Affordable ABA

Diversity Within Applied Behavior Analysis

Introduction

The topic of diversity is ever so broad, and all information cannot be captured within one textbook or research article. As the field of behavior analysis continues to unfold, it is important for practitioners to continue to grow and understand the complexities of each individual they work with or provide services to. As a result, these practitioners should have some understanding of working with diverse populations and obtain guidance on clinical applications as well as professional issues that could arise during their experiences. Parent involvement with applied behavior analysis (ABA) treatment and service delivery contributes to the interventions that are utilized with individuals diagnosed with autism spectrum disorder (ASD). This engagement may depend on the effectiveness of the practitioner's communication as well as interactions that are consistent with the history, culture, values, and socio-political orientation of the family involved. As a result, it is important that programs are selected by the practitioner that align with the values and culture of the family. Furthermore, issues may arise as they relate to cross-cultural supervision. Cross-cultural supervision can bring forth many strengths and challenges that can impact service delivery and effectiveness of an intervention. Therefore, it is important for both a supervisor and supervisee to determine the potential impact of these factors and how they will be addressed so that a clinically sound and ethical supervision experience can be had.

In this course, participants will learn to (1) discuss ways to become more culturally aware, (2) identify ways to increase parents' engagement in service delivery, and (3) discuss methods for addressing strengths and challenges within cross-cultural supervision.

Section 1: Diversity and Multiculturalism in Applied Behavior Analysis

When discussing the term culture, this refers to a set of behaviors that a group of individuals share and that also make this group of individuals distinct from other groups. It is also known as the extent to which this group of individuals engage in various overt and verbal behavior that demonstrates their shared learning behavioral histories. It distinguishes one group from a multitude of other groups and also helps to predict how the individuals within the group will act in certain setting conditions (Sugai et al., 2012).

The effectiveness of ABA providers may be diminished as individuals fail to understand or adapt to different cultural variables. Supporting the development of cultural competency and establishing cultural awareness within clinical settings are both essential and relevant as professionals within the field of ABA and the clients that services are being provided to come from separate and diverse backgrounds (Fong et al., 2017). By 2044, the US Census Bureau predicts that more than half of the individuals that reside within the United States will be part of a minority group (Colby & Ortman, 2015). Therefore, within the field of behavior analysis, there is a need for continued focus and increased support concerning diversity and culture. The Association for Behavior Analysis International (ABAI) makes a statement that encourages diversity and inclusiveness within the field of behavior analysis as well as within the organization. ABAI references diversity as being the differences that exist within race, ethnicity, sexual orientation, gender identity, age, religious or spiritual beliefs as well as social and economic class.

Although there has been increased attention that has been focused on these topic areas, there are still improvements that remain needed. Some of these improvements include the sharing of more guidelines for clinicians and

organizations as well as developing interventions that are empirically validated to teach skills that are relevant to clinicians (Brodhead & Higbee, 2012).

As the field of behavior analysis continues to expand, the diversity of clinicians and that of the clients that they provide services to will also expand within clinical settings. Therefore, it is important to understand information that has been gathered so that the data can be considered as it relates to the importance of culture within clinical applications.

Research has gathered data as it relates to parent perspective regarding the services that have been delivered from their behavior analyst (Taylor et al., 2018). Although most of the study evaluated different aspects of service delivery, one particular question was centered around cultural respect and sensitivity. A Likert scale was used and respondents answered the question as to the degree in which they felt that their behavior analyst that worked with their child was able to show respect for the cultural beliefs and values that were held by the family. There were 67% of the respondents that stated that they were in agreement that their behavior analyst had shown respect for the family's cultural beliefs and values. These results indicate that these concerns should be evaluated further, especially from the perspective of a consumer.

Additional research has been conducted that included the use of a survey mainly focused on questions concerning culture and diversity (Beaulieu et al., 2018). Researchers surveyed 705 Board Certified Behavior Analysts (BCBAs) and Board Certified Behavior Analyst- Doctoral (BCBA-Ds) through means of 40 questions that utilized a Likert scale. The survey contained questions about the demographics of the respondents, the respondent's opinions on how they valued receiving training on working with diverse individuals, and the amount of training that the respondents have received throughout their coursework, practicum, continuing education, and training that had been provided through their

employment. Within this survey, results indicated that 86% of behavior analysts viewed themselves as being moderately skilled or extremely skilled when it comes to working with populations that are diverse. This demonstrated a difference in views when compared to the data collected from Taylor and colleagues (2018). Furthermore, 57% of those that took the survey indicated that more than half of the individuals they provided services to were from a diverse background and at least 84% of those that took the survey identified themselves as being white. These results demonstrate that there is a high number of clinician-client relationships where both parties do not share backgrounds. This indicates that there is a need for clinicians to gather more information as it relates to the cultures of their clients instead of relying on various assumptions of shared beliefs, norms, and values.

Professional and Ethical Standards

There are a multitude of resources that are available to behavior analysts in regard to guidance for making ethical decisions. These resources include the Behavior Analyst Certification Board's (BACB) Ethics Code for Behavior Analysts (BACB, 2020), articles that have been published, and books. The BACB's Ethics Code for Behavior Analysts delineates the ethical responsibilities of behavior analysts within a wide array of contexts. There are a few of these codes that specifically detail to behavior analysts how to act in situations that involve cultural relevance as it exists within their practice. Code 1.05 indicates that if differences exist between the behavior analyst and individuals they provide services to across an array of factors, then the behavior analyst is to acquire the training, experience, consultation, or supervision that is required for them to ensure the competence of the services they are providing. If this is unable to be done, then the behavior analyst is to refer or transition services to an appropriate professional (Behavior Analyst Certification Board, 2020). In addition, Code 1.07

states that behavior analysts are to actively engage in professional development activities so that they can acquire knowledge and skills as they relate to cultural responsiveness and diversity. Behavior analysts should also "evaluate their own biases and ability to address the needs of individuals with diverse needs/ backgrounds (e.g., age, disability, ethnicity, gender expression/identity, immigration status, marital/relationship status, national origin, race, religion, sexual orientation, socioeconomic status). Behavior analysts also evaluate biases of their supervisees and trainees, as well as their supervisees' and trainees' ability to address the needs of individuals with diverse needs/backgrounds" (BACB, 2020). Practitioners should not discriminate against others and should not knowingly engage in behavior that is demeaning toward others or to those they interact with in their work. This viewpoint/code is similar to the ethical guidelines of various professional organizations including that of the American Psychological Association (APA, 2017) and the American Speech-Language-Hearing Association (ASHA, 2016). As there continues to become an increased need for both knowledge and competency within this area of focus, further codes should be developed that discuss the range of ethical concerns as they relate to diversity and culture.

