

A PROPOSAL FOR A TRAINING PROGRAM TO SUPPORT CULTURALLY
RESPONSIVE PROFESSIONAL-FAMILY INTERACTIONS

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Thesis Prepared for the Degree of

MASTER OF SCIENCE

UNIVERSITY OF NORTH TEXAS

December 2021

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Anegbeh, Cynthia Momoh. *A Proposal for a Training Program to Support Culturally Responsive Professional-Family Interactions*. Master of Science (Behavior Analysis), December 2021, 84 pp., 5 tables, 4 figures, 5 appendices, references, 40 titles.

Behavior analysts often work with families from diverse cultural backgrounds. Ideally, behavior analysts and families interact in ways that are responsive to the family's culture and valued outcomes. The data indicate that most behavior analysts, however, come from one dominant cultural group. This is a proposal for training program and evaluation method to support culturally responsive professional-family interactions. This proposed study is designed to be conducted via Zoom-- a cloud-based video conferencing service. A pre-post treatment design is proposed to assess the effects of the training. Hypothetical data were generated to consider the range of effects such a program might have on trainee responses to written/live scenarios. Responses in the observation protocol included written descriptions, empathetic statements, perspective taking statements, and non-verbal behaviors. Overall, the program was designed using evidence-based procedures and is likely to support behavior analysts in training and in practice to improve their interactions with families and become more culturally responsive to groups of people that are from the non-dominant culture.

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ACKNOWLEDGEMENTS

I would like to first express my gratitude to ABAI for understanding the hardship that the pandemic has caused on students; especially students in vulnerable positions (see Appendix A).

To my advisor, Shahla Ala'i, I thank you for your mentorship and advocacy, and for training me to identify the true importance of doing applied research on meaningful topics. You have shaped my learning and way of relating to the world, in such a way that will continue to inspire and make an impact on anyone I encounter for the rest of my life. I would also like to thank Alicia Re Cruz, for inspiring me with your knowledge and anthropological perspective; Joseph Dracobly, for supporting and inspiring my ideas of training and supervising in the field of behavior analysis; and Traci Cihon and Malika Pritchett for all their contributions.

To my classmate, friend, and now sister Ashlee Reese, thank you for being there through this whole graduate school experience. To April Linden, thank you for your contributions. To my mother Christie Kator, thank you for all your support. Even if you are so far away, you always encouraged me to keep going. This degree is for me and you. To my father Sunday Momoh, thank you for all the sacrifices you made to ensure that I received a quality education. To my aunt Dr. Amanda Ota and uncle Dr. Thomas A. Isekenegbe, thank you for always supporting my academic achievements. I would also like to thank Oluwabukola Akinwale for assisting with my results section. Thank you to Nicholas Minnich from the Grad Writing Center for editing my manuscript writing even at the last minute. Thank you to my former clinical director Courtney Pullen and current clinical director Dr. April Hass for inspiring me and being an advocating supervisor and role model in the field ABA. Finally thank you to my siblings and church family. Their support and consistent encouragement made this graduate school experience possible.

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INTRODUCTION

There are many ways of discussing the concept of culture and many reasons why it is important as a concept. Culture can be defined as shared learning histories and when we speak of diversity, we are talking about a variety of groups that are different from one another in how they may act, feel, and give meaning to events (Sugai et al., 2012). Therefore, the way we interact with one another via all means of communication and physical interaction differs from one cultural group to another. Skinner (1971) defines culture as the various common contingencies of reinforcement prevailing in a particular environment in which we are born and that we experience throughout our lives. During a social interaction, we tend to respond based on previously learned social interactive skills. According to Lynch and Hanson (2004), cultures are like organisms; they grow change, adapt, and evolve. An individual's culture could differ based on environmental settings and interactions. For example, in some cultures one would say when meeting someone during the morning hours, "Good morning," and during in the evening might say, "Good afternoon" or "Good evening." In other cultures, the greetings and the accompanying behaviors may be different. Furthermore, the degree to which we acknowledge others will also be dependent and vary based on our learning histories in response to gender, status, and courtesy. We respond to others via communication based on our learned history. An individual's culture offers distinct contingencies that shape and effect behavior, and one's culture directly relates to one's position, values, and perspectives regarding socially appropriate behavior in any given context (Glenn, 2004; Skinner, 1971).

Understanding Culture and Behaviors

Understanding culture and behaviors, such as our way of socializing, language, problem solving skills, values, beliefs and priorities can assist in facilitating effective interactions between

professionals and the populations they serve in the field behavior analysis. Del Vecchio and Hannah (2015), in an analysis of the relationship between culture and evidence-based practice in health care, researched the system used recently by the U.S. Census Bureau and the National Institutes of Health (NIH). The system relies on four racial categories (White, Black, Asian, Native American) and one ethnic category (Hispanic/Latino) and has recently been expanded to allow for mixed race identification and a fifth racial category (Native Hawaiian/Pacific Islander). Del Vecchio and Hannah discuss the necessity and difficulty of identifying cultural groups and the fluidity of any given group. The range of how families differ is great (Lynch & Hansen, 2004). Families served in the field of behavior analysis have specific unique cultural values and behaviors. For example, some families eat dinner together at a specific scheduled time and some families may eat dinner together only during special occasions such as Sunday dinners, Christmas, Thanksgiving, etc. Another difference in cultural behaviors is that in some families, greeting everyone individually when entering a room is an essential way of showing respect while in some families one general greeting to everyone is enough. Along more difficult lines to reconcile are responses to time (LeBlanc et al., 2020). For example, Mormons in Utah

... have developed promptness to a degree that is unknown in the rest of the country, and, in traditional areas of the southern United States, there is little need to apologize for being early or late; further describing CPT or colored people's time, as an expression used primarily by African Americans to refer to a casual attitude toward the value of time; events start when the principals arrive, not when the appointed hour is reached. (White et al., 2011, p.483)

Such differences are only the tip of the iceberg when considering differences in conditioning and values across cultural groups.

What is Cultural Responsivity?

Family-professional relationships can be enhanced by culturally responsive interactions and interventions. Cultural responsiveness, developed in the field of education, is usually

described as a collection of educational practices that respect and honor diversity; placing a strong emphasis on viewing cultural variations and differences as strengths, rather than as needs that require accommodation (Miller et al., 2019). Conversely, cultural Sensitivity centers primarily on understanding culture and having knowledge of cultural differences and similarities (Lynch & Hanson 2009). Cultural competence, another term in current use, is the described as the ability to understand and interact effectively with people from other cultures. Cultural competence is frequently viewed as a process rather than an end result. It incorporates the concepts of cultural awareness, cultural desire, cultural knowledge, cultural skills, and cultural encounters (Dudas,2012). Cultural responsiveness is this and more. It also centers on the ability to respect and honor diversity by listening to and understanding the experiences of other individuals or groups culturally different from one's own. Additionally, cultural responsiveness is closely aligned with social justice, in that a primary aim of responsive practice is to decrease educational disparities and increase success for oppressed populations (Miller et al., 2019). For that reason, we aim to focus on the term cultural responsiveness as a mechanism for addressing social justice and inclusion. Cultural Responsivity sets the occasion for us to to learn from and relate respectfully with people of our own culture as well as those from other cultures. Cultural responsiveness emphasizes on listening to the populations that behavior analysts are serving, understanding their experiences, and using behavioral principles to serve clients in the ways that they would like to be served (Miller et al., 2019). This includes communicating with others and designing reinforcing environments. That is, responsive interpersonal communication is driven by mutual reinforcement from both parties. Particular types of communication skills can facilitate intercultural relationships (Lynch & Hanson, 2004) and contribute to intercultural relationships.

In discussing cultural responsiveness and behavior analysis, Miller et al. (2019) also stressed that cultural responsiveness (a) encourages practices that respect and honor diversity; (b) incorporates cultural interests into curriculums in order to engage learners from all backgrounds; (c) encourages safe, inclusive, and respectful learning environments; (d) uses cross-disciplinary and cross-cultural philosophies within curriculum; (e) promotes equity and justice within society; (f) decreases educational disparities; and (g) increases success for oppressed populations. For this study, we highlight the importance of encouraging the practice of respecting/honoring diversity and encouraging a safe, inclusive, and respectful learning environment. Hence, recommended skills for being culturally responsive are reflecting and understanding one's own cultural context, understanding the techniques of having meaningful conversations, and understanding the benefits of being culturally responsive. Mathur and Rodriguez (2021) proposed a curriculum based on Miller and colleagues' analysis to begin to teach behavior analysts this process. Communication strategies are a part of their recommendations.

It is not enough to change the topography of responding and focus on a checklist of "culturally correct" ways of interacting with people who are different from ourselves (Miller et al., 2019). Self-reflection and awareness can be described as understanding one's own cultural context (one's personal values, ethics, culture, traditions, and practices). Culturally aware behavior analysts should understand their own cultural values, preferences, characteristics, and circumstances and seek to learn about those of their clients (Fong, 2016). According to Barnes-Holmes et al. (2001), from a behavior analytic perspective, self-awareness can be defined as verbal discrimination of our own behavior. It is imperative for behavior analysts to be aware of cultural differences between them and the families they serve. Vandenberg (2008) accentuates the need for a behavior analyst to be aware of differences that may exist, including cultural

differences, between the behavior analyst, client, and their families.

One of the skills emphasized by Miller et al. (2019) and Mathur and Rodriguez (2021) is understanding the communication strategies around meaningful, caring, and open conversations with families and colleagues from diverse populations. Communication is comprised of strategies such as allocating time for extended conversations, creating a safe and loving environment, and specific methods for starting a conversation and continuing the conversation. As explained by Miller et al., forming a genuine personal and professional relationship with people of diverse backgrounds means facing some degree of discomfort and going into conditions that are unfamiliar (e.g., going to a mosque if you are not Muslim, joining Juneteenth celebrations if you are not Black, or attending a quinceañera if you are not Latino).

With families, relationships include talking about and understanding their conditions, values, and aspirations for their children. This involves first allocating time that is comfortable and convenient for both parties. To do so means scheduling sufficient time and effort towards understanding the family context and learning techniques for allowing and welcoming their open communication during the interaction between the professional and family. It also means figuring out how to do this within systems that rely on fixed numbers of billable hours in a workday for practitioners (Miller et al., 2019). Secondly, creating a safe, inclusive, and respectful environment consists of asking the right open ended and non-judgmental questions, responding with acceptance and interest, having a tone of voice that is respectful, making eye contact and actively listening (Barrerra & Kramer, 2009). Thirdly, the practitioner should start a conversation by using open ended questions. For example,

What are the families concerns? What does a typical day look like? And how do you see us helping? As the conversation progresses, the professional can ask for elaborations, further descriptions, and examples. (Thompson et al., 2012; citing Spradley, 1979, p.4)

Questions like these can lead to the open and caring conversation between behavior analysts and the families they serve. Thereby, increasing family participation during the intervention process.

