedouin culturally influenced intervention strategies, but its insights and the research methods that it offers allow for the identification of culturally based intervention methods and may be relevant for other traditional and/or indigenous communities that have children with ASD.*

**Keywords:** *Culture, intervention, Bedouin, parents, ASD.*

### **Introduction**

The Bedouin society is a traditional, tribal and patriarchal society that lives in polygamous-endogamous clans (*hamulas*) with large families. It is a community characterized by a low socio-economic status (The Statistical Yearbook of the Negev Bedouin, 2004) in which half of

the Bedouin population lives in recognized townships; the other half lives in unrecognized settlements, where there are no basic municipal services (Manor-Binyamini, 2011, 2014). The Bedouins who are the focus of the current study, live in the Negev, southern Israel alongside the Jews.

Most of the Bedouin population lives in small and remote unrecognized settlements in communities where their traditional way of life is preserved. These settlements suffer from a lack of basic infrastructure, such as water, electricity, health services, welfare, transportation and education. In these places, there is a shortage of educational services in general and of support services for special education in particular. The lack of support services for children with special needs prominent when we compare to the Jewish population that live in the Negev. For example in the Jewish sector there are 11 special education schools, and for the Bedouin sector there are four special education schools and all of them are for children with intellectual disability.

Against this background of insufficient support services, the first school for children with ASD in the Bedouin community was founded in 2013. Demographic data show that in 2010, there were approximately 180,000 Bedouin residents of the Negev, with approximately 70,000 of them living in unrecognized settlements. The growth rate of the Bedouin population is among the highest in the world: this community doubles in size every 15 years or so (The Knesset Research and Information Center Committee, 2011).

The Bedouin culture has its own characteristic values, and the main values of this culture are harmony, maintaining family honor, and commitment to family and relatives, all of which is achieved by means of turning a blind eye to one's personal needs and sacrificing them (Al-Krenawi, 2000). The individual is expected to demonstrate self-discipline, emotional control, restraint, patience and coherence. Family relationships within the Bedouin community are characterized by interdependency. This dependency is manifested through financial support, caring for and watching the clan's children, and social support, among other things (Okasha, 1999).

The uniqueness of non-Western cultures calls for a differential treatment by the professionals. Intervention programs and the work with parents of children with ASD in these kinds of communities are a major challenge. This is because the profession of special education, like other therapeutic professions, was born and developed in Western countries, which are generally characterized by cultural values that are different from the values of these non-Western cultures, such as individuality, equality, human rights and freedom, democracy and freedom of expression, all of which were translated into therapeutic theories and treatment and intervention programs (Dwairy, 2006). Finding ways to help families cope with the differences in their lives when a child has ASD remains a priority for researchers and professionals throughout the world (Hall, 2012).

Based on the unique characteristics and values of the Bedouin community, this study's basic premise is that a professional community worker's intervention strategies are effective insofar as they are relevant to the cultural context and structured according to social and cultural considerations. It can also be assumed that professionals who belong to collectivist societies would use different judgment than that of professionals who belong to individualistic societies, as a result of the differences between these two types of culture.

### **Culture-based Intervention- Emic and Etic perspective**

Most research regarding ASD emanates from western cultural perspectives (National Research Council, 2001). Culture can be defined as “*The learned, shared and transmitted values, beliefs, norms and lifetime practices of a particular group that guides thinking, decisions and actions in patterned ways*” (WHO, 2004, p. 20). Culture plays a role in families` acceptance a child with ASD (Ennis-Cole et al, 2013). Ferdermore the decisions families make about ASD diagnosis and treatment are directly influenced by the family's cultural background (Helms & Cook, 1999), Since Society`s beliefs about ASD are shaped by culture (Griffen et al., 2007)

Theoretically, therefore, the issue of cultural differences is discussed over two conventional approaches: the Emic Approach and the Etic Approach (Lum, 1992). The Emic Approach explores behavior within the cultural system in which it occurs, in order to understand that behavior according to the conceptual framework of that culture. This is a reference to the situation from the perspective of those who experience it. The Etic Approach, in contrast, focuses on universal concepts in order to understand behavior. These concepts are obtained from an external, objective perspective, rather than according to the culture in which the behavior occurs (Lum, 1992).