There is a great need for behavior analysts to define and analyze cultural competence. It is important to note that one's culture always matters and that it is impossible to develop a set of rules or guidelines that fit every cultural situation that can occur (Rosenberg & Schwartz, 2019). If a behavior analyst were to comply to the BACB's Ethic's Code for Behavior Analysts without considering the culture variations of the individuals that are being provided services, this could result in a multitude of consequences. These consequences could include offending the individuals that receive services or even having the family decide that they would like to terminate services. As the field of behavior analysis continues to expand to

other areas across the world, it becomes more and more important to take a culturally relevant approach to ethics.

Additional Resources

In addition to the BACB's Ethic's Code for Behavior Analysts, there are also other resources that can be considered. Fong et al. (2016) have provided recommendations for behavior analysts on ways that they can further improve upon their cultural awareness skills. These authors recommend ways for a behavior analyst to develop cultural awareness of self as well as of their clients and provide specific recommendations for clinicians.

- A behavior analyst should be mindful of the language that they use during both an assessment as well as treatment. They should work to avoid jargon, consider the method of communication that is easiest for the client, and provide an interpreter or translation services if the client needs them.

- The cultural identity of the client and community should be understood. The behavior analyst should ask questions that are relevant during the intake process, request additional information about a client's culture and language from other resources, use terminology that is culturally appropriate, and understand how one's norms and values can affect treatment acceptability.

- Resources and materials that already exist should be used.

- Once the assessment has been completed, the behavior analyst should make decisions that are appropriate. The behavior analyst should accept the client or refer them to another clinician that is more culturally knowledgeable, or they should seek out additional information and training that may be necessary.

There are also recommendations that can be made for organizations and professional development programs. Some of these recommendations include appointing an individual that is within the organization to be in charge of addressing the development as well as improvement of cultural competence. This can mean that the individual ensures that cultural awareness training is included as a part of the supervision process and/or that these discussions and trainings are included within a student's BACB coursework.

As limitations are exposed within one's practice, recommendations can be made for both clinicians and organizations. Researchers have recommended that resources and time are allocated so that discussions can occur about culture within the workplace, new experiences can be shared and relationships can be formed with individuals that are from different cultural backgrounds, resources can be used so that learning can occur from other professions, and progress toward one's goals can be reflected upon and evaluated.

Resources from Other Professions

It has been noted that it is especially important the services are delivered in a manner that is culturally relevant. Interactions that are offensive or disrespectful, even if they are not intentional, may cause interference with the outcomes of interventions and reduce the family's investment in the treatment at any point past the current context. While there are several resources that can be used to operationally define target behaviors for treatment intervention, it is still ideal to also reference other resources within other human service fields.

Self-Assessments

The American Speech-Language-Hearing Association has a cultural competence checklist (i.e., Cultural Competence Checklist: Personal Reflection) that asks

clinicians to reflect on a personal level regarding the extent to which their own behavior demonstrates cultural sensitivity (ASHA, 2010a). Items that are available on the checklist range from general cultural respect (i.e., "I treat all clients with respect for their culture") to an assessment of actions that are frowned upon (i.e., "I do not participate in insensitive comments and behaviors"). Additionally, the assessment evaluates the influence that exists as it relates to dialect, disability, and family structure. It also encourages the interventionist to look at the extent in which their own prejudices are able to influence treatment, interaction, or even communication among others. The clinician is reminded that an individual's culture is able to influence a multitude of issues. Some of these issues are surrounding sleep, feeding, and self-help skills. Lastly, the checklist focuses the clinician to different areas of communication and interaction that could be influenced by culture. Some of these areas include eye contact, taking turns with others, and how humor is used. A checklist like this helps a clinician to remember that culture is continually present and bidirectional. Cultural norms, customs, and expectations are both held and possibly shared by the individual providing the services and the person receiving the services. It is important to bridge the gaps that exist so that the delivery of services is sensitive and respectful. It has been recommended that a self-assessment that is analogous is developed for behavior analysts. It would also be beneficial if a more objective, measurable tool would be developed that could be used by supervisors and trainers.

The National Association of School Psychologists also has a checklist entitled the Self-Assessment Checklist for Personnel Providing Services and Supports to Children and their Families (Goode, 2009). In this checklist, clinicians are asked to evaluate the physical environment and the materials that are being used. The clinician is asked to determine if the reading materials that are in the environment reflect the culture of the individuals that are typically served. They are also asked to evaluate if the foods that are being offered are representative of the culture of

the clients that are in the environment. Additionally, this resource examines the use of familiar language and dialectical phrases, including available translators that can be used to ease the experience that is had by different clients. Lastly, this checklist evaluates the behavior of the clinician in how they are able to prepare to meet with and provide services to a new family. This provides the clinician with an expectation that an effort will be made to be knowledgeable about as well as to respond to an individual's cultural preferences, characteristics, norms, and values. Some of the items from the checklist include the clinician relating to male and female roles, defining family, how elders play a role, and either the desire or lack of desire for acculturation (Goode, 2009). Once the checklist has been completed, the clinician will need to be aware of any changes that should be made to their delivery of services as well as within the organizations and programs that they are a part of.

ASHA's Cultural Competence Checklist: Service Delivery is another checklist that can be used to determine some common and important contexts where cultural sensitivity should be demonstrated. Some of the items that are included on the checklist are about behaviors (i.e., learning about the culture), providing items that are translated as well as interpreters, respecting different ways of delineating information (i.e., storytelling), and including additional communication strategies that help to facilitate comprehension (i.e., visual aids, modeling). Each of these items stress the importance of various ways to welcome families as well as to make them feel more comfortable within the model of service delivery by making sure that all information will be shared in ways that can be understood. There are several items on this checklist that are concrete, easily measured, and consistent with the philosophical underpinnings of the field and science of behavior analysis.

Self-Assessment for Organizations

Although it is helpful to evaluate how individual clinicians can be helped to develop cultural competence, it is also vital to evaluate how organizations are also able to foster cultural sensitivity within the service delivery model. Organizations may set the tone for the individuals that are a part of their structure and can also provide these individuals with guiding policies and procedures as well as a climate that is able to support diversity, tolerance, and respect. Cultural sensitivity can be supported by policies, procedures, and systems at the organizational level. Furthermore, these policies can provide a statement to clinicians regarding the importance of service delivery that is culturally relevant.