From a behavior analytic view point the different types of interaction strategies can have different functions. While it is important to learn these, it is also imperative to consider the effects upon the people interacting. Interpersonal communication can be negatively or positively reinforcing. The behavior of one individual serves as the consequence for the other and the discriminative stimulus (S^D) for how the other is to respond. Skinner (1953) described a single verbal response as likely to be a function of more than one variable because it may be part of several different repertoires. The point of responsive communication is that it has a positive outcome that results from a speaker and listener who observe and change the way they are responding based on one another. Professionals relying on only a particular topography of responding are likely to be unresponsive. That is, they are responding to instructions about being culturally responsive rather than to the effect (openness, approach and amount and types of information, feeling and values shared) of the family (Blell et al., 2010; Miller et al., 2019). Within the behavior analytic literature, emotion and labels of emotions are discussed as responses that flag specific contingences (Schwartz & Goldiamond, 1975). It is helpful for a behavior analyst to be observant during social interactions among individuals and the potential functional relations that are occurring (Garden, 2016). In observing ones' own emotional response and learning the topography and meaning of the responses of others, behavior analysts can better observe the way different contingencies influence families' behaviors and interactions. Thus, understanding and adjusting to the emotions of others is a way of increasing responsiveness.

As professionals in the field of applied behavior analysis (ABA), we serve individuals,

caregivers, and parents from diverse cultural backgrounds. Specific cultural values and ethics inform how families devise goals for their loved ones. Every intervention contains specific cultural values and expectations in its goals and in the strategies, it uses to attain them (DuBay, 2018). As more and more families from diverse cultures have access to ABA services, it is valuable for professionals to continuously expand their cultural awareness skills. Unfortunately, many behavior analysts are from the dominant culture and the discipline is not diverse at leadership levels (ABAI, 2021; BACB, 2021; Beaulieu et al., 2018). As clients of ABA come from different socioeconomic, cultural, and racial backgrounds, Board Certified Behavior Analysts (BCBAs) should be able to integrate cultural considerations into treatment plans and programs (Rodriguez, 2020). Beaulieu et al. (2018) further emphasized the importance of cultural responsiveness by strongly encouraging the behavior-analytic community to take cultural variables into consideration when delivering behavior-analytic services. Cultural variables include values, beliefs, language, rituals, traditions, and other behaviors that are passed from one generation to another (Gona et al., 2015). According to Beaulieu et al., they can also include socioeconomic status, race, ethnicity, age, nationality, disability, gender, sexual orientation, and religion.

How to Train Cultural Responsivity to Professionals

Hopefully, as families from diverse cultures seek behavior analytic services, the practitioners also diversify in culture over time. In the meantime, as clients of ABA come from different socioeconomic, cultural, and racial backgrounds than most BCBAs, they can learn to integrate different cultural considerations into treatment plans and programs (Rodriguez, 2020). Due to the uniqueness of each family's social, cultural, and behavioral practices, understanding how to properly interact and obtain information from them is beneficial in creating an effective

intervention plan (Thompson et al., 2012). Furthermore, in behavioral practice, it is important that our interventions and outcomes are socially valid and valued (Schwartz & Kelly, 2021). Very early in the development of our field Wolf (1978) placed equal emphasis on social validity as objective measurement and its reliability. He stressed the importance of bringing in the participants, that is individuals receiving services and society, into our science and center our pursuit of social relevance. As professionals in the field of behavior analysis, it is important to acquire skills could help in increasing social relevance and acquiring information from the families during the intervention process. In contrast, lacking these skills could create socially invalid interventions. There are many valid counternarratives to criticisms about the effectiveness and appropriateness of behavioral intervention. The best way forward is to listen and learn (Schwartz & Kelly, 2021).

Ethical behavior analysts must prepare themselves to collaboratively develop interventions that are contextually responsive to each child and families and contribute to quality of life across the lifespan. The diversity of children in the United States is increasing at an even faster rate than projected. The projections are that by 2020, the population of children in the United States will be majority minority; by 2060, one in five individuals will be foreign born (Colby & Ortman, 2014). Hence, families from diverse backgrounds will increasingly commence to request services, will have unique and changing culturally influenced goals, and will desire a service delivery system responsive to their needs.

Given these circumstances, behavior analysts would do well consider culturally responsiveness training. With the majority of BCBAs not receiving any formal training on diversity, they may be ill-equipped to serve families from diverse, intersectional perspectives fully and meaningfully (Fong et al., 2016). Beaulieu et al. (2018) stresses that training on

working with individuals from diverse backgrounds is critically needed from behavior analytic degree programs, behavior-analytic employers, and continuing education providers. Cultural responsiveness should be emphasized in academic settings, preparing behavior analysts for encounters with families from diverse cultural backgrounds. Research shows that they are not well prepared enough to be culturally responsible during their interactions with the families they serve (Beaulieu et al., 2018).

Whereas other disciplines have offered curriculums to teach cultural competency, behavior-analytic literature documents insufficient cultural responsiveness training to alleviate these concerns (Fong et al., 2017). Having meaningful conversations with families to increase family participation in the intervention process as well as overall satisfaction could help to enhance culturally responsive interactions between professionals and families; increase collaborative, harmonious, meaningful, open, caring, and intercommunicative relationships; and increase the effectiveness of interventions. Demonstrating cultural competence enhances rapport among patients, families, communities, and providers to build therapeutic relationships (Dudas, 2012). Furthermore, the benefits of a culturally responsive conversations between professionals and families varies across parents, clients, and behavior analysts. Families could benefit from having meaningful conversations that lead to new personalized goals for their loved ones and their children will benefit by learning skills that are beneficial in the context of their life. Professionals (behavior analysts) could benefit from culturally responsive training by becoming more culturally aware in their behavior analytic framework, so they are able to work with a wider range of people ethically and successfully. This is especially important given the recent expansion of behavior analysis training programs as well as the application of behavior analysis outside of the United States (Fong, 2016).

The Ethics Code for Behavior Analysts (BACB, 2021) does touch on this topic, with the requirement that when differences of age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect behavior analysts' work concerning particular individuals or groups, behavior analysts should obtain the training, experience, consultation, and/or supervision necessary to ensure the competency of their services.

Thompson et al., (2012) evaluated the effectiveness of a training program to teach behavior analysts to utilize an open family interview format in an autism intervention program at Easter Seals North Texas. The staff and families participated in a workshop based on defining the importance of cultural training. The questions utilized were based on the ethnographic interview process by Spradley (1979). In this case, the ethnographic interview was designed to help to understand the cultural context in which the families live their daily lives, their perceptions about their child, and what kinds of goals they envisioned from working with the program. This training included three case managers and a trainer, the graduate advisor, and the center director. Families from different races (African American, Asian, White, Filipino, Indian, and Hispanic) who had children receiving services prior to the interviews participated. The measures were based on verbal behaviors of interviewer questions, interviewer responses, and family topics. Each of the responses in these categories was recorded. The results suggested that the cultural training produced a change in social interactions during conversations. This training procedure resulted in the product of better staff to parent question ratios, more open-ended questions, and more elaborated family responses. There was also more sharing of backgrounds and personal experiences during the open-ended interview format.

Training programs such as the one employed by Thompson et al. (2012) that address

cultural understanding are likely to increase cultural competence (Cross, 2008). Hence, the goal of the proposed training program was to replicate and extend Thompson et al (2012) for professionals in the field of behavior analysis to learn more open, caring, collaborative, intercommunicative, and culturally responsive interaction skills when working with families from diverse backgrounds. Teaching behavior analysts in practice or in training techniques in self- reflection, understanding one's own culture, and learning ways to have meaningful conversations with families from diverse backgrounds could be a method for increasing cultural responsiveness, which in-turn could aid in creating more effective interventions for the children and families being served. Overall, the program was designed to teach professionals in the field of behavior analysis who interact with families from diverse cultural backgrounds to learn techniques for having open and caring conversations, which will in-turn aid in creating more effective interventions. The proposed training workshop consists of a) pre-assessment questionnaire regarding demographics and experiences with culturally diverse families; b) participating in a training and discussion about culturally responsive ways to interact with families; c) practicing role-play scenarios on ways to be culturally responsive during the interactions with families; and d) a post-assessment survey about what was learned during the training.

Gormley and colleagues (2019) outlined several effective staff training procedures in the behavior analytic literature. The procedural approaches are referred to as Behavioral Skills Training (e.g., Parsons et al., 2013; Sarokoff & Sturmey, 2004) and Teaching Interaction Procedures (e.g., Braukmann et al., 1974; Cihon, J. et al., 2017). Parsons and colleagues demonstrated the effective use of Behavioral Skills Training (BST) on staff members' provision of rationales, describing the target skills, providing written summaries, demonstrating the skills,

practicing observing and recording participants' performances, and providing feedback to staff who were learning to implement BST procedures (Parsons et al., 2013). Similarly, other researchers have also used Teaching Interactions Procedures (TIP) to teach a variety of skills to adults. For example, Cihon, J. et al., (2017) taught adults social and communication skills. They defined the teaching interaction procedure as consisting of six broad steps (i.e., labeling the behavior, providing rationale, breaking down the skill, teacher modeling, learner role-playing, and providing feedback). For the purpose of the proposed training program, we recommend using aspects of these two highly effective strategies. The proposed training will include providing rationales, labeling and describing the skills, breaking down skills into practicable components, role-playing, and providing feedback. The training format is similar to Blell et al. (2010) in that behavior analysts in training would be taught how to use rationales, instructions, modeling, role-plays and feedback to increase supportive communication strategies during simulated stressful professional-parent interactions. Using this training approach, Blell and colleagues demonstrated an increase in the targeted communication strategies.

The purpose of this project is to propose a training program and evaluation methods to support culturally responsive interactions. This is an extension and replication of the work of Thompson et al. (2012) and Blell et al. (2010). The training program includes understanding the importance of responsiveness, learning to reflect and understand one's own culture, and learning ways to have meaningful conversations with families. The conversations with families include ways to increase open and caring responses that are characterized by culturally responsive questions, empathetic statements, perspective taking, descriptions, and non-verbal communication in order to understand the family's experiences, values, and priorities. The evaluation tools aim to help trainers assess the effects of the program on the verbal behavior of

participants who are in training or who are already practicing behavior analysts and wish to increase skills related to cultural responsiveness.

METHOD

Participants

This proposed program was designed for participants who are behavior analysts in practice and/or behavior analysts in training. The proposed participants for the purposes of developing this program could include: two BCBA's in practice and two behavior analysts in training. To explore different outcomes, Hypothetical Participants (HPs) 1 and 4 are behavior analysts in training and HPs 2 and 3 are BCBA's. All participants would be over the age of 18 and would be either behavior analysts in training working towards a master's degree in behavior analysis with experience in the field or BCBA's. The proposed participants would also have prior experience in working with families from diverse cultures, similar to current conditions in service provision.