Intervention strategies that are used by Western professionals are intervention strategies that are based on the Etic Approach but are still culturally adapted. In other words, these strategies make use of the resources of the society and the culture within which these professionals work, as the restrictions of the particular society are taken into account. The attempt to instill Western theories and practices on non-Western cultures has met with failure, when the intra-cultural implications of the disability were not taken into account (Coleridge, 2000)

Working with the Etic Approach in a non-Western community, such as the Bedouin community, could lead to misunderstandings and misinterpretations when the professionals encounter the parents of children with ASD. These mistakes can constitute a fundamental obstacle, both in the relationship and in the intervention process the professional has planned for treatment. For example, a professional who maintains emotional distance (like for instance, silence) and anonymity in his or her relationship with the parents may be perceived as disinterested or hopeless (Manor-Binyamini, 2014). In order to implement an effective intervention program in non-Western societies for children with ASD or to work with their parents, it is necessary to be deeply informed and familiar with the unique characteristics of that particular culture from the Emic perspective, that of the community itself.

The purpose of this manuscript was to identify and conceptualize culturally based intervention strategies used by professionals who are members of the Bedouin community in their work with parents of children with ASD in the Bedouin community. that is to say, from the Emic perspective.

## Methods

### *Qualitative perspective*

Kleinman (1977) suggested that “*ideal*” cross-cultural studies begin with “*local phenomenological descriptions*” (1977, p. 4) that provide an understanding of phenomena in cultural contexts. The phenomenological study aims to provide a holistic understanding of each participant’s personal experience, as well as to reveal essential commonalities shared by the participants in order to expose the essence of what it means to be a member of that population (Creswell, 2007).

Ethnography is a multifaceted description of a person or a group that requires an in-depth and comprehensive view of the culture under study with an emphasis on understanding the “obvious notions” through an analysis of the daily life (Schutz, 1944). Therefore, by combining the phenomenological approach with ethnographic interviews, we can examine the obvious notions of the experience of Bedouin professionals who work with parents of children with ASD in the Bedouin community.

### **Procedure and data collection**

First, ethical approval for the research was received from the ethics committee of the Ministry of Education. After obtaining the ethical approval for the study, with regard to the description of the strategy of the sample of the study. First, the school principal was approached. The study and its objectives were presented to him, after obtaining consent from the school principal for the study. A request was made to every professional expert on team, the study, its importance and purpose were presented to the team, and all 45 members of the interdisciplinary team (all members of the Bedouin community) were asked to participate in the study, 20 professionals who have expressed their willingness to be interviewed, were personally approached by the two students who conducted the interviews. (The male student approached the men and the female student approached the women) every professional who expressed a willingness to be interviewed, was interviewed. Participants signed informed consent before the interview, which included details regarding the nature of volunteering for research. Professionals were assured that the interviews were completely confidential and that their real names would be replaced by fictitious ones.

Next, 20 semi-structured ethnographic interviews were conducted by professions from various disciplines (see table 1) who work in a special education school for Bedouin students with ASD. Each interview lasted from an hour and a half to two hours and was tape-recorded. The following table presents the demographic background of the participants of the study.

**Table 1. The demographic background of the study participants**

Profession	Education	Academic institute	<i>Gender</i> M=men W=women	Number of years of working with ASD	Residence U=Unrecognized settlements R=Recognized settlements
Principal	M.A		University	M	R
Consultant	M.A		University	M	U
Doctor	Ph.D		University	M	U
Psychologist	M.A		University	M	U
Therapist	M.A		University	M	U
Therapist	M.A		University	M	R
Educator	B.A		College	M	U
Educator	B.A		College	M	U
Educator	B.A		College	M	U
Educator	B.A		College	M	R
Educator	M.A		University	W	R
Educator	B.A		University	W	U
Educator	M.A		University	M	U
Educator	M.A		University	W	U
Educator	M.A		University	W	U
Educator	M.A		University	M	R
Educator	B.A		University	M	U
Social worker	M.A		University	W	U
Social worker					U
Social worker	B.A		University	W	R
	B.A		University	W	R

The interview began with a request for demographic background on the interviewees and a signature on an informed consent form. The interviews were conducted by one man and one woman who are special education experts from the Bedouin community and were trained to use the interview guide to facilitate a conversation, while allowing for flexibility in order to let participants raise issues of interest and ask clarifying questions. The interview relied on four types of questions, descriptive, structured (Spradley, 1979), focus and exploratory (see Table 2- Interview questions).