ASHA provides a self-assessment that can be used at the organizational level that is instructive on how an organizational scaffolding can be created for cultural competence. The Cultural Competence Checklist: Policies and Procedures (ASHA, 2010) evaluates various aspects of organizational leadership within this context. Some of these items that are included in this checklist are paying attention to how cultural competence is included within the mission statement of the organization, how available translators are, if diversity exists within the workforce, if diverse personnel are included within the leadership team, how benefits are extended for non-traditional family arrangements, and how a variety of holidays are recognized. It is key for organizations to work with various members of the community within where they provide services in an effort to ensure that the needs of these constituents are being met both in accurate and appropriate ways. Organizations are able to partner with other local leaders within these communities in a method that ensures that this level of expertise is being provided at the organizational level.

Relevance to ABA

Within the heart of ABA lies social validity as well as the individualization of assessment, goals, and treatment for the individuals that are receiving services (Wolf, 1978). As a result, clinicians should not discount the relevance of cultural norms, beliefs, and values that are present within the assessment and treatment process. The tools that have previously been mentioned from other professions are able to act as a starting point that will allow behavior analysts to increase the cultural sensitivity of their services.

The three groups that were mentioned previously (i.e., BACB, APA, ASHA) all discourage and prohibit discrimination against others. However, even though each of these groups agree on this point, the procedures that should be followed to ensure the delivery of culturally respectful clinical practices has not been clearly delineated within the field of behavior analysis. One concern to note is that the field's emphasis that is placed on operationally defined, observable, and measurable behaviors may be an impediment in the tools that need to be developed. The tools that have been created within different professions often are based heavily on subjective viewpoints as to which the behaviors under question are exhibited. Most of the targets that are discussed are attitudinal or based on one's values. Additionally, some of these targets may also be mentalistic. There are a few elements of behavior analysis, though, that should assist with strengthening one's commitment to accepting these goals and to developing an approach to reach these goals that is conceptually systematic. Furthermore, research should be conducted that is aimed at assessing the effectiveness of various training procedures. These training procedures should be directed at targeting the recommended skills that are needed to provide empirical support and validity to the outlined practice recommendations and assessment tools.

As a result, it is conceptually systematic to attempt to refine different definitions and procedures that align with ABA-based services that are deemed to be culturally competent. It may be a challenge, though, to refine the ways in which behaviors are defined operationally as well as how these behaviors are evaluated as being presently exhibited. Behavior analysts may be better suited to develop a definition of culturally competent service provision that is viewed as being more objective and observable. Furthermore, behavior analysts could work to identify the various components of culturally sensitive workplace environments.

Recommendations

There are several recommendations that can be offered to help ensure that the individuals that are receiving services feel supported and respected as well as knowing that their cultural differences have been accounted for within assessment and intervention planning.

- Behavior analysts should use those resources that are available and have been discussed within this material (Fong et al., 2016).

- Behavior analysts should gather feedback from individuals that they work with, as it has been noted through survey data that parent and clinician perspectives may not align as it pertains to service delivery (Beaulieu et al., 2018).

- Behavior analysts should consider how cultural beliefs and norms exist within daily activities including parenting styles and daily living skills (i.e., feeding, toileting, self-care, sleeping). The roles that various family and community members take part in should also be considered. All of this information should be gathered beginning with the intake process and considered throughout assessment, the development of treatment interventions, and the delivery of services.

- Behavior analysts should take into consideration how cultural and linguistic diversity have an influence on behavior analytic services (Brodhead et al., 2014).

- Behavior analysts and organizations should attempt to ensure that translators are able to attend meetings and discussions with families for whom the primary language of the area is and not necessarily what is viewed as the natively spoken language.

- Behavior analysts should attend additional training, professional development, and opportunities for supervision that are aligned with topics regarding culture and diversity when possible. This is important as most behavior analysts have not received any formal training as it relates to this topic area (Beaulieu et al., 2018).

- Behavior analysts and organizations should attempt to have the environment be inviting for individuals that are from various cultures, including the use of training materials that are representative of the diverse populations that are served.

- A behavior analyst should work towards ensuring that they do not inadvertently offend clients.

Section 1 Personal Reflection

What are some methods that you have employed to help ensure that the individuals that are receiving services feel supported and respected as well as knowing that their cultural differences have been accounted for within assessment and intervention planning? Do you feel that there is more that you could have done or methods you could have used that have been recommended in this reading?

Section 1 Key Words

<u>Culture</u> - a set of behaviors that a group of individuals share and that also make this group of individuals distinct from other groups

<u>Diversity</u> - differences that exist within race, ethnicity, sexual orientation, gender identity, age, religious or spiritual beliefs as well as social and economic class

Section 2: Cultural Considerations in Caregiver Training

When referring to individuals as caregivers, this can mean that these individuals are biological or adopted parents, extended members of the family, or legal guardians of the individual that is receiving services. A caregiver is thought of as being a teacher for an individual for the entirety of their life. In an effort for individuals to receive applied behavior analytic services across all environments and in different contexts, caregivers should be trained to implement these procedures. References to caregiver training can be found in the literature as early as the 1960s (Engelin et al., 1968; Russo, 1964; Wahler et al., 1965). These studies utilized procedures involving modeling and reinforcement as methods for training mothers on behavior analytic procedures. As research continued to progress, other students used instructions, modeling, rehearsal, and feedback as their methodology for training mothers on behavior analytic procedures (Forehand et al., 1979). This methodology is now a part of training packages known as behavioral skills training (BST; Miltenberger, 2012). Throughout the years, BST has been utilized with caregivers in efforts to train them through the use of behavior analytic procedures that include the implementation of reinforcement and redirection of challenging behaviors (Sawyer et al., 2015), guided compliance or three-step prompting (Drifke et al., 2017), instruction using discrete trial training

(Lafasakis & Sturmey, 2007), interventions to assist with food selectivity (Seiverling et al., 2012), as well as functional analysis procedures (Ward-Horner & Sturmey, 2012).

Additionally, caregiver training is valuable to other fields, not solely within the field of ABA. In regard to Child Welfare Parent Training Programs (2006), there are several caregiver training opportunities that are associated with these programs. As a part of these particular programs, clinicians are noted for their implementation for similar training components that are also found in BST. These clinicians provide caregivers with different instructions (i.e., verbal rationale, written manuals); modeling (i.e., in-vivo role plays); rehearsals (i.e., live practice with a child); and corrective feedback that is positive (i.e., feedback on assignments that are completed) (Kaminski et al., 2008).