Settings and Materials

This program is intended to be conducted via teleconferencing and online surveys/assessments. The online assessment would be conducted using Qualtrics, a cloud-based platform used to distribute and create web-based surveys. This training would not require any in-person interaction with others; it would be conducted via Zoom, a cloud-based video conferencing service. The trainer would provide a PowerPoint presentation and facilitate discussion, practice, feedback and survey completion.

Measures

The proposed measurement system assesses the types of verbal behaviors, verbal-written behaviors, and non-verbal behaviors, which include measuring the number of empathetic statements, perspective taking statements, types of descriptions (stories, events, feelings, facts, priorities, and values), and non-verbal behaviors (e.g., nodding head [yes] or shaking head [no]).

Table 1

Training Measures and Definitions

| Measures | Unit of Measure | Definition | Examples/Non-Examples |
|-------------------------|---|--|---|
| Verbal Behavior | Number of empathetic statements | Statements within the narrative referencing the participants' emotional reflection or comparison to the person in distress. | Statement or phrases include if they understand how the other feels, know how the other feels, feels what the other feels, has felt what the other feels before, has been in that situation/ context before, or relating to the person in distress (Love, 2020) |
| | Number of perspective taking statements | The ability to contemplate another person's experiences and using one's imagination to try to see the world through someone else's eyes. Commonly known as "walking through another person's shoes" (Love, 2020). | <i>She stated that she felt helpless, and I could only imagine going through everything alone without help from any family members.</i> |
| Verbal-Written Behavior | Number of descriptions | Descriptions of one's verbal/physical, written, behaviors, or overall context (stories, events, facts, feelings, priorities, and values) as interpreted by another, so that it can be better understood by an outsider (Ponterotto, 2006). | <ul style="list-style-type: none"> • Examples include any sentence with descriptions of stories, events, facts, feelings, priorities, and values expressed by the participant. • Non examples include any other statement that does not describe an interpretation from the participant such as demographic information. |
| | | Stories: Words that describes any experience, imaginary or real people and events told from one to another. | <ul style="list-style-type: none"> • Examples include any sentence that describes any experience: <i>One day I went to his house and met grandparents who gave a nice cup of tea.</i> • Non examples: <i>Mom said she went to the market with Billy yesterday. Dad told me that he was not happy with his Billy's friend.</i> |
| | | Events: Words that describes any occurrences of specific date or time described from one to another. | <ul style="list-style-type: none"> • Examples: <i>Kim's birthday was yesterday, she turned 4 years old. I met with a family who were of Asian descent; mom stated that she and her husband were born in China.</i> • Non-example: <i>My client's birthday might be tomorrow but I'm not sure.</i> |
| | | Feelings: Words that describes an emotional state or reaction expressed from one to another. | <ul style="list-style-type: none"> • Examples: <i>I feel like it is important to understand everyone we meet. I feel very sad every time I get to work.</i> • Non example: <i>I think he did a great job, although he began to cry.</i> |

(table continues)

| Measures | Unit of Measure | Definition | Examples/Non-Examples |
|---------------------|--------------------------------|--|---|
| | | Facts: Words that describes any statement that is known and proven to be true. | <ul style="list-style-type: none"> • Examples: <i>Every Monday I bring different toys for my client. My client is an African American boy, age six.</i> • Non-examples: <i>She stated that her mother was a very beautiful woman. The pediatrician said that my son will be cured from autism in the next year or two.</i> |
| | | Priorities: Words that describes any statement that are regarded as more important than others. | <ul style="list-style-type: none"> • Examples: <i>It is important that I ensure that my client is safe at all times during outings. I try to make sure that I arrive on time for each session.</i> • Non-Examples: <i>I sometimes come to meetings with my parents and clients on time and other times I just call ahead of time to report that I will be running late. I love my job, but I would like to get paid more.</i> |
| | | Values: Words that describes any statement that has a significant worth to the speaker such as monetary, cultural, and ethical statements. | <ul style="list-style-type: none"> • Examples: <i>Mom stated that the family sit together at the table every Sunday for dinner, and she would like for my client to partake in this as well. Every time I walk into a room full of elderly people, I greet them in my native language. When I wake up in the morning, I greet all the adults in the house before eating my breakfast.</i> • Non-examples: <i>My family and I go back home to Chicago every summer to visit my grandmother. I like to eat skittles candy anytime I am sad. Mom stated she gives John a piece of gum every time he finishes his dinner.</i> |
| Non-Verbal Behavior | Number of non-verbal behaviors | Any information transferred from one person to another via body language. | Examples include <i>nodding head (yes), shaking head (no), smiling, and leaning forward</i> (Blell et al., 2010). |

The measures were adapted from the pre and post assessment used by Spradley (1979), verbal statements measured by Love (2020), descriptive statements included in Ponterotto (2006), and scenario responses based on Blell et al.'s (2010) supportive communication training workshop. For more information on behavioral definitions and scoring, see Table 1. The entire observation code is included in Appendix C.

Social Validity Measures

As a measure of the workshop's social validity, participants will be asked to fill out a pre-assessment survey and brief satisfaction post-assessment after the training. The questions would assess reports of knowledge and importance. The questions in this survey are presented in Appendix E.

Verbal Behaviors

The proposed measurement system to assess the type of supportive communication strategy verbalized by the participants is a modified version of Applegate's nine-point coding system (Applegate, 1978; Blell et al., 2010; Love, 2020). The verbal coding system that would be used in this study is included in Appendix C. Observers will score two major areas of verbal behavior: empathetic statements and perspective taking. Empathetic statements are statements within the narrative referencing the participants' emotional reflection or comparison to the person in distress. Examples of such statements or phrases include if they understand how the other feels, say they know how the other feels, say they can feel what the other feels, have felt what the other feels before, have been in that situation/context before, or can relate in some way to the person in distress (Love, 2020). Perspective taking could be described as the ability to contemplate another person's experiences and using one's imagination to try to see the world through someone else's eyes and is indicated by verbal statements to that effect,

commonly known as “walking through another person’s shoes” (Love, 2020). Examples include: “She stated that she felt helpless, and I could only imagine going through everything alone without help from any family members.”

Non-Verbal Behaviors

Non-verbal/vocal behaviors would be limited to any information transferred from one person to another via body language. Examples might include eye contact, nodding one’s head in agreement, shaking one’s head in disagreement, body orientation, leaning forward, and touch (Blell et al., 2010). These behaviors were chosen from those specified as enhancing the support process in the literature as described by Blell et al. (2010) using the methods from (Anderson, 1995, 1998; Angell, 1998; International Federation of Red Cross and Red Crescent Societies, 2009). Observers would also score areas of non-verbal behaviors of the behavior analyst. A sample data sheet that could be used to record verbal and non-verbal behaviors is included in Appendix C. The proposed measures of verbal and non-verbal behaviors would be conducted by two independent observers. The observers would be individually trained prior to scoring using a mock video role-play over a one-hour training session to practice scoring. For each scenario, observers used a 15-minute whole interval recording procedure to record the occurrence of verbal and non-verbal behaviors made by the participants. These data will be used in calculating the frequency of intervals in which each non-verbal and verbal behavior occurred.

Verbal-Written Behaviors

The proposed observer would score written verbal behaviors based on responses from the pre and post assessments. Descriptions of one’s verbal written responses (stories, events, facts, feelings, priorities, and values) as interpreted by another, so that it can be better understood by an outsider (Ponterotto, 2006). Stories are indicated by words that describe any experience,

imaginary or real people, and events told from one to another. Events are indicated by words that describe any occurrences of specific dates or times described from one to another. Feelings are indicated by words that describe an emotional state or reaction expressed from one to another. Facts are indicated by words that describe any statement that is known and proven to be true. Priorities are words that describe any statement that is regarded as more important than others. Values can be indicated by words that describe any statement that has a significant worth to the speaker such as monetary, cultural, and ethical statements. Written questionnaires will be scored by a single observer previously trained using a mock- written responses to different scenarios for frequency of each written verbal behavior. The second observer will also score the written responses to assess reliability of the code. Every statement written by the participant will be coded. Each statement would be counted regardless of similarity to others, given that it did not exactly duplicate the content of another statement. Every simple sentence (i.e., independent clause) written by the participant would be counted as one statement. A statement ends when it is followed by a period or another simple sentence. Compound sentences would be broken into their independent clauses and scored as separate statements. Complex sentences (independent clauses joined to a subordinate clause) would be scored as single statements. A single statement would not be coded as more than one type. Every statement written by the participant will be coded; if a statement does not fit into any category, it would be coded as “other.” A sample data sheet for recording written verbal behaviors is included in the recoding protocol in Appendix C.

Procedures

Table 2 gives an overview of all the training conditions. The conditions will include pre-assessments, training, and post-assessments. Each phase of the proposed training is described below, and all training materials are included in the noted appendices.

Table 2

Overview of Training

| Training Component | Main Topics | | Activities |
|------------------------|--|--------------------------------------|---|
| Pre-assessment | Assess responses before training | | Written Responses: Respond to typical interaction scenarios involving people of different cultures and the behavior analyst |
| Training Introduction | What is cultural responsiveness? Why is it important to behavior analysts? | | Reflection Activity: Discuss experiences and difficulties |
| Overview of Techniques | Strategy 1 | Allocating time | |
| | Strategy 2 | Create a safe and loving environment | |
| | Strategy 3 | Starting a conversation | |
| | Strategy 4 | Continuing the conversation | |
| Practice Techniques | How would you respond? | | Practice Interaction Scenarios: individually and with partners involving people of different cultures and the behavior analyst. |
| Continuing Learning | Form a community of practice | | |
| | Learn about the diverse people in your region | | |
| | Learn to reflect on your own cultural responsiveness | | |
| Post-assessment | Resources: assess responses after training | | Written Responses: Respond to typical interaction scenarios involving people of different cultures and the behavior analyst |

Pre-Assessment

The proposed pre-training measures will consist of the participants' written verbal skills. This assessment will consist of filling out demographic information and questions based on prior knowledge regarding the roles of the behavior analyst in practice or in training. Each participant will be asked to fill out a questionnaire including open ended questions based on prior knowledge regarding working with families from diverse cultures. For example, how would they describe their gender or to relate experiences with families with a culture or background different

from theirs. The participants will be asked to complete this assessment prior to the training workshop. Prior to the training program, the participants will receive a link via email with the questionnaires and an informed consent letter to participate in the training and evaluation of the program. After the informed consent letter is signed, it will be sent back to trainer (See Appendix B). No feedback would be given on the pre-assessment survey. The specific questions are included in Table 3 and in Appendix E.

