

# Utilizing Culturally Responsive Applied Behavior Analysis Strategies in Practice



Jessie Richard, Ph.D., BCBA-D, COBA  
Center for Autism Spectrum Disorders at NCH

---

# Introductions

Jessie Richard, Ph.D., BCBA-D, COBA

- Licensed Psychologist
- Psychology Supervisor
- Nationwide Children's Hospital
- Center for Autism Spectrum Disorders

No relevant conflict of interests or disclosures

# Learning Objectives

---

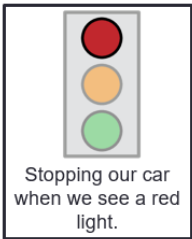
- Understand what culturally responsive adaptations means
- Discuss culturally responsive applied behavior analysis practices
- Learn how to incorporate culturally responsive applied behavior analysis practices into your own practice



# Quick Review—What is ABA?

## What is ABA?

- ABA is a different way of thinking about behavior.
  - It focuses on what we can see and measure
- ABA is not just for people with disabilities! We use ABA in our everyday lives. Here are some examples:



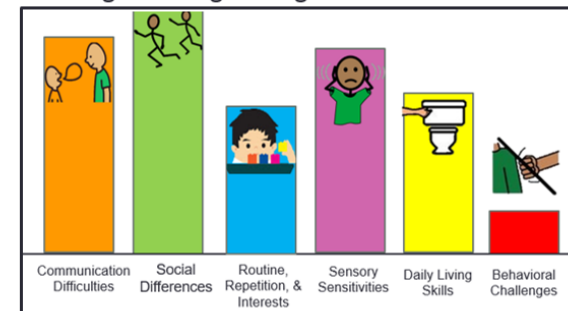
- ABA is not just one “thing” that you do. For our purposes, **ABA is information and strategies we can use to make the world more accessible for people with autism.**

## What is ABA?

Emphasis on motivation and positive reinforcement



Can be used to target a large range of skills :



Science has shown ABA works for children with autism



# What is Culture?

---



The customary beliefs, social forms, and material traits of a racial, religious, or social group.

The characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time.

The set of shared attitudes, values, goals, and practices that characterizes an institution or organization.

Merriam-Webster, 2022

# Why is this Important?

---

U.S. Census Bureau predicts that by 2044, the United States will become a majority minority nation, meaning no specific demographic category will have a majority portion of the total population (Beaulieu et al., 2018).



# Definitions of Cultural Diversity

---



**Cultural Competence**—the ability to provide services to clients that honor different cultural beliefs, interpersonal styles, attitudes and behaviors and the use of multicultural staff in the policy, development, administration, and provisions of those services (U.S. Department of Health and Human Services).

**3 Components of Cultural Competence** (Jimenez-Gomez & Beaulieu, 2022; Beaulieu & Jimenez-Gomez, 2022).

1. **Awareness**—being comfortable and respectful of differences; being able to discriminate and label biased behavior and their impact on services
2. **Knowledge**—acquiring knowledge about the group to with whom one works BUT be careful!
3. **Skills**—designing and utilizing cultural responsive interventions

# Definitions of Cultural Diversity

---

**Cultural Responsiveness**—a collection of practices that respect and honor diversity; engaging all by incorporating cultural interests and preferences, creating a safe, inclusive, and respectful environment, implementing practices derived from cross disciplines and cultures, and promoting justice and equity (Miller et. al., 2019).

**Cultural Humility**—emphasis placed on the importance of self-reflection, including the recognition of one's own prejudices and implicit and explicit biases; this calls for practitioners to challenge societal oppression, recognize power differentials, and strive to balance power dynamics within their own behavior and within the systems in which they function (Miller et. al., 2019).