Each of these caregiver training programs are foundationally supported by behavior analytic theories that have been proposed by B. F. Skinner (Pearl, 2009). There were multiple research groups in the 1950s that developed a set of core principles that were the basis for current caregiver training programs. These core principles stated that caregivers should act as treatment agents, they should learn to track and collect data for behaviors that are observable, and they should use positive reinforcement and mild negative sanction as methods for managing contingencies in an effort to discourage challenging behaviors (Dishion et al., 2016). Researchers have also denoted two aspects that are consistently found within various caregiver training programs that are based in behavior analysis (Kaminiski et al., 2008). The first aspect is communication that is disciplinary in nature. This type of communication requires the caregivers to provide the individual receiving services with directions that are clear and developmentally appropriate, setting limits and rules, and stating what the behavioral expectation and consequences are for the context. The second aspect is that caregiver training programs defined discipline and behavior management through means of

examining specific reinforcement and punishment techniques. Additional research indicated similar findings; however, they stated that the main focus surrounding behavior was on establishing and maintaining the various principles of reinforcement (Pearl, 2009).

It is important to know that the research regarding caregiver training programs goes back several decades and throughout this period of time, research has indicated that there has been an increase in appropriate caregiver behavior as well as a decrease in challenging behaviors when compared to waitlist or no treatment provided control groups (Pearl, 2009). Despite this progress, research failed to indicate certain participant demographics such as ethnicity (Ortiz & Del Vecchio, 2013). This lack of reporting makes it challenging to determine the significance of these types of trainings within various cultural groups. Since there is limited information regarding results and limitations as they relate to minority families, it is valuable to consider the different cultural influences that could have an effect on various interventions.

Impact of Culture on Caregiver Training

Culture has been defined as the process of operant conditioning as it works together with natural selection (Skinner, 1981). It continues to evolve and change as behaviors that are exhibited by an individual come in contact with reinforcement and are then both maintained and strengthened. These behaviors, in turn, contribute to the success of the group as a whole. The ever evolving culture of a group is maintained by the success of the group, not necessarily the immediate contact of reinforcement for the individuals that are a part of the group. Socially significant behaviors and treatments can be identified through various cultural contingencies that impact family units. It is valuable to define cultural preferences when a behavior analyst is developing treatment protocols as

these are considered to be the stimuli that have acquired their value by being paired with primary reinforcers over the course of an individual's lifetime (Fong et al., 2016). It is necessary to evaluate cultural preferences through the use of cultural accommodations in order to develop evidence-based parent training interventions. A variety of cultural accommodations can be made such as access to language services through means of an interpreter, materials that have been translated, the use of staff that are bilingual, and also including a focus on deciding on content that is culturally relevant for training.

Interventions involving the use of caregiver training have proven to be effective in training caregivers to implement various antecedent and consequence based strategies for intervention. Even though that has been demonstrated, it is still important to know that caregiver training interventions that integrate the goals and values of the majority culture may not align with the cultural contingencies that promote the parenting values of minority parents (Forehand & Kotchick, 1996). Behavior analysts should consider that the individuals that are receiving services as well as their families belong to several different cultural groups and there are different contingencies that maintain behaviors within a family. Every family unit is made up of different individuals who are constantly contacting various contingencies within a multitude of environments. The caregiver of an individual will build cultural contingencies within the home environment but will also come in contact with various contingencies that are associated with a dominant culture in both a work and social context. Individuals receiving services as well as children frequently encounter the cultural contingencies that are maintained by their caregivers within their own home environment and can also come in contact with the contingencies of the dominant culture in both their educational and social environments. There are several questions that should be evaluated such as:

- How are the challenging behaviors being defined across cultural groups?

- Are the interventions and parenting skills that are being trained viewed as being acceptable to the parenting style of the parent?

- Are children able to respond in the same way to the behaviors exhibited by parents (i.e., reinforcement, time out) across different cultural groups?

Cultural Accommodations in Therapy

There are three major frameworks that have been developed in regard to developing and implementing cultural accommodations within therapy. The first two frameworks include the selection of the content and the type of cultural accommodations. The third framework addresses the processes that are used for the development and implementation of these accommodations (Baumann et al., 2015). The processes begin with including all individuals that are of interest to discuss the literature as well as the needs of the community. It then continues with implementing, measuring, and reviewing any adaptations so that a tailored intervention can be developed.

Research has shown that evidence-based caregiver training programs are able to be accommodated for caregivers with various backgrounds. The gains that were able to be made through use of a culturally adapted caregiver training program were significant when compared to a no-intervention control group (Gross et al., 2009). Despite these results, significant research should still be completed prior to any conclusions being made.

Cultural Accommodations in Caregiver Training

It is important for behavior analysts to note that some aspects of caregiver training are specific to ABA and that caution should be applied when reviewing the literature from other fields. ABA treatment interventions should be

individualized for the person receiving services as well as their family members. As a result, adapted caregiver trainings have been found to be more effective when the adaptations were made on a family to family basis instead of being applied as an overall manualized treatment (Lau, 2006). There has been limited research that has been conducted, though, on the integration of cultural accommodations through means of ABA methodology. Caregiver training has a foundation built upon the BST model of instructions, modeling, rehearsal, and feedback. Therefore, some parallels can be made with studies using these components.

One study evaluated cultural accommodations that were implemented with an online-based caregiver training program (Buzhardt et al., 2016). This training program was entitled the Online and Applied System for Intervention Skills (OASIS). This program was initially found to be effective at training caregivers in various ABA-based procedures with individuals diagnosed with autism spectrum disorder (ASD) that resided in remote areas. The online-based program utilized instructions paired with live coaching and feedback that was conducted through web-based videoconferencing. These web-based modules provided an opportunity for assessment of the caregiver's knowledge of different ABA-based procedures. The videoconferencing component provided an opportunity for rehearsal and feedback to be applied immediately to the caregiver and their child. Furthermore, this study evaluated if there were differences in knowledge and skill acquisition among participants that were Spanish-speaking and English-speaking. An interpreter was provided for all training sessions and noted as an accommodation. Results indicated that even though the Spanish-speaking participants were able to reach mastery criterion, several attempts were still needed and there were limitations that were noted in their skill acquisition.

In an effort to revise and provide accommodations for Hispanic families, a focus group was developed that was made up of Hispanic caregivers, Hispanic educators, and family service providers. These individuals were asked to provide

suggestions on different cultural accommodations that may be beneficial to Hispanic participants. Some of the cultural accommodations that were recommended were to translate the trainee material as well as the scripts that were used into Spanish, provide a bilingual coach instead of an interpreter during the coaching sessions, ask parent to further promote the strategies to members of their extended family, and to also included extended family members into the training.

The initial findings of OASIS demonstrated that a Hispanic caregiver was able to benefit from the intervention by means of adding an interpreter and that there were also improvements made in knowledge scores. These results reflect that accommodations can provide benefit to individuals and may also be an effective method of achieving intended results. As a result, accommodations are recommended to be made on a more individualized basis.