Table 3

Pre-Assessment Questions

| Demographic Questions |
|--|
| • What is your age? |
| • How would you describe your gender? |
| • How would you describe your Ethnicity (or Race)? |
| • What was your first spoken language and what other language(s) do you speak or are spoken in your household? |
| • Describe your formal education. |
| • List any certifications or training you have completed: |
| • What other skills or strengths do you bring outside of your formal education? |
| • What is your current profession? |
| Cultural Responsivity Questions |
| • What role would you play in life of the children/families you serve? |
| • How often do you interact with families who have different cultural backgrounds from yours? |
| • Describe one or more experiences you have had with families with a culture or background different from yours? |
| • Describe one or more of the hardest interactions related to cultural differences you have had with a child, caregiver, or parent during the treatment process? |
| • Describe one or more difficult experiences you have had when working with a child/family with a culture similar to yours? |
| • What are some things to consider when appointed a child/family from a cultural background you are not familiar with or have never had an encounter with? |
| • What would you do before meeting with a new child/family from a different cultural background than yours? |
| • What sort of questions or feedback would you have during your meetings with the new child/family from a different cultural background than yours? |
| • What would you do after your initial meetings with the new child/ family? |
| • What does being culturally responsive mean to you? |

Training

The complete training presentation is included in Appendix D. The training would include an introduction, an overview with reflection questions, a detailed description of the conversation techniques, models of interactions for discussion and critique, and practice scenarios with feedback and discussion.

Introduction

The behavior analysts in practice or in training will participate in a group training session during a 6-hr period, with a break, conducted in a single day. The proposed presentation starts with an introduction of the concept of cultural responsiveness: starting with the importance and rationale, reflection, and understanding one's own cultural context (strategies, activities, between conversation partners: behavior analysts). This section expands on how the term cultural responsiveness emerged, its definition, why it is important to behavior analysts, and why competency in this area is needed in the field of behavior analysis (see Appendix D).

Overview of Techniques

The presentation will continue with an overview on the techniques used in conducting meaningful conversations to understand family cultural context. These techniques consist of four strategies: 1) allocating time, 2) creating a safe and loving environment, 3) starting a conversation and 4) continuing the conversation (see Table 2). Each strategy starts with a description, includes models across cultures, and role-play scenario practice. For example, the topic allocating time would be reviewed by the trainer, giving rationales, examples of how time could be allocated, discussing with participants ways to allocate time. We would also discuss barriers and difficulties based on responses to specific hypothetical situations, and then practice,

with feedback from the group, about how to set and maintain specific times that are convenient for everyone.

Practice and Training Scenarios

This section of the presentation gives the participants the opportunity to practice during role-play scenarios with six scenario situations. The behavior analyst in training or in practice would respond to the scenarios using techniques covered in the training such as how to have meaningful conversations and techniques for being responsive with their conversation partner.

Continue Learning

This section consists of four ways in which a behavior analysts could continue learning about being culturally responsive and have meaningful conversations with families. These ways include: 1) forming a community of practice, 2) learning about the diverse people in one's region, 3) learning to reflect on one's own cultural responsiveness, and 4) resources for further learning. Participants would be provided with a resource list to utilize continuously in their community of practice learning.

Post-Assessment

The proposed post-training measures consist of the participants' written verbal skills. The behavior analyst will answer questions previously asked in the pre-assessment survey as well as questions about the skills learned during the training. Finally, there would be a section in the post-assessment that asks participants for feedback about the overall training (see Table 4).

Experimental Design

The proposed experimental design is a pre-post treatment design. This design was used to assess the effects of the training on the verbal-written behavior of all participants. The proposed

training program was conducted in group of 4 participants.

Table 4

Post-Training Assessment

-
-
- How satisfied are you with the training?
 - If comfortable doing so, list any benefits you think the training provided?
 - If comfortable doing so, describe how the training could be improved?
 - How likely are you to use strategies learned during this training in having a meaningful conversation with families from diverse cultures?
 - Is there anything else that you would like me to know?
-
-

HYPOTHETICAL RESULTS

The proposed participants would include four individuals. The following are of interest:

- (1) teach caring, open, collaborative, intercommunicative, and culturally responsive interactions;
- (2) assisting the behavior analysts in identifying the struggles in creating interventions that are culturally diverse and effective for parents/caregivers and families from diverse backgrounds;
- (3) teaching the tools in reflecting and understanding one's own cultural context (one's own values, beliefs, biases, and behaviors) and how they could influence one's perspective on interventions;
- (4) learning techniques for having meaningful conversations to understand family cultural context (strategies, models, conversations with one another);
- (5) learning how to culturally apply responses during professional-family interactions (parents/caregivers/individuals); and
- (6) learning about resources on continuing to be culturally responsive in their practice.

The participants data will be analyzed based on their verbal, non- verbal, and verbal-written behaviors. Table 5 displays the hypothetical participants' demographics and written responses to the pre-assessment regarding knowledge about cultural responsiveness and professional experiences.

The hypothetical data shows the evaluation of the possible effects of the training on written/live scenario responses (Figure 1), written responses-descriptions (Figure 2), live responses-empathetic statements and perspective taking (Figure 3) and live responses to scenarios (non-verbal behaviors; Figure 4).

Table 5

Hypothetical Participant Demographics and Pre-Assessment Responses

| Questions | Participant 1 | Participant 2 | Participant 3 | Participant 4 |
|--|---|--|---|--|
| What is your age? | I am 25 years old | I will be 29 years old tomorrow. | I am over 30 years of age | 27 |
| How would you describe your gender? | I am a female and can be addressed as she, her, and hers. | I am a female. | Female | Female |
| How would you describe your Ethnicity (or Race)? | I am a Haitian American | I am Filipino | I am an African American | I am a Caucasian (white) American, although I was adopted by my family at 3 years old. |
| What was your first spoken language and what other language (s) do you speak or are spoken in your household? | My first spoken language is English however, growing up we spoke Haitian Creole. | My first spoken language is English. Growing up we spoke Mandarin; my family is from the Philippines. | My first spoken language is English. My whole family speaks English, we are originally from North Carolina. | I speak English; however, at home my family speaks Spanish. My family is from Mexico. |
| Describe your formal education. | I have a bachelor's degree in psychology/a minor in Behavior Analysis and currently working on a masters in behavior analysis at the University of North Texas-Denton | I have a bachelor's degree in psychology and a masters in Behavior analysis. | I have a BS in Psychology and a minor in Education, and I have a master's in special education. | I have a bachelor's degree in psychology and currently working on a masters in behavior analysis at the University of North Texas-Denton |
| List any certifications or training you have completed: | I am a Registered Behavior Technician (RBT), CPR, CPI, BLS, Mental Health first Aid. | BCBA, LBA | Early Childhood Education, BCBA, LBA | I am a BCBA, CPR, CPI, BLS, Mental Health/IDD first Aid. |
| What other skills or strengths do you bring outside of your formal education? | Teaching experience, counselling at risk youths and out-patient mental health experience, baby sitting. Working with individuals with diverse cultures. | Early childhood intervention (ECI). Human Resource specialist, parent training, staff training. | Middle school special education teaching. Parent training, staff (BTs, Direct support staff) training. | Case management experience, crisis intervention, Behavior Technician/ Direct Support staff training. Qualified intellectual developmental professional (QIDP). |
| What is your current profession? | Lead Educator at a mental health facility. | Board certified behavior analyst (BCBA) at an Autism Clinic. | Board certified behavior analyst. Clinical director at an ABA organization. | Board certified behavior analyst (BCBA) at an in-home autism intervention program. |
| What role would you play in life of the children/ families you serve? | ABA in- home, School, and clinic Therapist. Serve as an academic liaison between the school and the family. Serve and advocate and support for the parents and students. Child advocate (obligated to keep confidential information about students unless detrimental to their well-being or the well-being of others). | Making sure that all children have adequate treatment after being diagnosed with Autism. Creating treatment interventions for children autism spectrum disorder (ASD) and other related diagnosis. | Making sure that all children have adequate treatment after being diagnosed with Autism. Creating treatment interventions for children autism spectrum disorder (ASD) and other related diagnosis. Making sure all BCBA's have the proper tools to serve families and clients both in the clinic and in-home. | Making sure that all children have adequate treatment after being diagnosed with Autism. Creating treatment interventions for children autism spectrum disorder (ASD) and other related diagnosis under the supervision of a BCBA. |
| How often do you interact with families who have different cultural backgrounds from yours? | Very often, daily. | Almost every day. I meet with families on the weekdays. Depending on what days I go out in the field. | In the past almost every day, but currently maybe two times a week. Mostly when additional support is necessary or during supervision. | Every day of the week. I sometimes meet with families during the weekend as well to accommodate families with less flexible schedules. |
| Describe one or more experiences you have had with families with a culture or background different from yours? | I had a situation where the family was from a Hispanic culture, and we ended up modifying the intervention so that it was completed in Spanish in order to fit the needs of the family | I have had situation numerous times where a mom during an intake meeting would offer me tea with really expensive fine China cups and cookies on a decorated table. I have also had to take my shoes off before entering some homes. | I accompanied a newly hired BCBA to an intake with a child who had two mothers because the mother was a lesbian woman who was married to her partner of 5 years and adopted my client. | I noticed that Asian families I've worked with in the past are very strict and direct about taking your shoes off when you enter a house. They are usually also much more direct about it. |
| Describe one or more of the hardest interactions related to cultural differences you have had with a child, caregiver, or parent during the treatment process? | One of the hardest interactions that I ever had during the treatment process was when a family from a culture different from my own didn't feel comfortable allowing new staff into her home, | I once filled in for a Pakistani family for a quick 2-hour session as an RBT. The client had a routine of having a smoothie during session and dad insisted that I try it. No asking if I wanted it. Just started to pour it in a cup for me. When I | I have accompanied a mom, client and BCBA to a school for my client where the director requested a criminal background check on one of my staff (behavior technician) before they could work with the client at the preschool | I was working with a client's family who were in the middle of a divorce and during therapy sessions dad and mom would scream and commenting negatively about each other. During an interaction with both the maternal and |