Finally, the codebook was sent to all of the participants for feedback.

**Table 2. Interview questions**

Focus/Centers question	Do you think that there are intervention strategies compatible with the Bedouin culture, and if so, what are they?
Exploratory question (expanding knowledge of phenomenon)	Were there occasions when you made use of intervention strategies compatible with the Bedouin community? Explain to me why you used them? What led you to use these strategies?
Descriptive questions (account of experience)	Describe to me the way/s that you work with the Bedouin parents of children with ASD? Tell me about cases where your methods were effective in working with the parents? In what cases, do you think, other experts working in the Bedouin community use culture appropriate/compatible strategies?
Structured questions	In your opinion, what are the reasons that affect the choice to use intervention strategies that are culture compatible?

### **Data analysis**

The process of data analysis included the following steps: inscribing the recorded ethnographic interviews transcribed verbatim (Spradley, 1979) and thematic analysis aimed at identifying common intervention strategies, as well as the assumptions that those strategies are based on. The thematic analysis of the interviews was done by the author using familiarization, highlights and techniques for writing memos/notes (Burnard, 1991). Familiarization involves repeated listening to recordings, transcript readings and documentation of first impressions. Atlas software was used for data management and organization of transliterations of the interviews, which were condensed in relation to explanations of social and cultural beliefs/issues and in reference to raising children with ASD. In the process of generalizing the themes, the author carefully followed coding practices (Berges, 2004) that reflect the main message of the data while maintaining study-participants' original wording as much as possible. Then, the author created a codebook describing the most salient themes and conducted a theme analysis of data using two strategies: coding and analytical memos (Charmaz, 2006).

To ensure rigorous methodological soundness in this study, trustworthiness was established (Creswell, 1998) This included; a) prolonged engagement -the interviewers have considerable

experience working with ASD children and their families. b) peer debriefing- numerous formal and informal discussions were held to examine ideas and possible preconceived notions among the author and two interviewers. c) member checking- emerging strategies were presented and reviewed by another qualitative researcher in order to explore the viability of emerging findings. d) apparent validity- the codebook was discussed among the research team, which included the author and the two interviewers. Then the codebook was sent to the interviewees, who were asked to indicate to what extent the formulation reflected what they had reported in the interviews and allowed the participants to immediately provide feedback on initial interpretations (Patton, 2002). Corrections were based on the interviewees' comments, which enabled researchers to assign titles for each strategy and underlying assumption, so they could be presented to the professionals for a second opinion. The final list of 11 culturally based intervention strategies were identified based on, and tailored to, the Bedouin community and culture.

## Results

The intervention strategies will be presented the strategies with reference to three pieces of information: a) the title given to the strategy, b) the purpose of the strategy, and the c) underlying premise of the strategy (Manor-Binyamini, 2014).

### *Strategy 1 - recruiting social support for the diagnosis and treatment of the child with ASD.*

The purpose of this strategy was recruiting support from the closest social environment (the in group) of the parents for the child's diagnosis and involving them in the intervention plans.

The underlying premise of the strategy was that the Bedouin society in the Negev is characterized by strong cultural context and a collective commitment over equality and individualism, the promotion of the common good over the individual, and social stability. Therefore, the individual is continuously dependent on his extended family, which provides him with reassurance and support at the level of everyday interactions, helps him cope with his problems and shapes his relationship with the group. In return, the individual is committed to accept the traditional norms and favoring the common good over his own personal wishes. As a psychologist says:

*"in order for us to diagnose and treat the child, we first need the support of the parents' extended family".*

### *Strategy 2 - respect for faith in God as the source of coping*

The purpose of this strategy was to give strength to the parents in dealing with the child with and tending to his needs in a way that respects the belief that what is happening is God's will.

The underlying premise of the strategy was that according to the Islamic religion, everything happens according to God's will, man's destiny is fixed, God dictates it from the moment of birth, and man cannot avoid his fate. People are helpless in the face of "El mactob" (God's will and plans). In the Bedouin community, the predominant belief is that God controls people's destinies. It is a worldview that considers the situation as a "decree of fate." According to this view, God is the source of power and strength, which he then decrees to the individual person. He is the one that helps and assists individuals in obtaining their

wishes. He decides, he gives and takes away, and the role of humans is to get closer to him and ask for his help. Holding a belief in the existence of God is in itself a source of strength.

educator: "the religious context is an important factor in analyzing problems and solving them, so I use it as such".