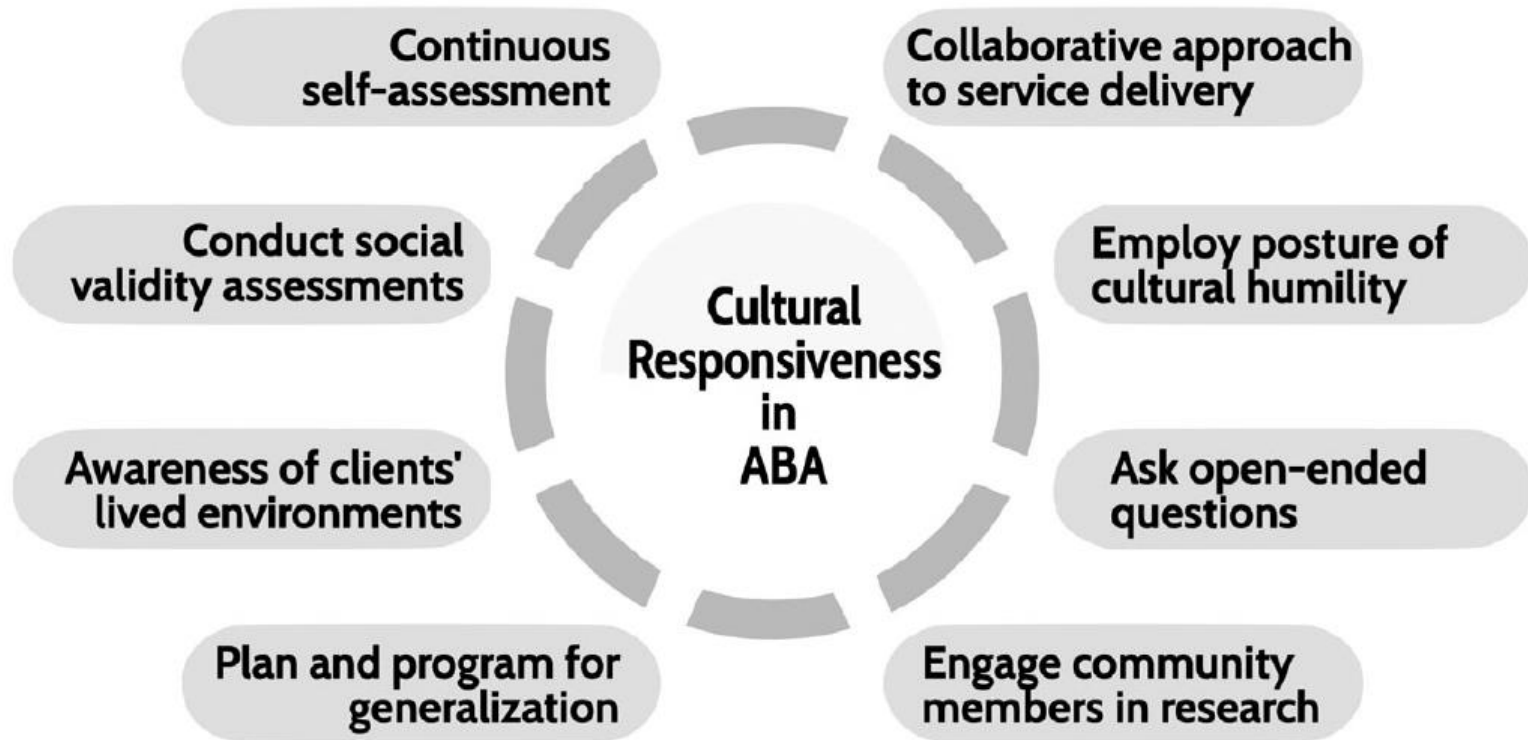
# What is Culture Responsiveness in ABA/Behavior Therapy?