| Questions | Participant 1 | Participant 2 | Participant 3 | Participant 4 |
|--|---|--|---|--|
| | but the child had a difficult time attending during virtual therapy. | politely declined, he asked if I didn't like a certain ingredient kind of like "what's wrong?" he wouldn't accept my "no thank you" and literally just handed me the drink. | facility. This therapist was of African American descent and the director was a Caucasian woman. | paternal grandmothers had different opinions about the clients' parents divorcing. The paternal grandmother told me that she will support the divorce and the maternal grandmother stated that will not support the divorce because she was a catholic and her family values went against that. |
| Describe one or more difficult experiences you have had when working with a child/family with a culture similar to yours? | While working as an RBT I never had the opportunity to work directly with a family with a culture like mine. As a lead educator I found that students with cultures like mine seemed more readily open to me more than my colleagues. I had a student that would report things to me (his teacher) before he would report them to his therapist. | N/A | I met with an African American family during intake last year. Mom was very worried that her first child was recently diagnosed at 5 years old with Autism, during our meeting mom expressed her concerns about her child's behaviors. During this interaction, dad continues to say that there was nothing wrong with the child and he just needed some "good old spanking" every time he had an aggressive encounter towards others. I have worked with a family who were atheist and did not want any religious expression mentioned in their home or around their child. They appeared to be a little uncomfortable with my necklace with a cross with Jesus written on it. | I filled in for a 9-year-old client who answered the door by himself when I rang. I asked if an adult was home, and he did not have a solid answer. No one else came to the door. after a few minutes of starting my session with the client, I learned that his grandmother was home. Grandma did not speak English she only spoke Spanish. I wish I knew more about the family upon arrival because I only spoke little Spanish. |
| What are some things to consider when appointed a child/family from a cultural background you are not familiar with or have never had an encounter with? | I think it's important to consider the fact that you must be understanding and be willing to learn even though you may not initially understand why a family does something the way they do. You must consider how you can make them feel comfortable enough to share what is important to them. You should also consider your own values that may influence the way you interact with them. You should also make sure that you're being responsive to what that family needs based on their context. | I think it is important to be understanding and are willing to learn more about their culture during interactions. | I think it is important to get as much background information about the family as possible before the initial meeting and learn more about them as you continue to interact with them. Try not to be judgmental about cultural behaviors different from yours. | Have an open mind about learning something different from every family I meet with. Learning about different cultural backgrounds, values, ethics, and practices. Unique goals that some parents want for their children such as academic standards. |
| What would you do before meeting with a new child/family from a different cultural background than yours? | I would want to come in with an open mind and understanding. I don't think that there is a tried-and-true way of knowing a culture because each member of that culture can behave differently | Get as much background information about the family as I can. Have an open mind about why they are seeking services. Attend some CEUs about cultural differences. | Gather as much information about the family as possible but have some good questions to ask them about their goals for the client. Making sure that they are comfortable during my interaction with them by being friendly, polite, and professional. | Look through any existing file and ensure that I read not only about their diagnosis both about their demographic information and cultural information. Having just a general information about the client before my first encounter. I will learn more about them as I continue to work and interact with the family. |
| What sort of questions or feedback would you have during your meetings with the new child/family from a different cultural background than yours? | I would want to know how they believe things are going, what they feel we could improve on, how we could make implementing procedures easier for them, and what they think would be important to work on? I would want them to know that their input is just as valuable as my own | I would like to know about their family values. Do they speak any other languages? Do both parent work? Who interacts more with the child? does the child understand any other language besides English. | Besides all the regular intake information that is needed from each family. I always make sure I find out if there are any other adults in the household. What the parents schedule looks like daily. What does the child's routine look like? Are there any cultural practices the family has that the client partakes? | I would have sure I let the parents know that they can feel free to ask any questions they want. |

| Questions | Participant 1 | Participant 2 | Participant 3 | Participant 4 |
|--|--|---|--|---|
| | | | Are both parents willing to partake during parent training? Does the parents, caregiver or client truly understand the diagnosis or do they need more resources. | |
| What would you do after your initial meetings with the new child/family? | After my initial meeting with the family, I would ask the family to come up with some goals that they would like to see accomplished and what kinds of expectations they have for our interactions. I would also do the same then see how our answers line up. I would then collaborate with the family to see how we could further support them so they can accomplish those goals. | Gather all the information I have and share it with my behavior technician about the client. | File all the information I received and do research on how to better serve the family based on their responses to my questions. | Create interventions that are unique to the client child based on the information I have collected from the parents. |
| What does being culturally responsive mean to you? | To me being culturally responsive means being able to take in the contingencies of another through perspective taking and being able to shift your own behavior based on what components within the other person's environment evoke and maintain their behavior. In other words, seeing why the other person engages in the behaviors and practices that they do, seeing why that behavior continues to occur and being able to shift my lens and the way I approach the situation based on what is observed. | Being able to understand that people are from different cultural backgrounds and being respectful toward every individual, group, or community. | To me it means being culturally aware of others who do not necessary look like me or speak the same language as me. Most importantly, trying to learn from them and understanding what their needs and values are. | I have never heard this term before, but I guess it would mean understanding that not everyone that looks like me have the same or similar features as I have the same cultural background. Therefore, learning to be sensitive to how different they are from me is important and respecting them. Also being culturally responsive almost means having empathy. |

Figure 1 illustrates the overall hypothetical measures that could result from the training. The results displayed are of the frequency of written/live responses to scenarios before and after training for each hypothetical participant (HP). The y-axis shows the frequency of responses of each measure. The x-axis represents the measures recorded across all participants (empathetic statements, perspective taking, descriptions, and non-verbal behaviors). Overall, each participant was projected to have significantly higher responses after training (post-training) except for HP3, who had about the same number of responses before the training as after the training. Except for HP3, all hypothetical participants showed higher responses during post training of perspective taking, and a lower number of non-verbal responses before training than after training. During pre-training, the hypothetical number of written/live responses to scenarios ranged from 0 to 8 and during post-training ranged from 4 to 10. During the hypothetical post-training assessments all four participants scored above pre-training levels, ranging from 0 to 10.

Figure 1

Number of Occurences during Overall Written/Live Responses to Scenarios Across All Four Hypothetical Participants

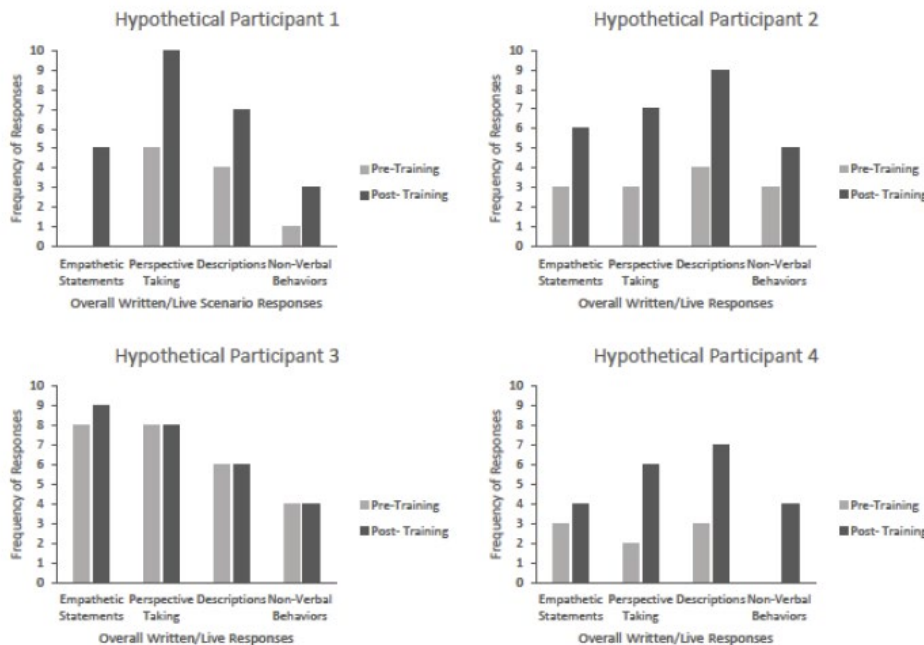


Figure 2 illustrates overall hypothetical live responses to scenarios that could have occurred before and after training. The y-axis shows the number of responses for each hypothetical participant. The x-axis represents the measures of descriptions (stories, events, feelings, facts, priorities and values). During pre-training, the hypothetical number of responses ranged from 2 to 9 and ranged between 2 and 10 during post-training. Except for HP3, all hypothetical participants showed an increase in number of statements during post-test training ranging from 2 to 10 for HP1, 6 to 8 for HP2, and 6 to 10 for HP4. HP3 showed little change between the pre and post assessments.

Figure 2

Number of Descriptive Statement Responses to Scenarios Across All Four Hypothetical Participants

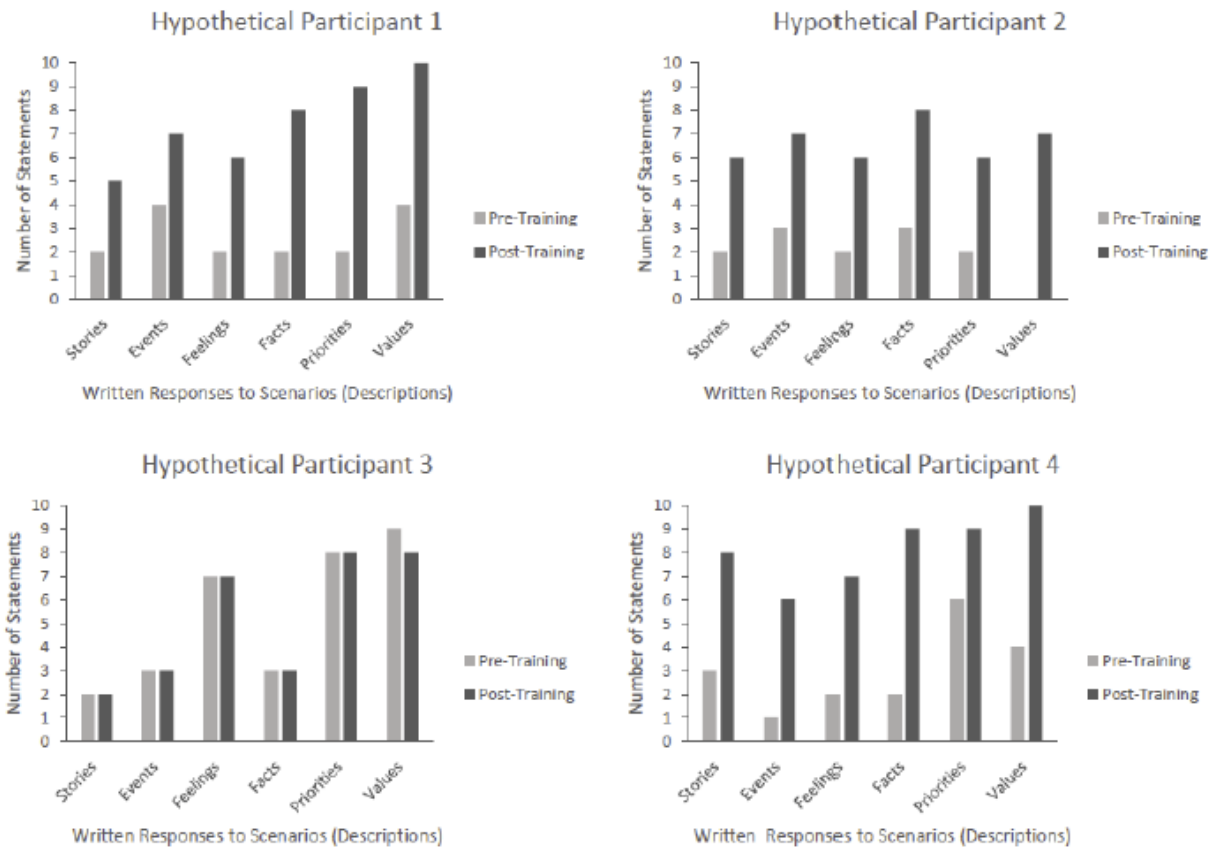


Figure 3 displays the overall hypothetical average number of occurrences of empathetic statements and perspective taking during the live responses to scenarios across hypothetical participants. All participants are hypothesized to have a significant increase after training except HP3, who had the same or decrease in number occurrences before and after training. The number of occurrences of empathetic statements across all participants before training ranged from 0 to 8 and after training ranged from 6 to 9. The number of occurrences of perspective taking across all HPs before training ranged from 2 to 3 and after training ranged from 3 to 6. Overall, all HPs 1, 2 and 4 increased numbers of empathetic statements and perspective taking statements after training than before training. If HP3 were removed from the analysis, the differences would look more pronounced before and after training.