Additionally, accommodations that were made to a caregiver training program within a university-based autism clinic have also been evaluated (Aguilar, 2018). Within this study, three parent-child dyads were trained on how to implement various behavior analytic procedures (i.e., differential reinforcement, functional communication training, BST, guided compliance) through the integration of BST. Each parent that was involved in the study requested that an interpreter was present during all medical treatment and stated that their primary language was Spanish. An interpreter was provided through an interpreter-based videoconferencing system. Within each training session, each parent was provided written instructions that were initially reviewed in English and then translated through use of the video-based interpreter system. Each of the parents in the study were then asked to implement the behavior analytic procedure with a confederate first, that was asked to make mistakes and engage in challenging behavior and then second, with their child in the clinic setting. Results indicated that caregivers were able to reach mastery criterion for most of the behavior

analytic skills by means of an interpreter; however, for all three caregivers there was at least one skill where BST in Spanish was necessary for mastery criterion to be achieved.

Cultural Accommodations and Ethics

Within the field of behavior analysis, the BACB has delineated a code that provides guidance and direction on professional and ethical behavior. Although this code does not specifically address concerns regarding cultural accommodations, there are some areas where culture is addressed within the code (BACB, 2020).

1.05 Practicing within Scope of Competence: Behavior analysts practice only within their identified scope of competence. They engage in professional activities in new areas (e.g., populations, procedures) only after accessing and documenting appropriate study, training, supervised experience, consultation, and/or co-treatment from professionals competent in the new area. Otherwise, they refer or transition services to an appropriate professional.

1.06 Maintaining Competence: Behavior analysts actively engage in professional development activities to maintain and further their professional competence. Professional development activities include reading relevant literature; attending conferences and conventions; participating in workshops and other training opportunities; obtaining additional coursework; receiving coaching, consultation, supervision, or mentorship; and obtaining and maintaining appropriate professional credentials.

1.07 Cultural Responsiveness and Diversity: Behavior analysts actively engage in professional development activities to acquire knowledge and skills related to cultural responsiveness and diversity. They evaluate their own biases and ability to address the needs of individuals with diverse needs/ backgrounds (e.g., age,

disability, ethnicity, gender expression/identity, immigration status, marital/ relationship status, national origin, race, religion, sexual orientation, socioeconomic status). Behavior analysts also evaluate biases of their supervisees and trainees, as well as their supervisees' and trainees' ability to address the needs of individuals with diverse needs/backgrounds.

Research has surveyed BCBAs regarding the training that they have received as it relates to working with individuals that are from diverse backgrounds (Beaulieu et al., 2018). Furthermore, these BCBAs were asked if they felt that their training was relevant, how competent they felt they were on the topic, and what their use of accommodations have been for people from different populations (Beaulieu et al., 2018). Results indicated that the BCBAs that were surveyed indicated low levels of exposure and training regarding cultural content. As a result, this may create opportunities where behavior analysts are then acting outside of their scope of competence. Furthermore, this could result in negative effects for the clinician and poor results for different assessments that are conducted or interventions that are implemented (Brodhead et al., 2018).

There are several factors that are associated with the demonstration of cultural competence (Fong & Tanaka, 2013). These factors include (1) BCBAs being self-aware of their own personal, cultural values, beliefs and biases, (2) cross-cultural application (i.e., use of appropriate culturally sensitive methods, skills, and techniques), (3) one's own awareness of limitations both personally and professionally, (4) BCBAs advocating for as well as disseminating behavior analytic materials in the dominant language of the individual and family that are receiving services, and (5) appropriate referrals are made as necessary.

1.08 Nondiscrimination: Behavior analysts do not discriminate against others. They behave toward others in an equitable and inclusive manner regardless of age, disability, ethnicity, gender expression/identity, immigration status, marital/

relationship status, national origin, race, religion, sexual orientation, socioeconomic status, or any other basis proscribed by law.

As a result of this code, behavior analysts should refrain from providing services to individuals when their own personal circumstances may have an affect on the delivery of services. Therefore, the first step in complying with this code is for behavior analysts to be aware of their own biases.

2.08 Communicating About Services: Behavior analysts use understandable language in, and ensure comprehension of, all communications with clients, stakeholders, supervisees, trainees, and research participants. Before providing services, they clearly describe the scope of services and specify the conditions under which services will end. They explain all assessment and behavior-change intervention procedures before implementing them and explain assessment and intervention results when they are available. They provide an accurate and current set of their credentials and a description of their area of competence upon request.

As a result of the aforementioned code, behavior analysts are to offer and provide language assistance services. This may include bilingual staff and interpreter services that are of no cost to the person or family that is receiving services. This is intended to be implemented for both written and verbal communication.

It is necessary for cultural accommodations to be made and included within treatment goal setting, planning, and implementation. Behavior analysts should focus on individualization which also includes the involvement of families in the treatment intervention development phase as well as the examination of any potential barriers that could impede the success of treatment. One potential barrier is the lack of cultural competency as this can prohibit behavior analysts from recognizing their own biases and may limit their own awareness of any potential cultural conflicts.

Recommendations

Previous research has been able to demonstrate different limitations that exist among skill demonstration and also extend the length of training if caregivers were not able to receive sufficient cultural accommodations (Buzhardt et al., 2016). Additionally, further research has indicated limitations within caregivers' acceptance of standard models of the training of caregivers without the use of any cultural accommodations (Garcia et al., 2018). As a result, researchers and clinicians should work to increase social validity.

Social validity is known within the field of behavior analysis as social significance and acceptability of interventions within different populations and communities (Wolf, 1978). In his description of social validity, Wolf (1978) identified three different aspects. These aspects included the social significance of treatment goals, acceptability of treatment procedures, and assessing the significance of the effects of treatment. There are a multitude of ways that the effectiveness of both treatment outcomes and social validity can be increased through the use of principles of ABA that also align with the professional and ethical codes that are valued by behavior analysts. The addition of cultural accommodations may be a method that behavior analysts can use to increase the effectiveness of social validity within behavior analytic interventions.

As the discussion of cultural accommodations continues, it is important to also discuss the concept of cultural competency. Cultural competency can often be viewed as recognizing one's own cultural identity (Fong et al., 2016). Behavior analysts view the recognition of one's own cultural identity as also meaning that an individual is able to recognize distinguishable stimulus and response classes as they relate to one's values, preferences, characteristics, and circumstances and how they are different from those held and viewed by other people (Fong et al., 2017). Behavior analysts should be mindful to avoid biases and instead place an

emphasis on the cultural beliefs of the individual they are providing services to as a method for increasing social validity of their treatment interventions.