---

- Emphasis on transformation
  - Responsiveness should be a foundational element of all of our care
    - Incorporates cultural interests into interventions to engage participants
    - Encourages safe, inclusive, & respectful environment to emphasize dialogue and collaboration
    - Decreases educational disparities (Mathur & Rodriguez, 2021).
  - The Challenge = evolve effective, care-based interventions for all
-

# Key Features of Culture Responsiveness in ABA/Behavior Therapy?

---



Jimenez-Gomez & Beaulieu, 2022

# Ethical Responsibilities

- BCBA Ethical Codes:
  - BACB Code 1.05c (consider the role of culture in service delivery)
  - BACB Code 4.02 (involve clients and families in the treatment planning process)
  - BACB Code 4.03 (individualize the treatment plan to meet the client needs)



# Ethical Responsibilities

- Psychological Ethical Codes (APA Code of Ethics, 2022):
  - Principle A: Beneficence and non-maleficence (strive to eliminate biases, affiliations, and prejudices that might influence work)
  - Principle B: Fidelity and Responsibility (establish relationships with trust)
  - Principle C: Integrity (promote accurate, honest, and truth in practice)
  - Principle D: Justice (fairness and justice in processes, procedures, and services)
  - Principle E: Respect for People's Rights and Dignity

# Ethical Responsibilities

- CSWMFT Codes of Ethical Practice:
  - (A) Responsibility to clients/consumers of services as to competency
  - (G) Responsibility to clients/consumers of services as to discrimination

# Why do we need modifications to ABA & behavioral practices?

- ABA is aimed at social good
  - According to Skinner, we “use our knowledge about human behavior to create social environments in which we shall live productive and creative lives and do so without jeopardizing the changes that those who follow us will be able to do the same” (Skinner, 1953, p. xvi).
  - **HOWEVER**, this field was developed in a Caucasian, male, and Western context; we practice largely in a capitalist system fraught with medical funding contingencies that do not support time or effort for the behaviors required for cultural competence, responsiveness, or humility.
-

# Current modifications to interventions

- Stimuli include representative pictures
- Specific holidays are respected and honored
- Correct names are used with correct pronunciation
- Interpreters are available

\*\*BUT there is so much more than just these

Alai-Rosales et. al., 2022

# Additional modifications to consider

- Process of intervention will always be controversial (Alai-Rosales et. al., 2022)
- Awareness—build rapport and offer choices
- Knowledge—demonstrate cultural humility; ask questions & become aware of barriers
- Skills— collaborate with family, respond to cultural cues, communicate in several different ways, and demonstrate with families (Jimenez-Gomez & Beaulieu, 2022; Beaulieu & Jimenez-Gomez, 2022).