Figure 3

Number of Occurences of Empathetic Statements/Perspectives-Taking Responses to Scenarios Across All Four Hypothetical Participants

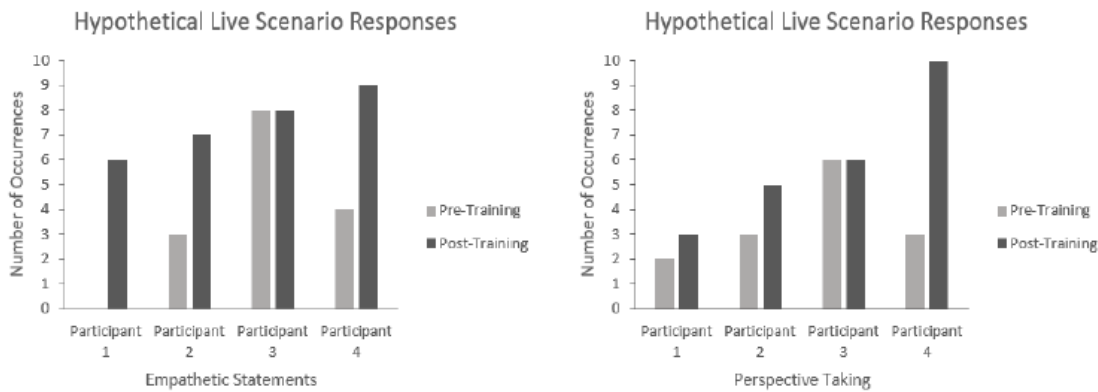


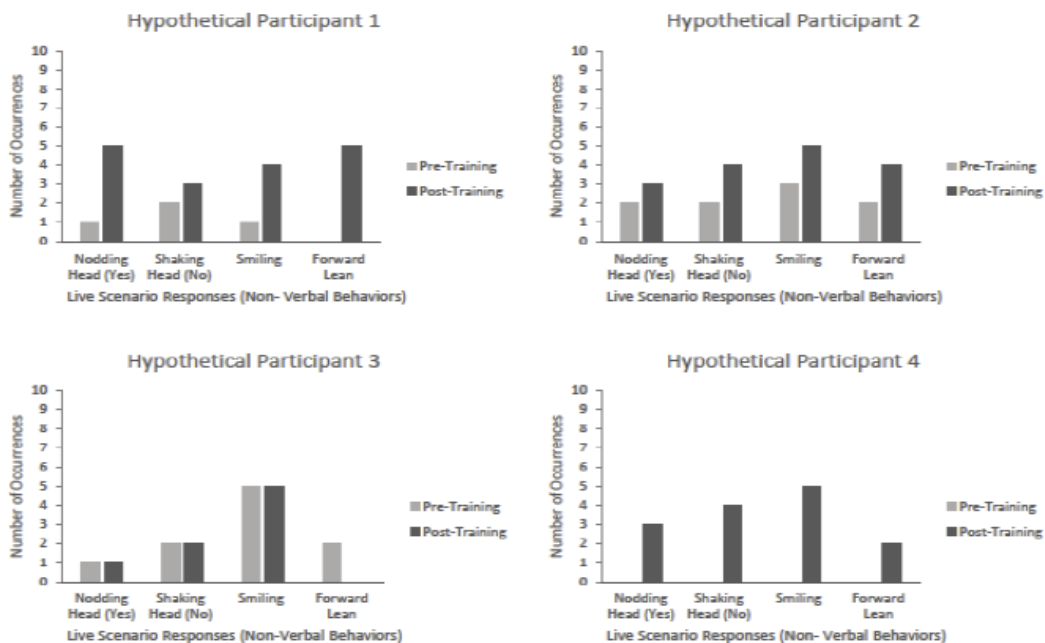
Figure 4 displays the overall hypothetical non-verbal behavior responses to scenarios before and after training. The y-axis shows the number of occurrences for each hypothetical participant. The x-axis represents the different non-verbal behaviors (nodding head yes, shaking head no, smiling and leaning forward) during live scenarios before and after training.

Hypothetical Participant 1 showed an increase of the maximum response opportunities with

nodding head and leading forward occurring five times, and the minimum occurrences of smiling (four) and shaking head behaviors (three) after training. This participant was hypothesized to stay the same with number of occurrences of leaning forward before and after training. Hypothetical Participant 2 had a hypothetical decrease in responses of shaking their head and smiling after training. However, they had a hypothetical increase in occurrences of leading forward, shaking head-no and nodding their head yes after training. Hypothetical Participant 3 had the same number of occurrences across all non-verbal behaviors before and after training ranging from 0 to 5. This participant had no response of forward lean before training and 0 after training. Lastly, Hypothetical Participant 4 had an increase in occurrences of nodding their head (yes) and shaking their head (no) after training and zero responses before training. This participant had the highest number of occurrences (five) of smiling after training, and the lowest occurrences of response forward lean(two); compare to zero occurrences before training.

Figure 4

Number of Occurrences of Non-Verbal Behavior Responses to Scenarios Across All Four Hypothetical Participants



DISCUSSION AND FUTURE DIRECTIONS

Discussion

The purpose of this project was to propose a training program and the evaluation methods for supporting culturally responsive interactions for aspiring and practicing behavior analysts. This training program is similar to Thompson et al. (2012), Blell et al. (2010), and Spradley (1979) in that they all incorporated open-ended questions and scenarios in teaching and evaluating effective professional-family interactions. The result from the proposed project suggests an increase in desired responses based on the measures hypothetically showed across all participants except one (Hypothetical Participant 3) who showed no change in responses.

Thompson et al. (2012) aimed to evaluate an alternative family interview and cultural training on the behavior of service providers and families in an autism intervention program. The participants included three case managers, a trainer, and families from different cultural backgrounds. The measures included recorded verbal responses (interviewer questions, interviewer responses, and family topics, family life, values, support and challenges, child's strengths, program expectations, family, and child goals, etc.). The training program consisted of a pre-training performance assessment (role play interviews); a presentation on description of the roles in family context; intervention context with autism and culture; and creating a responsive relationship and meaningful conversation with the family; and a scenario-based post-training performance assessment used to determine a change in types of information obtained by using new interviewing techniques. Blell et al. (2010) evaluated the effectiveness of a workshop designed to train behavior analysts on using supportive verbal behavior during distressing situations. The participants were trained on providing descriptive, empathetic, and hopeful statements using instructions, rationales, modeling, roleplay, rehearsal, and feedback. The study

was conducted with four participants using hypothetical scenarios. A pre-post design was utilized in analyzing the effects of the training on verbal and non-verbal behaviors. Spradley, (1979) designed ethnographic interview questions to study culture and defined several different types of questions that could be used or not be used to have effective communication between individuals or a group. These questions are open-ended and designed to gather information about what occurs with people, events, activities, objects, and in time. Experience and strict inclusion of open-ended questions involves asking for interpretations, feelings, observations, and expectations related to a topic. Native language questions ask about particular words or phrases used. Rationale questions seek to understand a reason for doing something. And finally, closed-ended questions are questions that can be answered with a simple “yes” or “no”.

This proposed training program incorporates open-ended questions in order to gather demographic information and prior professional experiences of each behavior analyst in training or in practice. Like previous studies (Thompson et al., 2012; Blell et al., 2010), the questions would also be used to gather information regarding the interaction between the behavior analyst in training/practice and families, caregivers, or clients they serve from diverse backgrounds. The proposed study differs from previous research in that it focuses on the family-professional relationship by training ways to have open, caring, and meaningful conversations and assessing the degree to which specific types of information were learned during conversations. This would be conducted via a teleconferencing communication program (Zoom). Another difference between the proposed training and trainings conducted in previous studies is that the proposed study focuses on the interactions during the whole training process and not just at the initial intake (interview) like Thompson et al. (2012). The measures included written-verbal (written scenarios), verbal and non-verbal responses (live scenarios), the measures for the training were

limited to nodding head in agreement, shaking head in disagreement, smiling, and leaning forward. These measures utilized for the training program, were conducted via a teleconferencing communication device (Zoom) hence, measures such as eye contact, touch close proximity, and body orientation were difficult to observe in this context. The non-verbal behavior measures utilized by Blell et al. (2010) were slightly different including eye contact, touch, close proximity, body orientation and forward lean. The proposed training also included verbal behavior measures like those used by Love (2020) including the number of occurrences of empathetic statements and perspective taking statements. Love, however, utilized these measures to evaluate the effects of a guided collective shaping program when viewing social justice media on dependent variables with participants. These proposed measures were adopted for the purpose of this study to capture the effects of having a meaningful conversation using empathetic and perspective-taking statements on participants responses. The development of these measures is a starting point in creating reliable and valid definitions. Future studies may create ways to ensure that the dependents measures are contextual and culturally appropriate. One way to refine the codes and the measures would include evaluating different ways of training observers. For example, this training could consist of video clips on appropriate and inappropriate responses during professional interactions as well as how the categories of definitions would be described differently across cultural groups.

The proposed measures were important in capturing professional-family engagement in supporting culturally responsive behaviors, as well as the difficulties involved in measuring intent and timing of verbal responses. The proposed training is likely to increase desired responses based on the measures that hypothetically showed an increase in participants except for Hypothetical Participant 3, who showed no change in responses. Hypothetical Participant 3

was presumed to be an experienced BCBA whose baseline levels were generally higher than those of the other hypothetical participants. Although, the other hypothetical participants' responses varied, all responses increased during each type of scenario responses (written or live).