The social worker added: "*When I see that the parents are struggling to cope, I lead/initiate a religious discourse, sometimes at the level of the singular parent and sometimes at the level of the entire settlement or the neighborhood where the parent lives; I immobilize them. Once I had asked the Imam to give a sermon on Saturday about...*"

*Strategy 3 - matching the professional terms to the commonly used cultural terms.*

The purpose of this strategy was to use terms that the parents would be able to understand. For example, the term autism is a Western concept, which is not well known or clear to parents in the community.

The underlying premise of the strategy was the reformulation of problems and difficulties and needs into culturally familiar terms or expressions, complete with examples that are intended to make the problem, which is initially professionally defined, accessible to the parents and their world view in order to help them solve the problem, even though they do not know the technical terms and are not exposed to the professional aspect of the situation.

The educator remarked: "*I replace the terms that I learned in university with other terms; I never say "ASD ". I can speak about it in such a way that is closer to their world view, and when I do, we can all understand". Are: "the use of professional terms creates alienation between the parent and myself; it moves them away from me".*

*Strategy 4 - prevention of conflicts surrounding the issue of the diagnosis and treatment of children with autism.*

The purpose of this strategy was preserving the peace in the household, moving away from confrontation and friction between the two parties in the event of conflict surrounding the diagnosis or treatments or educational framework and making an attempt to reach a compromise.

The underlying premise of the strategy was that tensions within the society are permitted as long as they do not harm the overall sense of social cohesion. Any harm to social cohesion will upset the balance of the society, threaten the very existence of that balance, and lead to the division and separation among the people. It is therefore important to maintain social harmony through *mosiara*. *Mosiara* is a value, as well as a way of life, in which the person tries to meet the expectations of others.

In a collective-authoritarian society, *mosiara* is a social means of avoiding confrontations and maintaining support and good relations. As reported by

The educator noted: "*It's true that it is necessary, we must diagnose the child, but if it leads to conflict among the people in the tribe, even if the parent is right, it can hurt and do some damage and that doesn't lead anywhere... conflict only begets more stress and other complications, and sometimes it can lead to the decision to socially alienate someone, and no parent ever wants to experience social ostracism... Concession isn't a weakness, it is a strength and power. Everybody*



*takes a step back and avoids confrontations until things calmed down, and then they can find solutions from a less loaded place.”*

For example: choosing whether to send the child to a Jewish or a Bedouin school is considered in the collective Bedouin culture to be a collective issue and not the personal issue that it is in Western cultures in which it is an issue of laws and placement (referring specifically to sending the child to a special education Jewish school, instead of a Bedouin school). The Bedouin culture also affects the kind of help that people seek, with Bedouins preferring to ask their families for help instead of seeking formal professional help.

#### *Strategy 5 - recruiting the parents for the evaluation/diagnosis procedure*

The purpose of this strategy was conducting a diagnostic procedure in order to see if the child has autism.

The underlying premise of the strategy was that there is low awareness on the part of Bedouin parents of the importance of the diagnostic process as a means of fully utilizing the legal rights that the child deserves for his treatment. As social worker said:

*“I always mediated to the parents, in a sensitive way, that the process of evaluation, placement and absorption of their child at school is a prerequisite for receiving the disability payments and recognition of the child's condition in various government programs... for instance, I draw a connection between the process of receiving a reduction in their municipal tax and other issues that have to do with the local authority, provided that their child is officially diagnosed and is learning in a special education school.”*

#### *Strategy 6 - getting consent for the intervention or treatment from the local leadership.*

The purpose of this strategy was getting the consent of the local leadership, the tribal leaders, for providing treatment or constructing an intervention plan such as an IEP (Individual Education Program) for the child's needs.

The underlying premise of the strategy was that in Bedouin society, the culture is used as a source of guidance and inspiration throughout the treatment process. Therefore, the process of treatment and intervention for the child requires the consent of the community leaders. Social consent is an important value for the existence and continuation of the Bedouin society, especially in the obedience to the respected community elders, who are the ones that protect the heritage values and hold the responsibility for the harmony in the community. Harming the general agreement means breaking the fundamental conventions of society, undermining the future of the community and the framework which provides a sense of belonging, identity, security, protection and support. It is therefore important to get consent for any intervention program in the community. A solution within the community would receive a measure of agreement and maintain the dignity and status of the distinguished community elders. As Achmad-school principal says: “Why should I involve the supervisor when I can reach a consensus and a good result by appealing to the community...”. Asad-educator says: “many times, I turn to the people of the community and ask for their help”.