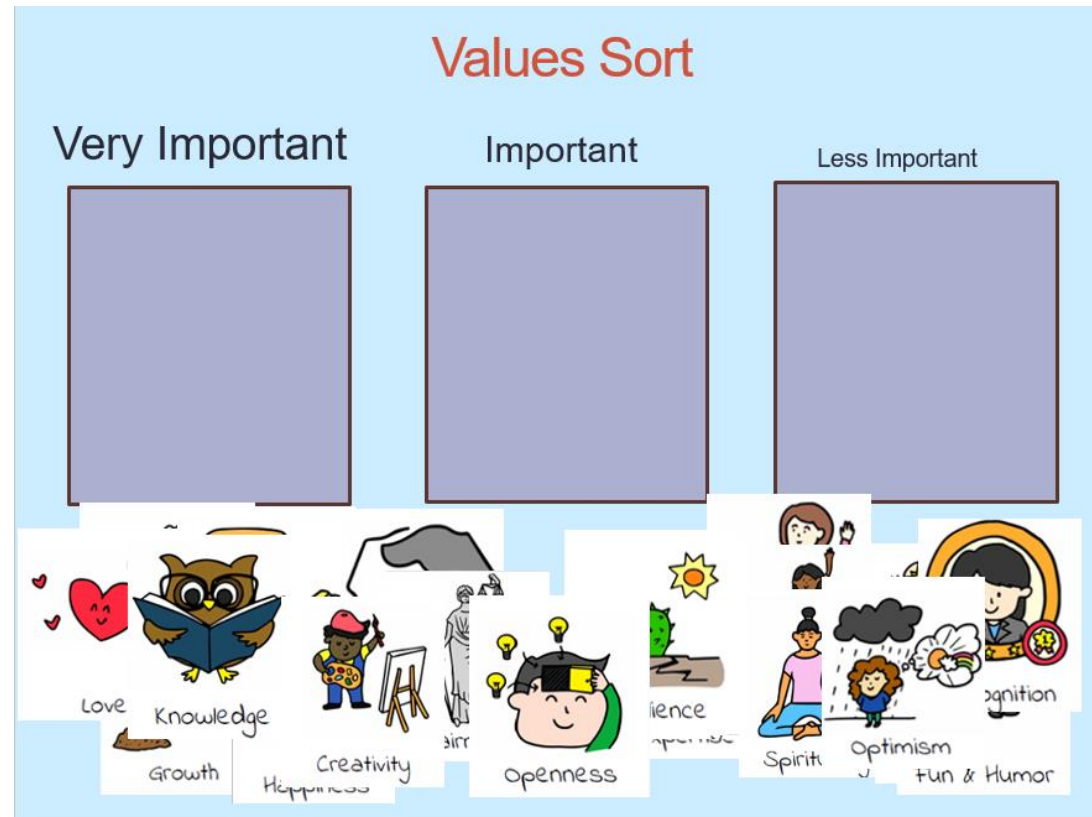
# Modifications to behavioral practices

- Slow down
- Limit jargon and medical heavy language
- Monitor nonverbal behaviors for signs of discomfort
- Recognize that not all gestures register the same across cultures
- Consistently assess social validity
- Recognize different culturally bound behaviors and how they may differ from your perspective

# Incorporating Value Identification

One activity we do at the beginning of our parent training program is a Family Value Sort

Provides opportunity to begin to understand the family's culture, background, what drives them, and the goals they see for their family.



# Breakout Room

While in your groups...

- Think through these values presented and identify what they mean to you
  - Notice if you all have different thoughts
- How might your thoughts be different from a client/patient you have worked with in the past?
- How you would approach beginning a conversation about these values with a family?



Success



Responsibility



Respect



Autonomy



Community



Spirituality



# Value Sort Activity

- Make meaningful efforts to understand the cultural values of each family you serve
  - Do not have an a priori assumption
- Building the relationship should happen before providing services or making referrals to other professionals.
- Incorporate family values in intervention recommendations

# Importance of Values in Practice



Respect

- Helps eliminate assumptions
- Parents are the “experts” on their children
- Gives an idea of interventions strategies that might be able to better suit the family based on their values
- Example

# Slowing Down

## What do you know about Autism?

What did you call your child's differences before it was diagnosed?

What do you think caused it?

What do other people in your family or community think caused your child's differences?



## What do you know about autism?

What do you think autism does? How does it work?

How severe is it? Will it have a short or long course?

What are the chief problems your child's autism has caused?



# Acknowledging Challenges

## Stress and Stigma

- Why is Autism stigmatizing?
  - Lack of understanding
    - A "Western disease"
    - Many languages do not have a word for Autism
  - Disruptive behaviors
  - Sometimes, autism cannot be "seen"
  - Children may be seen as a success for parents



- Stress
  - Is associated with stigma and lack of well-being
  - Other areas such as religion, acculturation stress, language, national origin, financial strain etc., can add to this stress of having a child with autism
  - It may be helpful to develop coping skills, such as self-compassion, faith, accessing peer supports/community relationships.

How long has it been since you received your child's diagnosis?

How do you feel about the diagnosis?

## Autism Around the World


- Maori people in New Zealand
  - Added 200 words to their language in 2017
  - 'Takiwatanga' (*autism*) – "in his/her own time and space"
    - This definition is a non-judgmental representation based on the strength and ability of people.
  - 'whaikaha' (*disabled*) - to "have strength or to be differently able".