An aspect of this proposed training program that was not addressed here is resistance to the training. There could be situations that participants have low frequencies of responses scenarios, make only one type of response or voice dissatisfaction with the training as a whole. This could be due to a lack of interest or relatability to the training. The participant might not see a need to change based on factors contributing to their beliefs and values such their race, ethnicity, social economic status, religious, class, nationality etc. This is something that remains to be explored and if such responding occurs, adjustments would be made to the training program. For example, perhaps the trainer could ensure the training program is more participatory, having participants write or verbally describe their own scenarios or hypothetical situations (building in more diversity of cultures in scenarios), or have a larger pool for the participants to pick from (more choices that might fit their interests. Furthermore, the pre-assessment questions could be modified to give the participants the opportunity to write their own scenarios based on previous experiences could help the trainer in adjusting the training program to be more relatable to each participant.

In conclusion, responses to emotions or feelings and particular situations are learned from our verbal community (Garden, 2016; Skinner, 1945, 1957) and these hypothetical results for the proposed training program suggests that new responses can be learned to increase effective interactions between people from different cultural backgrounds who have different learning histories. Learning ways to interact with others not in our verbal community could increase our cultural responsivity in turn, creating open, caring, and meaningful interactions.

Professionals in the field of behavior analysis who interact with families from diverse backgrounds would benefit from culturally responsive training, for the reason of creating unique interventions catered specifically for a particular family and their cultural context. Other benefits of having a training in cultural responsiveness include increasing family participation in the intervention process, better understanding of parent and caregiver needs, exploring and identifying cultural methods for collaborating with the families, learning from, and relating respectfully with the families, and viewing cultural variations and differences as strengths rather than a need for accommodation (Lynch & Hansen, 2004). Hence, it is important for professionals to consider their impact on the families. When culture and diversity are at the core of creating an intervention plan, all members involved in that interaction can feel safe and welcomed; ensuring that the environment is conducive to the success of all participants (Fuller et al., 2021).

Future Directions

Future studies may include evaluating the effects of the proposed training program on parents or caregivers and on treatment outcomes. A feedback assessment with open-ended questions may be utilized in analyzing the effects of the training on the families. Feedback questions may include whether or not the family felt comfortable interacting with the behavior analyst and/or providing more information about their family cultural values and ethics. Without disrupting the current therapeutic relationship between professionals, a feedback survey could be provided to the parents or caregiver pre and post interactions.

Future scenario simulations may include more diverse hypothetical situations such as newly migrated families, interracial families, etc. Other training programs may include a culturally responsive training for parent-provider interactions and measure the effects of a culturally responsive behavior analyst on their client's treatment and progress. Further measures

may also include participants (behavior analysts) collecting data on each other's responses. Other non-verbal behavioral measures may include eye contact, touch, close proximity, and body orientation during an in-person training program and the degree to which participants of different cultures feel comfort or discomfort with the various modes of non-verbal communication.

Future trainings may also include questions on the pre and post assessments on describing one's own cultural context (one's own values, beliefs, biases, and behaviors) and evaluating the effects of the training program on responses. Participants could be asked how the training scenarios interacted with their own beliefs and practices. If they feel discomfort in the practices of their peers or families, these could be explored, and methods could be developed to reconcile differences (Lynch & Hansen, 2004).

Participants might also include male, trans and non-binary behavior analysts in training and in practice. Most BCBA's are female (Beaulieu, et al., 2019) and for that reason the hypothetical participants were females. There are, however, male behavior analysts and responses to training might be different as the conditioning history for males can differ within and across cultures (Lynch & Hansen, 2004).

Incorporating trauma informed interactions in a future training program would be another way of increasing cultural responsiveness. For example, in the black community, DeGruy, (2005a) expressed that many black people for many generations learned to adapt to living in a hostile environment and this normalized our injury and influences behavior patterns and adaptation from past to present. In another example, understanding how a mother who migrated from another country leaving family behind in order to seek asylum with only her youngest child would influence all her responding and intersect with her culture and the culture she entered. The awareness of significant traumatic (within the life of individuals or across generations) should

present enough of a risk factor to develop responsive interventions to decrease the likelihood of escalating distress and while increasing enhanced quality of life (Morgan, 2020) and would be an important feature of future development of this training program. For example, hypothetical situations involving traumatic experiences could allow for trainees to practice techniques for compassionately and responsively strengthening interactions while factoring in the impact of trauma.

Finally, once the proposed training is established as effective, it is important to observe professional-parent interactions in actual practice. That is, does this type of training actually change responding when behavior analysts are interacting with families in the field? And, in what ways does such training translate to improved clinical practice and treatment outcomes? It would be important to understand the relationship between the practice scenarios and the cultural diversity within the behavior analyst's practice. This question is more complicated and would require ecological observations in that, it will require the continuous observations of behavior analysts during interactions with the families they serve.

In summary, the proposed training program and evaluation methods exemplify a means of training based on previous research on changing adult behavior (Braukmann et al., 1974; Cihon, J. et al., 2017; Parsons et al., 2013; Sarokoff & Sturmey, 2004) and previous research on relational aspects of professional-parent interactions (Blell et al., 2010; Thompson et al., 2012). These strategies were applied to design a training program to teach behavior analysts to respond more supportively during interactions with cross-cultural interactions with families. The proposed project can inform professionals on how the interactions with families could be strengthened through being culturally responsive. In turn, this could increase service satisfaction between behavior analysts and families during a time there are indications that our leadership in

the field is not diverse (ABAI, 2021; BACB, 2021), there is limited training in the field (Beaulieu et al., 2019), and the urgency of effective communication across cultures is apparent (Mathur & Rodriguez, 2021; Miller et al., 2019).

On a final note, the positionality of the researcher is important to note in order to give background on what informed the study. A positionality statement can be described as the author's identity in society, especially as it relates to a particular project (Madison, 2005). As a professional in the field of applied behavior analysis, I have worked as a behavior interventionist and social service worker for the past ten years; I have experienced numerous interactions with families from various diverse cultural backgrounds. I am thirty-year-old Nigerian female. I was born in the southern part of Nigeria in the 1990s and moved to the United States at the age of twelve. I received my bachelor's in psychology from Wilmington University in New Castle, Delaware. I have served as social service worker for the past several years as a Care Coordinator for individuals with intellectual and developmental disability from many cultures, age groups and genders. I currently work with the children with autism and other related diagnoses as a behavior therapist in the field of applied behavior analysis (ABA). I have provided ABA services to children ranging from the ages 2 to 21, in-home and at school and clinic settings for the past seven years.

During my work experience in this field, I have interactions with many families of diverse cultural backgrounds. Throughout my experiences, I realized the importance of being culturally responsive as a professional. I encountered several situations where a lack of cultural responsiveness led to the lack of progress in treatment. I have also worked with BCBA's who never really understood the cultural dynamics of the families they served. I believe and the literature suggests that this results in lack of participation from the families, restricted progress

and limited generalizations of interventions, perhaps even most importantly, refusal of services. During my graduate school experience while acquiring my degree in behavior analysis, I realized that the concept of being culturally aware or responsive was not taught. Although, in finding ways to express these concerns, I found the Community Lab at the University of North Texas in the Department of Behavior Analysis. The Community Lab provided a safe, open and caring environment for me to discuss social and cultural related topics. In this space I first learned about the term cultural responsiveness, which helped me better express the concerns, needs, and understand some of the rigidity I found in the field of ABA. Many examples of our discussions during the pandemic were about social issues, vaccinations, politics, police reform and other cultural topics and how they related to our experiences as behavior analysts. Throughout this experience, I learned a different way of approaching behavior analysis. It is a way that strives for social validity and meaningful value to the individuals and families that I serve now and will continue to serve all through my career as a behavior analyst.

APPENDIX A

ABAI ACCREDITATION AND VCS RESPONSE TO COVID-19



ABAI
ACCREDITATION
BOARD



To: Accredited Program Coordinators and VCS Coordinators
From: ABAI Education Manager, Accreditation and VCS Boards
Date: April 1, 2020
RE: ABAI Accreditation and VCS Response to COVID-19

The ABAI Education Department has received several inquiries about compliance with accreditation and VCS policies and procedures considering the coronavirus (COVID-19). We want to share the following information on behalf of both the Accreditation and VCS Boards.

Online instruction: Programs do not need to obtain additional verification to move online. We ask on-campus programs to report their move to an online format [here](#). If your program was initially verified or accredited as an online program, no further action is needed. If an institution's instruction is entirely cancelled, in that the term has ended early, please email us directly as soon as possible.

Once the form is completed, we will operate under the assumption that online instruction will occur through August 31. Because the timeline of COVID-19 is unknown, the Boards will provide additional communication this summer should programs need to continue online instruction into September.

At this time, we will not update the VCS directory to reflect programs' temporary move to online instruction. Instead, we provided a notification above the directory and accredited program list. Following the pandemic, if a program chooses to remain an online program and not return to face-to-face instruction, further verification will be requested.

Change in grading systems: We understand several institutions may move from a commonly used letter-grade system (i.e., A, A-, B+, B, B-, etc.) to a pass/fail system (or other classification). Institutions may make this modification across the entire institution or allow programs and instructors to make modifications per their discretion. Several coordinators have raised concern about this modification in relation to the BACB's examination application requirements stating the submitted coursework must "reflect that you received a passing grade ("C" or better for graded courses) in each course." Therefore, the Boards recommend the following:

- Per the BACB's examination applications requirements, coordinators and departments should ensure that a "pass" (or other similar designation) equates to a "C" or better. Graduate programs that require a "B" or better, to pass a course, should carefully consider their options for students' final grades to allow students with a "C" the opportunity to have their coursework counted for BACB examination applications.
- ABAI has agreed that coordinators can email us a notification of their changed grading policy. The notification may be an electronically signed attestation or a copy of the university policy. Coordinators may submit the notification at the end of the term to allow programs enough time to evaluate their options. We kindly ask that the information includes a description of the change in grading system and the terms affected. Please note programs do not need to submit an entirely new VCS application for this temporary change grading systems.
- The BACB has indicated that they require a "passing grade" and will accept a "pass" grade from universities that have a pass/fail system. You do not need to submit the attestation to the BACB.