Research has also discussed different avenues for obtaining cultural competence (Fong et al., 2016; Fong et al., 2017). Some recommendations that have been proposed for increasing one's cultural awareness is to conduct a self-assessment as a method for evaluating one's own current level of cultural competency. Additionally, research has also recommended establishing professional networks that allow for cultural and diversity issues to be discussed as well as where feedback can be received so that one's cultural competency can be grown. Furthermore, attendance and participation in cultural trainings when they are completed as part of educational and professional development can also help to increase one's cultural competence. The development of cultural competency can help behavior analysts to align with different ethical standards that encourage behavior analysts to be aware of their own biases and to build their skill set in an effort to address and evaluate social validity within new populations.

One of the more common forms of cultural accommodations that are used are language accommodations. Often, these types of cultural accommodations are mandated by law. Language accommodations that are made should also take into consideration the caregivers' literacy level (Matos et al., 2006) as well as the caregivers' dominant language (Aguilar, 2018). If these basic language accommodations are not in place, both the quality and legality of the treatment being provided are in danger. As a result, behavior analysts should be mindful and work to provide these language accommodations as necessary.

Future Directions

There is little research that has been conducted regarding cultural accommodations within caregiver training in the field of ABA. Despite this, there is

still a significant amount of literature that can be referenced within evidence-based psychotherapies. When compared, a point of reference between these two fields can be noted as there are similarities between the implementation of the manualized caregiver trainings and those training packages that are being implemented within the field of ABA. Although there have been found to be significant differences between standard interventions and interventions that contain cultural accommodations, there have been differences that have been noted within the field of ABA when social validity has been assessed. As a result, additional research is needed prior to making any definitive conclusions as they relate to the emphasis that should be placed on cultural accommodations within caregiver training.

As research continues to progress, some of the frameworks that are being used to provide cultural accommodations within manualized caregiver trainings in individualized behavior analytic treatments can be evaluated. Some of the components are already being utilized within the field of ABA such as interpreters, bilingual staff, and materials that are translated. However, differences between surface level and deep accommodations can continue to be explored.

As a result, behavior analysts should continue to consider where, when, and how cultural accommodations can be made to interventions so that they align with the BACB professional and ethical standards as well as federal and state legislation. In an effort to ensure that service delivery is the most effective as well as socially valid treatment is being provided to individuals, behavior analysts will need to continue to evaluate their own biases through cultural competency training. Additionally, behavior analysts should also consult with their clients and families for guidance since these individuals are the cultural experts of their own life histories. It is vital that behavior analysts include the individuals they provide services to when they are creating intervention plans under a culturally sensitive framework. Furthermore, behavior analysts should also track behavior through

data collection, analyze their treatment interventions based on the data that are collected, and relay this information to the individuals that they are providing services to in a way that individuals from different backgrounds are able to understand, process, and be engaged in the treatment process.

Section 2 Personal Reflection

Within the services that you have provided, what cultural accommodations have you provided to your clients and their families? Were there times when you felt that cultural accommodations should have been made and were not provided? How do you feel that the cultural accommodations that have been provided (or lack thereof) have affected the services that you have provided to your client and their family?

Section 2 Key Words

Caregivers - individuals that are biological or adopted parents, extended members of the family, or legal guardians of the individual that is receiving services

Cross-cultural application - use of appropriate culturally sensitive methods, skills, and techniques

Cultural competency - viewed as recognizing one's own cultural identity

Cultural identity - an individual is able to recognize distinguishable stimulus and response classes as they relate to one's values, preferences, characteristics, and circumstances and how they are different from those held and viewed by other people

Culture - the process of operant conditioning as it works together with natural selection

<u>Social validity</u> - social significance and acceptability of interventions within different populations and communities

Section 3: Cross-cultural Supervision in ABA

For individuals that are pursuing certification as a BCBA, BCBA-D or Board Certified Assistant Behavior Analyst (BCaBA), the BACB has provided a plethora of information as well as requirements for supervision. Anyone that is seeking certification should be well versed in various behavior analytic interventions and have been supervised by a BCBA. As more and more individuals pursue certification, there may not be sufficient BCBAs within a particular geographic region, thus causing supervisees to use a supervisor from a different area or culture. While this may help supervisees with meeting their supervision requirements, the supervisor may not be as familiar with the differences that exist among different cultures in regard to client needs, the supervisee, or even with the supervisor. Some of the differences in culture that may exist are geographic location, religion, age, and even acceptance of ABA within one's own culture (Shupp & Mattingly, 2017). Although the BACB delineates the nature of supervision, it is not always necessarily the clearest when it comes to how to supervise individuals that are from a different culture from that of the supervisor. Additionally, it is also not clearly documented within the behavior analytic literature as to how one's culture may affect the relationship that exists during supervision.

BACB and Supervision

There are specific topics that the BACB outlines that a supervisor should cover as they supervise others that are outlined in the BACB's Ethics Code for Behavior Analysts (BACB, 2020). Throughout these standards, there are a multitude of

opportunities that a behavior analyst could engage in in an effort to become a culturally sensitive supervisor. For example, a behavior analyst may come across opportunities to attend workshops, lectures, read articles, or attend other continuing education events that can assist them with becoming more competent as they work and encounter individuals from diverse populations and cultures. Furthermore, a behavior analyst that is also acting as a supervisor could encourage or provide opportunities for supervisees to attend workshops, lectures, read articles, or attend other continuing education events so that these individuals are also more competent as they work and encounter individuals from other populations and cultures.

It is also possible for a behavior analyst to create goals that are centered around culturally sensitive service delivery. Culturally sensitive service delivery provides a more socially valid intervention as the goal, reinforcers, punishers, and other interventions are more aligned with an individual's specific culture. Some examples of goals that are centered around culturally sensitive service delivery may include checking to see if the behavior analyst has discussed the client's culture such as different customs, holidays, or other cultural norms that should be made known that may impact the delivery of services. Additionally, social validity should be asked about (i.e., are goals and interventions acceptable?).

As the behavior analyst includes various cultural training and competencies within their supervision practice, the behavior analyst should also ensure that these items are behaviorally written, and utilize clear, specific, observable behaviors that can be assessed (BACB, 2020). As an example, if the training that is being provided by the behavior analyst is regarding the assessment of social validity, then the supervisee could be assessed using a checklist to determine if the supervisee asked the caregiver or client if the procedures being implemented are appropriate and socially acceptable to them. Expectations should be clearly communicated to

a supervisee as a part of sessions that are held between the supervisor and supervisee and continually reviewed with the supervisee.