Iad social worker claimed: *“the community elders are very well respected, they have a great deal of experience, they have been through many things, they are older, I see them as a source of*

*power, and I appeal to them whenever I am struggling with a difficult issue... in cases when the child is in distress, when the parents will not consent to the treatment that the child needs... when there is a deterioration in the child's condition... I always look for a way to work from the inside."*

*Strategy 7 - working on a cognitive level, with no emotional expression.*

The purpose of this strategy was to obtain the cooperation of the parents.

The underlying premise of the strategy was that for the Bedouin parent, like most people in that community, it is difficult to reveal their feelings to anyone outside their family because the person who exposes their feelings might be perceived as weak. As the psychologist described:

*"I work in both a Jewish school and a school in the Bedouin community. There is something that is so prominent - Bedouin separate their thoughts and their feelings. If they show their emotions, it is considered a weakness... They also don't know how to express emotions... I see mothers who don't hug their children, don't kiss them..."*

*Strategy 8 – "El Sutra conceal or hide the diagnostic or receiving treatment"*

The purpose of this strategy was promoting the treatment of the child and addressing the child's needs.

The underlying premise of the strategy was that "El Sutra" is a metaphor, which in the Arabic language means to conceal, to hide, to cover up, or to ensconce. One main issue relating to the concept of "El Sutra" was presented, mirroring to the parents that the child's diagnostic process was carried out in complete confidence. As suggested by the therapist :

*"Our society punishes and sanctions those who choose to act against the social and cultural conventions... if anyone knew that a child has been diagnosed or is receiving treatment from a Jewish facility, without the consent of the tribal elders, they would punish the parents..."*

*Strategy 9 - Use cultural adjustments such as a traditional look, a neutral professional who speaks Arabic.*

The purpose of this strategy was relieving suspicion and building trust with the parents/families.

The underlying premise of the strategy was that in the Bedouin culture, there is suspicion and mistrust of strangers, and there are questions about their ability to understand and contribute to the people in this culture.

When parents in the Bedouin community (especially from the unrecognized settlements), meet with professionals, the parents feel suspicion and fear on the part of the families that someone may want to harm the child or the family. The educator explained:

*“The common statement by the parents, the first time you meet with them, is: Why do you come here and offer us help? It is obvious that you have your own agenda, how did you get here? The first thing I do is to remove objections and build trust.”*

Professionals described different strategies that they use in order to allay the concerns of the families. For example, the psychologist stated:

*“This is a traditional and conservative population, so I always, but always wear a headscarf covering my hair; that creates an initial, nonverbal connection. I make sure to dress in accordance with the existing rules in the community; I really love the color red, but I never wear anything red when I come to see the family. It's flashy, it jumps out at them. You know what the meaning of red is? It's considered sexy, cheap...”*

The educator explained: “I will take a doctor with me, a doctor is perceived by the Bedouins as neutral, and we will always speak in Arabic.”

*Strategy 10- Be flexible in your reference the concept of time.*

The purpose of this strategy was making sure that the parents are persistent in arriving to the diagnosis sessions, treatment and updating.

The underlying premise of the strategy was that Bedouin people have a broad and flexible understanding of the concept of time, and being late or delayed is part of the natural way of life in the Bedouin community. With reference to the concept of time, the Bedouin parent is more concerned with the present moment than with planning for the future, due to the difficulties of the family in making time because of the hardships of daily life and everyday survival (large families, economic hardship and accessibility difficulties).

*As the therapist added: “...We have to understand that some of the parents will never come to the treatments on time. We set a date and time for one of the children to come to a parents' conference, and the parents did not come. I was so angry, I sat there and waited for them for nothing. I went home feeling very anxious... The next day I called the father, luckily he has a mobile phone; I tried to find out why they didn't come to the meeting that we set up for them. It turns out that they did come, they just arrived two hours after the time we set, but no one was there anymore to meet with them. The school was already closed. It turned out that they have to walk for an hour and a half to get to the nearest road in order to take the bus, and the bus comes just once an hour, and then they have a ten-minute walk from the station to the school, in short, by the time they arrived at the school, it was closed, and no one was here anymore. If I hadn't called and tried to find out what happened they probably would never even try to come again for another meeting.”*

*Strategy 11 - readiness to provide immediate and practical responses.*

The purpose of this strategy was to help parents help their children and offer them solutions to the problems that the children have to address.