**NATIONWIDE CHILDREN'S**  
When your child needs a hospital, everything matters.<sup>SM</sup>

# Interventions WITHOUT Materials

**Review: Before Actions without materials**




Avoid situations or people



Control the environment



Respond to early signs




Do things in small parts



Choices / warnings



Address setting events



Exercise



Easy, Easy, Hard

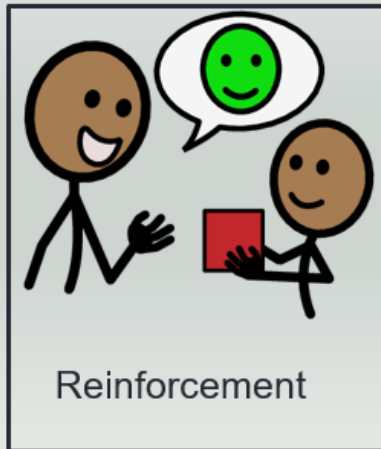


Give lots of attention



# Interventions WITHOUT Materials

## Review: After Actions

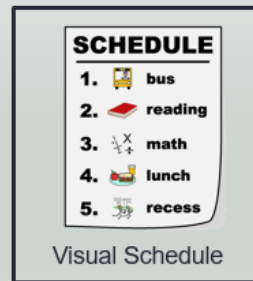


# Interventions WITH Materials

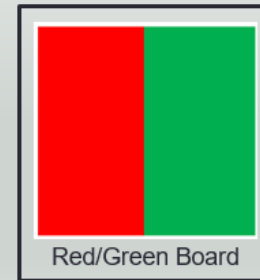
**Review: Before Actions you can do with materials**