Behavior analysts that are also supervisors should be mindful of supervisees that are from a different culture that also uses a different language and be sensitive to both the language and terms used within the culture as feedback is provided to a supervisee. It might be beneficial for a supervisor to provide feedback in both written and verbal modalities so that the supervisee is able to review the feedback that is provided to them. It may also be helpful to use an interpreter if necessary. However, if no formal interpreter can be provided in these situations, then the supervisor may want to consider whether or not they should take on the individual as a supervisee. It is important for the behavior analyst to consider the ethics of either of these situations. Similarly to interventions that are developed for clients that are culturally sensitive, a supervisor should also ensure that meaningful reinforcement systems are developed for supervisees that are sensitive to their culture and values. These systems can be created by asking a supervisee how they prefer to receive feedback and have their behaviors reinforced.

Since a standard checklist has not been created for evaluating a culturally sensitive practice within the field of behavior analysis, a behavior analyst may want to create a task analysis of what supervision and practices that are culturally sensitive look like. This may prove to be beneficial as it can be used to assess the behavior of the supervisee and also provide a self-reflection to the supervisor. This approach may allow for a discussion to occur that is based on values, worldview, and background of the supervisee and how each of these items have an effect on supervision and practice. Additionally, issues may also be able to be discussed that act as a barrier or various problems that exist within supervision and practice.

More recently, behavior analysts have become increasingly aware of the need to become culturally sensitive clinicians. There have been more discussions, conference presentations, posters, and training regarding various topics on culture. While this appears to be moving in the right direction, it also brings forward additional concerns including the idea that previously trained supervisors may not have received training regarding culturally sensitive practices. As a result, supervisees may want a supervisor that is well-suited for handling cultural issues and may become increasingly frustrated when these needs are not addressed (Douglas et al., 2014). Some of the most simple ways that a culturally sensitive supervisor could discuss culture and diversity are through the BACB Task Content Outline (BACB, 2022) or the Ethics Code for Behavior Analysts (BACB, 2020). Some of the BACB Task Content Outline items that may be beneficial to discuss during supervision include:

- I.2 -Identify and apply strategies for establishing effective supervisory relationships (e.g., executing supervisor-supervisee contracts, establishing clear expectations, giving and accepting feedback).

- 1.3 - Identify and implement methods that promote equity in supervision practices.

- I.4 - Select supervision goals based on an assessment of the supervisee's skills, cultural variables, and the environment.

- I.5 - Identify and apply empirically validated and culturally responsive performance management procedures (e.g., modeling, practice, feedback, reinforcement, task clarification, manipulation of response effort).

- E.9 - Engage in cultural humility in service delivery and professional relationships.

- E.10 - Apply culturally responsive and inclusive service and supervision activities.

- E.11 - Identify personal biases and how they might interfere with professional activity.

- F.8 - Interpret assessment data to identify and prioritize socially significant, client-informed, and culturally responsive behavior-change procedures and goals.

Both the supervisor and supervisee should examine their responsibilities as they relate to being cross-cultural clinicians. They should look to review the different considerations, accommodations, and tasks that can be completed in an effort to ensure effective treatment is delivered. Additionally, the supervisor should also consider these same considerations, accommodations, and tasks as they relate to ensure that effective supervision is delivered to the supervisee.

Furthermore, since every culture does not value the same items, it is important for the supervisor to provide support to the supervisee when identifying and prioritizing socially significant behavior-change goals. When this is being done, the behavior analyst's level of expertise should be balanced with the appropriateness of items for the specific culture. Social validity should also be discussed during this time.

The role of one's culture should be considered when intervention goals are being discussed and planned. Behavior analysts should take into consideration the client's preference and individualize each plan for the client. Additionally, other questions should also be asked that are geared toward integrating a client's culture into the treatment intervention. For example, one question could focus on whether the family is more focused on the past, present or future. A client that is

from a culture that does not have a focus on the future may find difficulty with the concept of the Premack Principle as it is a more future-focused concept.

As collaboration is expected to occur within the development of treatment intervention plans, the supervisor could ideally expand the idea of who or what fields are traditionally consulted with as well as when collaboration is expected to occur. Various religious leaders and advocates may be able to act as cultural brokers and offer valuable information. Furthermore, these individuals may also help with rapport building and obtaining the buy-in that is necessary for the intervention to be successful. The supervisor and supervisee should also communicate with regard as to how the supervisory relationship is having an impact on the supervisee's skill acquisition as it relates to identifying their own biases, self-awareness, and working cross-culturally.

When deciding how to move forward with working with clients of diverse backgrounds, the supervisor should take caution and understand that the supervisee is implementing services that are culturally sensitive. If the supervisee does not have the necessary skills in their repertoire to provide these culturally sensitive services, then the supervising behavior analyst will need to provide the training that is needed, co-consult, or remove the behavior analyst from the client's case if there are ethical concerns present.

Supervisors should encourage their supervisees as well as attend various professional development opportunities that are centered around supporting and providing services to diverse clients. These opportunities may either be inside or outside of the field of behavior analysis. If these opportunities are outside of the field of behavior analysis, the supervisor and supervisee should then discuss how the information applied to behavior analysis as it is important to maintain fidelity to the field's interventions.

A supervisor should also discuss with a supervisee issues that exist as they relate to discrimination. Some of these topics can include bias, microaggressions, as well as promoting self-awareness and reflection by the supervisee. Some of these discussions can propose questions such as what went well or how did one feel when they worked with a client that was from a different background. Microaggressions may be valuable to discuss as they are often more common than overt racism, sexism, and other forms of discrimination (Sue et al., 2007). An example of a microaggression that may exist within a clinical practice is calling an individual "oriental" instead of Asian or saying that an individual from a minority group speaks really good English for being from that minority group (Sue et al., 2007).

As a supervisor and supervisee work together to explain results of an assessment, behavior analysts should work to use language and graphic displays of data that are able to be understood by the individual receiving the services and their family. Throughout discussion, the supervisor should have the supervisee practice explaining results of various assessments to the supervisor, using terms that are easily understood by diverse populations. In some of these situations, when an interpreter is able to be used, the behavior analyst and supervisee should be mindful that the interpreter is familiar with behavior analytic terminology that will be used so that they are able to relay an accurate translation.