The underlying premise of the strategy was that Bedouin families tend to have a large number of children. They are busy at work in addressing the basic needs of daily life for themselves and their children, like, for instance, bringing water from a distant location and bringing logs so they can cook and bake on their home furnace... as the educator claimed

*"that's why I finished all of my meetings with clear recommendations that are meant to be implemented... They see me as an expert who provides "recipes" and solutions, but these solutions must be such that produce immediate results; the work is always about being in the here and now, otherwise they won't consult with you again".*

Any attempt to force an intervention program that combines future goals (such as the IEP), for example, may fail. Therefore, concrete and immediate solutions to their problems would be perceived as more effective and practical solutions than future-oriented solutions and solutions that ascribe more weight to the personal history of the individual or solutions with abstract goals. In summary, the table shows all of the strategies that were presented in the findings, along with a brief description of each strategy.

**Table 3. Culture-based intervention strategies for working with Bedouin parents of children with ASD**

<b>The strategy</b>	<b>A brief description of the strategy</b>
<i>Strategy 1</i> - recruiting social support for the diagnosis and treatment of the child with autism.	The individual in the Bedouin community is committed to the collective, and depends on his extended family, and for that reason, in order to diagnose a child in is important to garner the social support of his parents.
<i>Strategy 2</i> - respect for faith in God as the source of coping	According to Islam, things happen according to God's will, and therefore professionals consider the religious context an important factor in analyzing and solving problems, and make use of this aspect
<i>Strategy 3</i> - matching the professional terms to the commonly used cultural terms	The term "ASD" is a Western concept that is not familiar or understandable to the parents, and therefore professionals choose to formulate problems, difficulties and needs using familiar cultural terms.
<i>Strategy 4</i> - prevention of conflicts surrounding the issue of the diagnosis and treatment of children with autism.	Tensions are allowed in the Bedouin community, as long as they do not harm the social cohesion of the community, and therefore professionals try to avoid confrontation when addressing the needs of the children.
<i>Strategy 5</i> - recruiting the parents for the evaluation/diagnosis procedure	Since the levels of awareness for the importance of diagnosing and treating the child with ASD is low in the Bedouin community. The professionals "recruited" the parents in a variety of ways, such as: using the diagnosis as a means of receiving the child's legal rights

<i>Strategy 6</i> - getting consent for the intervention or treatment from the local leadership	The Bedouin culture, culture itself serves as the source of guidance and inspiration throughout the treatment, and therefore it is important to get the approval of the leaders of the tribe for the treatment
<i>Strategy 7</i> - working on a cognitive level, with no emotional expression.	It is difficult for parents in the Bedouin community, as it is for most people in that community, to express emotion, since expressing emotions is considered a weakness, and therefore professionals make sure to keep the work on a cognitive level, and also avoid expressing their own emotions
<i>Strategy 8</i> –conceal or hide the diagnostic or receiving treatment	Maintaining confidentiality throughout the evaluation process, and sometimes the treatment as well
<i>Strategy 9</i> - Use cultural adjustments such as: a traditional look, a neutral professional who speaks Arabic.	Suspicion and distrust of strangers are parts of the Bedouin culture, and the parents are afraid to cause the child harm and therefore professionals use a variety of tools and adjustments in order to remove the parents' objections and establish trust with them
<i>Strategy 10</i> – Be flexible in your reference to the concept of time	Bedouins have a broad and flexible approach to the concept of time. Delays are part of daily life, and the parents give greater weight to the present moment. Therefore, in order to keep the parents from pulling their child out of treatment, professionals are flexible with the concept of time
<i>Strategy 11</i> - readiness to provide immediate and practical responses.	The fact that the parents are mostly concerned with their everyday needs, requires the professionals to understand that perspective, if they want the treatment to be successful by providing practical, everyday solutions for the parents

#### 4. Discussion

The strategies presented in the findings section were developed within the Bedouin culture and in harmony with its values, and they were designed to usefully address situations where regular professional intervention strategies are insufficient or irrelevant. These strategies reflect the consideration of the professional of the connection between the individual and his extended family, and its place in his life (avoiding conflicts, concessions and avoidance of confrontation), taking into account the cultural values and the honor of the family (the El Sutra), taking into account the centrality of religion and an awareness of the impact of religion on the parents, while incorporating religious beliefs into the interventional process.