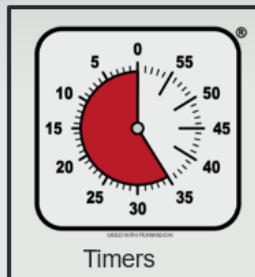
Visual Prompt



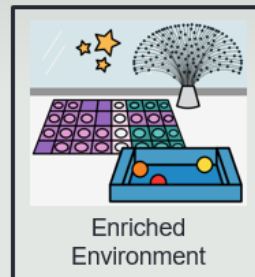
Visual Schedule



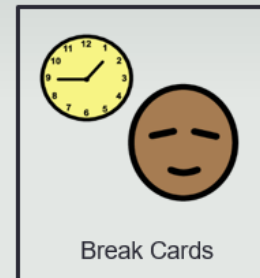
Red/Green Board



Timers



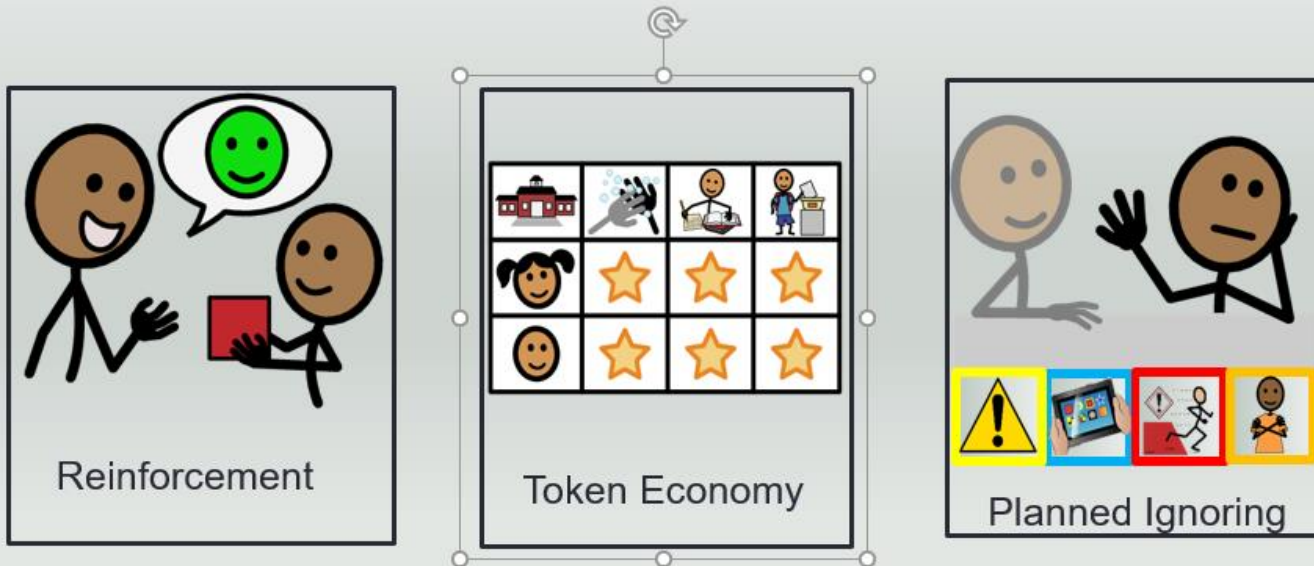
Enriched Environment



Break Cards

# Interventions WITH Materials

## Review: After Actions



# Breakout Room

- Scenario 1: An east-African family you work with is struggling to go out into the community because of their child's behaviors (screaming, falls to the ground when gets out of car); they really value their community, but are worried about what people might think if they see their child behaving this way. How can you begin to approach therapy with this with a family?
  - Scenario 2: You are working with a client who is 14-years old and you learn that the client has been sharing a bed with her mother her whole life. Sharing a bed amongst family members is a part of this client's culture, but she has expressed wanting some more space. How can you approach this topic in your sessions with both the client and parents?
  - Scenario 3: You have been working with a Spanish speaking family for 6 weeks, and you still do not feel like you are connecting with the family. You will say something and the family agrees by shaking their head, but then there is no follow through outside of the session. How could you begin to approach sessions with this family from a more culturally responsive perspective?
-

# Continued Work to Do

- Research needs to be conducted using the strategies that were standardized on middle class Caucasian individuals with diverse populations so voices of participants are consistently included.
  - Incorporating more direct teaching of cultural diversity to therapists during training and while practicing is important to continue.
  - Continue to learn about injustices in our own communities.
  - Welcoming and creating spaces for diverse voices within our organizational structure and specifically addressing values, goals, and outcomes related to equity and justice with the populations we service.
-



# References

- Alai-Rosales, S., Pritchett, M., Linden, A., Cunningham, I., & Syed, N. (2022). Be humble, learn, and care: Culturally responsive evidence-based practice. In J.B. Leaf et al. (Eds). *Handbook of Applied Behavior Analysis Interventions for Autism* (pp. 151-167). Switzerland: Springer Publishing.
- Beaulieu, L., Addington, J., & Almeida, D. (2018). Behavior analysts' training and practices regarding cultural diversity: The case for culturally competent care. *Behavior Analysis in Practice*, 12, 557-575.
- Beaulieu, L. & Jimenez-Gomez, C. (2022). Cultural responsiveness in applied behavior analysis: Self-assessment. *Journal of Applied Behavior Analysis*, 55, 337-356.
- Colic, M., Araiba, S., Lovelace, T.S., Dababnah, S. (2021). Black caregivers' perspectives on racism in ASD services: Toward culturally responsive ABA practice. *Behavior Analysis in Practice*, 15, 1032-1041.
- Dennison, A., Lund, E.M., Brodhead, M.T., Mejia, L., Armenta, A., & Leal, J. (2019). Delivering home-supported applied behavior analysis therapies to culturally and linguistically diverse families. *Behavior Analysis in Practice*, 12, 887-898.
- Jimenez-Gomez, C. & Beaulieu, L. (2022). Cultural responsiveness in applied behavior analysis: Research and practice. *Journal of Applied Behavior Analysis*, 55, 650-673.
- Mathur, S.K. & Rodriguez, K.A. (2021). Cultural responsiveness curriculum for behavior analysts: A meaningful step toward social justice. *Behavior Analysis in Practice*, 15, 1023-1031.
- Miller, K.L., Cruz, A.R., & Ala'i-Rosales, S. (2019). Inherent tensions and possibilities: Behavior analysis and cultural responsiveness. *Behavior and Social Issues*, 28, 16-36.
- Skinner, B.F. (1953). *Science and human behavior*. Oxford, UK: Macmillan.
- .....Wright, P.I. (2019). Cultural humility in the practice of applied behavior analysis. *Behavior Analysis in Practice*, 12, 805-809. ....