In addition to the aforementioned information, behavior analysts should be cognizant of tailoring their behavior-change programs to unique behaviors, environmental variables, results of different assessments, and various goals of each individual they are providing services to. Social validity is important and should be discussed as a topic with supervisees. Behavior analytic programs should be individualized for each individual's specific behaviors, and the behavior analyst should diligently work to ensure that the client's culture is incorporated. For example, as it is appropriate, reinforcers that are culturally specific should be

utilized. Goals that are socially valid should also be at the forefront of the individual's treatment plan. If it is important for an individual to remain seated for the entire duration of a meal, then this might be a goal that should be included in the individual's treatment plan as a goal. If the individual has specific ethnic foods that they enjoy, then these items could be used as potential reinforcers. There may be some targeted behaviors that are appropriate for one culture but then be considered inappropriate in another culture. As such, it may be valuable to discuss opportunities for discrimination training or guidance for prioritizing behaviors. For example, an individual's family may want their child to work on goals that align with educational needs, but the child exhibits aggressive behaviors. This may cause a potential conflict that should be addressed. One solution that could be proposed is for a discussion to be had surrounding the prioritization of behaviors and how it may be best to work on educational goals at a later time or concurrently if that is also a possibility.

Cross-Cultural Supervision Strengths

As the various cultures within America continue to expand, it is vital for behavior analysts to determine how they can be effective as supervisors within diverse populations. Cultural responsivity is known as being able to learn from as well as relate respectfully to people that are from your own and other cultures (Seponski & Jordan, 2017). This also includes a worldview that is culturally sensitive, a knowledge base that is competent, acting as a culturally sensitive person, and sharing of power with relevant individuals. Cultural responsiveness within supervision involves an acknowledgment from the supervisor that culture exists within the supervisory relationship as well as an ongoing review of the impact of culture on the supervisory relationship (Douglas et al., 2014). Supervisors that are culturally responsive understand that supervisees are able to be experts, through experience that is firsthand, on their own culture and are able to use the

knowledge that they have within their repertoire. Cultural advisors may also be used to notate the differences that exist between cross-cultural relationships (Seponski & Jordan, 2017). It is important to understand that a supervisee who is from a culture that values deference to individuals in authority positions may find it challenging to speak up to a supervisor. The inclusion of multicultural issues is important for minority supervisees to grow from; however, these issues are also of importance to non-minority individuals as well. Some of these benefits include a personal increase in one's awareness of cultural issues, better consideration of culture within case conceptualization, an increase in the various levels of multicultural sensitivity, and a supervisory experience that demonstrates improvement (Seponski & Jordan, 2017).

A positive impact on the quality of supervision can be made by including culturally responsive supervision. For example, if a behavior analyst that is a supervisor turns their head to addressing cultural issues, then both the interpersonal and professional growth of a supervisee may be at a disadvantage. A supervisee may feel upset, uncomfortable, or as though they are not able to meet the needs of their clients if cultural needs are not addressed. Cross-cultural supervision should work to encourage and develop a supervisee into their full potential. Additionally, it should also work to alleviate any ethnic or cultural barriers that may exist throughout supervision and one's clinical practice. There are several strengths of cross-cultural supervision that exist. Some of these strengths are learning about another culture, having an increased knowledge base about one's own culture, learning about oneself moreso, being more self-aware as well as unafraid to address differences that exist culturally, making supervisees feel more comfortable during the supervision process, promoting a more improved supervision experience for not only the supervisee but the supervisor as well, helping the supervisee develop a cultural identity, understanding commonalities that may help to bridge differences that exist, promoting a mutual appreciate and

understanding, and having an enhanced professional supervisory practice (Wisker & Claesson, 2013).

Supervisors

Supervisors that are able to be self-aware of biases that they have are also able to have a solid cultural identity, an understanding of how complex culture can be, and may be able to also have discussions surrounding the topic of culture that allow supervisees to gain support and trust with the supervisor as well assist in the supervisees' growth and development. A model that has been proposed by Ancis and Ladany (2001) includes six dimensions of multicultural competencies. At the onset, the supervisor should gain additional knowledge or training regarding their own values, biases, and personal limitations. This same self-reflection should also occur from the supervisee. The supervisor should encourage this self-reflection from the supervisee and assist them with exploring their own identity.

The conceptualization stage involves the supervisor discussing various topics such as how stereotyping may have an effect on the work one does with a client, treatment goals, and different interventions (Ancis & Ladany, 2001). The skills dimension of multicultural supervision is where supervisees should evaluate the use of nontraditional or alternative interventions that may be suitable for a specific population. Lastly, the outcome/evaluation stage involves the supervisor evaluating the supervisee's multicultural competencies. Competencies reflect a set of skills that can be demonstrated.

Challenges of Receiving Cross-Cultural Supervision

Within the supervision process, the supervisor works with the supervisee to translate the information that they have learned and acquired into practice. Specific competencies that should be addressed include that of self-awareness,

knowledge, and skills. Behavior analysts can become more self-aware by first understanding one's own cultural system. A behavior analyst that also engages in self-awareness may also reflect, discuss, or communicate one's client interactions that are diverse. Lastly, a behavior analyst may also engage in mindfulness and reflect on various client interactions and private events.

Although practical concerns exist in regard to a lack of standards or competencies for cross-cultural supervision, there are other challenges that also exist which include differences in values, styles of interaction, acculturation level, education, and socioeconomic status (Inman, 2008). A supervisor should be cognizant that a lack of eye contact may not be a sign of disrespect or that a lack of questioning a supervisor reflects understanding of material. Therefore, it is important for a supervisor to take into consideration how one's culture may impact the supervisor/supervisee relationship.

The supervisor should continue to assess their own capacity for providing supervision that will meet the needs of the supervisees across various cultures (Suarez-Orozco et al., 2013). The behavior analyst should also know when they should ask for help and guidance from those that are more familiar with the culture of the supervisee or that of the family.

Another challenge with providing cross-cultural supervision is not fully understanding what constitutes one's culture. There are some parts of a culture that are readily visible to all but a greater percentage that is not able to be readily observed. Therefore, those parts of a culture that are not readily observed may be more difficult to change and are learned implicitly.

In conclusion, it is important to understand that all supervisory relationships could be considered multicultural as there are no two people that have an identical experience (Falicov, 1995). As a result, supervisors should take the required steps to ensure that the supervisory experience is one that is comprehensive.

Opportunities for professional development that involve the topic of culture and diversity should be created so that supervisors are better suited for addressing these topics within their supervision practices.

Section 3 Personal Reflection

How have you been impacted by cross-cultural supervision practices? What are some areas that you think could have been improved upon or done differently and why?

Section 3 Key Words

Cultural responsivity - being able to learn from as well as relate respectfully to people that are from your own and other cultures

Culturally sensitive service delivery - provides a more socially valid intervention as the goal, reinforcers, punishers, and other interventions are more aligned with an individual's specific culture

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