The social hierarchy and the status of the elders of the community are focal points of power that can assist in providing solutions for social problems, while using culturally relevant terms and expressions. It is also important to refer to the living conditions of this community (addressing the issue of time and providing immediate and practical solutions). The intra-cultural strategies used by the Bedouin professional working in the Bedouin community increase his leverage to operate as an expert professional, allowing him to respond in a rational, relevant and useful way to the problems and needs of the parents and their children, according to their circumstances.

That is to say, these are strategies that can be used during the diagnosis and treatment processes in which the parents and the professionals belong to the same culture. Based on the findings in this study, it can be assumed that it is possible to identify intra-cultural intervention strategies for each individual culture.

Culturally sensitive research has been receiving considerable interest in recent years (Neely-Barnes & Dia, 2008) however, most of the literature that focuses on parents' coping with children with disabilities refers to Western societies, and only a very few studies examine minority groups (Raghavan & Small, 2004) and non - Western societies (Samadi , McConkey, & Bunting, 2014). The attempt to instill Western theories and practices on non-Western cultures has met with failure, when the intra-cultural implications of the disability were not taken into account (Coleridge, 2000). The existing psychosocial models for cultural are reference challenged and re-evaluated. For example, the ethnic sensitivity model (Iglehart & Becerra, 2007) and Cultural Competence model (Johnson & Munch, 2009). These models have evolved from a reality in which the cultural array of the investigator was different than the culture system of the subjects.

One of the arguments against these models comes from the diversity debate, which deals with the lack of any real dialogue between the dominant Western culture, and "other" cultures. The importance of this discussion is even more pronounced in the field of research, and interventions in collective cultural for which western values of individualism, heterogeneity and independence may threaten the dependence, homogeneity and sense of belonging, that the members of collective society strive to strengthen and preserve (Dwairy, 2006).

This study recognized research based intervention strategies that are based on the Bedouin culture that special education professionals can apply in their work with parents. The process of conceptualization of strategies was done in a systematic manner. Therefore, the insights

and research methods that this article offers may also be relevant to other communities - traditional, indigenous and otherwise. The conceptualization and methods of this study may be appropriate for studies among other cultural groups around the world and in comparisons that aim to refine the differences between different cultural groups, as well as with clarifying the similarities between them. This recommendation is particularly important in the current era, with its trend of understanding and respecting the importance of cultural diversity or multiculturalism.

Specifically, the procedure of the ethnographic interviews and thematic analysis. Beyond being a method for this study, may be a method for implementing cultural adjustments, regarding interventions in communities or disciplines/professionals from different fields of expertise. In this way, professionals and adjustments for interventions in non-Western societies will benefit from the professionals being like the interviewers interviewers are learners (Wax, 1960). This is an important point of view for learning about cultures because when cultural variables are considered within the design of treatment, the benefit of an intervention to specific groups increases (Bernal et al, 2009) also, the study combined of Emic and Etic Perspectives. Emic "*insider*" as opposed to etic "*outsider*" perspectives. The interviewers have an emic perspective as do the interviewed, while the author has an etic perspective in addition there was a request for feedback from informants (Denzin & Lincoln, 1998). Insider that act also as an informant and as a guide and translator of cultural norms, and at times, jargon or language (Denzin & Lincoln, 1998). The combining of the two perspectives allows for the "*ability to negotiate cultural meaning and to execute communicative efficient responses, with an acceptable grade of comprehension for interlocutors*" (Rodrigo, 1997, pp. 13–14). This would permit the development of appropriate and effective intervention. Additionally, The first step of conducting a cultural adaptation involves as examination of the cultural assumptions of an intervention . content analysis with clear operationalizations of hypothesized cultural variables can be used to assess cultural values.

## Conclusion

This study was qualitative, as such generalizable were not collected. The aim was to explore the culture-based intervention strategies from an Emic Bedouin professional perspective. Interviewing Bedouin parents of children with ASD may provide a complementing point of view to that of the professionals and reveal effective intervention strategies from the perspective of the parents.

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