1



ABA I
ACCREDITATION
BOARD



Supervised Experience/Fieldwork: Several coordinators have asked ABAI and the BACB to share additional guidance and clarification as it relates to disruptions in supervised fieldwork. Please know that all decisions related to Supervised Fieldwork are under the management of the BACB and not ABAI. However, we have reached out to the BACB, with your questions from the listserv, to obtain additional information and their responses are below:

Questions submitted to the BACB:

The following questions have come up on the listserv:

1. When the practicum placement is shut down for half the students but not for the other half, how should programs manage the hourly requirement for the students?
2. Is there further clarification of how the accrual of direct hours can be accomplished?
3. What should programs do differently if they cannot get enough observations per month?
4. Could coordinators seek confirmation of their proposed deviations now, in advance? Or, at least confirmation of their documentation systems? This is in reference to the following section in the BACB's March 18, COVID-19 update: "In special circumstances, however, we have a compassionate-exception appeals process in which reasonable deviations that still meet the intent of our requirements may be accepted. This process may include greater leniency around specific requirements that involve interactions with clients (e.g., number of trainee- or RBT-client observations, minimum number of experience hours in a month)"

BACB's response to the above questions:

We would refer them back to the [BACB's COVID-19 announcement page](#). It includes guidance regarding experience and fieldwork hours (I have copied the relevant section below as well). As mentioned in the past, in situations where clients are not available, the supervisors should be keeping records of the steps that they took to try and meet the intent of those requirements if they aren't able to meet the requirement exactly. However, most of our experience/fieldwork requirements are purposefully flexible, so they should be able to make modifications that work within their system. As a clarification on question #2 above, our experience/fieldwork standards do not require "direct hours." Rather, there is a limit on hours that only involve implementing client programming, so it is possible for trainees to be doing all unrestricted hours right now.

"Experience, Fieldwork, and Supervision – for Trainees, RBTs, and BCaBAs

Our certification requirements were developed to provide flexibility in how they are met across a variety of conditions. In special circumstances, however, we have a compassionate-exception appeals process in which reasonable deviations that still meet the intent of our requirements may be accepted. This process may include greater leniency around specific requirements that involve interactions with clients (e.g., number of trainee- or RBT-client observations, minimum number of experience hours in a month). It is particularly important that you keep detailed documentation in the event you are subject to a BACB-requirements audit. That documentation should include information about how the pandemic impacted your services, supervision, etc., and the steps you took to try to meet the requirements. Finally, we encourage every BACB certificant and trainee to seek guidance from their supervisors about how supervision and service delivery might be impacted in the weeks ahead."

2

General VCS Updates:
diligently to ensure



**ABAI
ACCREDITATION
BOARD**



Our team is working
programs' 5th edition

applications are processed in a timely manner. March renewals have been extended to an April 30 deadline. Programs with a June renewal deadline will be evaluated later.

As a reminder, renewal and new application fees are effective January 1, 2020. The payment process is a new system and our team is working through some system-wide updates. Please do not pay application fees for renewals or applications that were submitted in 2019. We will notify programs if payment is needed at the time of our application review.

Accreditation Updates: The following information is for ABAI accredited programs; however, the recommendations for research projects may be applicable to all programs. We have agreed that accreditation annual reports may be submitted by April 30. And, programs seeking re-accreditation this year may also submit their self-study application by April 30. We will issue invoices over the next two weeks.

We understand nearly all research projects have been affected by the COVID-19. The Accreditation Board suggests working with your department to decide what kind of flexibility there may be to your program's standards for master's theses and doctoral dissertations. We should remind you that the Accreditation Board's requirements are broadly defined:

The purpose of a **thesis or equivalent** is "To develop competence in defining a research problem, designing a method to address the problem, and conducting and reporting an investigation that carries out the method to conclusion."

The purpose of a **dissertation** is "To demonstrate independent scholarship in the context of an investigation that produces an original contribution to the basic, applied, or conceptual analysis of behavior."

In light of these requirements and the current crisis:

- We suggest that programs allow students to complete the thesis or dissertation requirement in cases where the student was unable to complete their research project but still was able to collect enough data to write a reasonable report, draw at least preliminary conclusions, and include an appropriate discussion of the limitations of the research.
- Students with insufficient data may be advised to do an alternative project. Alternative projects may include:
 - a portfolio of behavior-change programs implemented with their clients/students in such a way as to measure behavior change and draw causal inferences
 - re-analyses of existing data in a way that yields new insights or information
 - stimulations and modeling that address significant issues in behavior analysis and have potential to advance experimentation or theoretical understanding of the issues

We want to assure you that your health and wellbeing are top priority of ABAI. Our Boards will continue to monitor the situation and provided updates and extensions as needed. Please do not hesitate to contact us if we can be of assistance.



ABAI
ACCREDITATION
BOARD



Thank you,

Jenna Mirjak, Ph.D.,

Michael Dorsey, Ph.D., LABA, BCBA-D, VCS Board Coordinator

Michael Perone, Ph.D., Accreditation Board Coordinator

BCBA, Education Manager

APPENDIX B
INFORMED CONSENT FORM

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits, and risks of the study and how it will be conducted.

TITLE OF RESEARCH STUDY: An evaluation of a training program to support culturally responsive professional-family interactions.

RESEARCH TEAM: Cynthia M Anegbah, University of North Texas (UNT) Department of Behavior Analysis,[redacted] , and CynthiaAnegbah@my.unt.edu (PI). PI is a student working on a thesis conducted under the supervision of Dr. Shahla Alai-Rosales, 940.565.2274, Shahla.Alai@unt.edu.

You are being asked to participate in a research study. Taking part in this study is voluntary. The investigators will explain the study to you and will answer any questions you might have. It is your choice whether you take part in this study. If you agree to participate and then choose to withdraw from the study, that is your right, and your decision will not be held against you.

You are being asked to take part in a research study about the effects of a training program to support culturally responsive during professional-family interactions. The training program was created for behavior analysts who are clinically practicing and in-training to have a safe space to discuss, reflect, share, and practice culturally responsive techniques in relation to the families they serve. The goal is to learn open and caring responses during conversations with families of diverse backgrounds. This is likely to enhance relationships and the effectiveness of interventions.

Your participation in this research study will include 1) filling out a pre-assessment questionnaire regarding demographics and experiences with culturally diverse families; 2) participating in a training and discussion about culturally responsive ways to interact with families; 3) practicing role-play scenarios on ways to be culturally responsive during your interactions with families; 4) filling out a post-assessment survey about what was learned during the training. More details will be provided in the next section.

You might want to participate in this study if you are interested in learning more open, caring, collaborative, intercommunicative, and culturally responsive interaction skills when working with families from diverse backgrounds. You might also want to participate in this training if learning to reflect and understand one's own culture and learning ways to have meaningful conversations with families from different cultures is important to you. However, you might not want to participate in this study if you are uncomfortable with role playing, discussing culturally diverse situations and experiences, or feel that you have mastered these skills.

You may choose to participate in this research study if you are a practicing behavior analyst or one in training that will interact professionally with families from diverse cultural backgrounds as a part of your clinical practice. You may also participate if you have approximately 8 hours in total to devote to this study.

The reasonably foreseeable risks or discomforts to you if you choose to take part, may include discomfort with roleplay scenarios and feedback from the facilitator about the use of techniques and /or discomfort with being recorded during training. They may also include difficult

discussion about culturally sensitive experiences and interactions. You can compare this to the possible benefits of sharing and learning new strategies that may be effective in your interactions with people you serve as behavior analyst. You will receive a compensation for participating in the form of a \$25 gift card. Instead of being in this study, your choice may include finding other sources of training on this topic or not receiving training.

DETAILED INFORMATION ABOUT THIS RESEARCH STUDY: The following is more detailed information about this study, in addition to the information listed above.

PURPOSE OF THE STUDY: The purpose of this research is to evaluate a training program to support culturally responsive interactions. This includes understanding the importance of responsiveness, learning to reflect and understand one's own culture, and learning ways to have meaningful conversations with families. The conversations with families include ways to increase open and caring responses that are characterized by culturally responsive questions, empathetic statements in order to understand the family's experiences, values and priorities.

TIME COMMITMENT: The total duration of this study is approximately 8 hours. One hour each for the pre/post assessments and 6 hours for the workshop (presentation, discussion/training, and practice). All activities will be conducted via teleconferencing and online surveys/assessments.

STUDY PROCEDURES: This is a sequence of the procedures you would experience as part of this study:

1. Prior to the training session, you will be provided with a digital informed consent form. If you agree to participate, it takes about 15 minutes to read through and sign this document.
2. Prior to training, you will also be provided with a virtual link survey. You will choose a pseudonym at this point and all data will be registered with this pseudonym.
3. The survey will include demographic questions and ask for information regarding prior knowledge about cultural responsiveness. This information will remain confidential (see below). The survey will take less than 1 hour.
4. You will attend a virtual session that will include a pre-assessment, training with discussions, and post-assessments. You will have breaks in between training (15 minutes each).
5. This training does not require any in-person interaction with others and will be conducted via zoom. The Principal Investigator (PI) will provide a presentation and facilitate discussion. This will take approximately 1 hour.
6. During the workshop you will learn techniques for having effective, caring, and open conversations while interacting with families from the same or different cultural backgrounds than your own. The workshop will be conducted by the PI.
7. The training with discussion will last for the duration of six hours. The initial section will start with a general description of the effects of culturally responsive and meaningful conversations. This will take approximately 1 hour. After the overview, there will be three parts. Starting with the importance and rationales, reflecting, and understanding one's own cultural context (strategies, activities, sharing in small groups) and learning how to conduct meaningful conversations to understand family cultural context (strategies, video models,

conversations with one another). After the training, you will have the opportunity to practice in role-play scenarios. Each part will take approximately 2 hours.

8. Post training, you will be provided with a second virtual survey that asks questions previously asked in the pre-assessment survey and also include questions about the skills learned during the training. Finally, there will be a section asking for feedback about the training.
9. The training will be recorded with audio/video recording (virtually via zoom). Audio/video recording will be transcribed and scored for data-collection purposes and will be securely stored and then destroyed upon completion of the study. The recording as well as the transcription will only be shared with the research team and your identity will remain confidential.
10. If at any point in time you feel uncomfortable with a scenario or survey question you have the option to skip the question or leave the study.

AUDIO/VIDEO/PHOTOGRAPHY:

I agree to be audio/ video recorded during the research study.

I do not agree to be audio/ video recorded during the research study.

Participants may not participate if they do not agree to be audio/video recorded.

The recordings will be kept with other electronic data in a secure UNT OneDrive account for the duration of the study.

POSSIBLE BENEFITS: Participants in the field of behavior analysis interacting with families from diverse cultural backgrounds may learn techniques for having open and caring communication, which will in-turn aid in creating effective interventions. It may also help behavior analysts in the training with what to expect and how to approach interactions and conversations with people from diverse cultural background. This training may also result in an increase of satisfaction and participation from families during the intervention process.

POSSIBLE RISKS/DISCOMFORTS: This study may result in potential discomfort when participating in role-play and sharing difficult culturally sensitive experiences that a behavior analyst or one in-training may encounter in the field. You may also feel discomfort being recorded.

Participation in this online format involves risks to confidentiality similar to a person's everyday use of the internet and that there is always a risk of breach of confidentiality. We will do our best to minimize these risks by storing files in protected locations and using pseudonyms with all data presentations. However, if you do experience any discomfort, please inform the research team.

Remember that you have the right to withdraw any study procedures at any time without penalty and may do so by informing the research team.

If you experience excessive discomfort when completing the research activity, you may choose to stop participating at any time without penalty. The researchers will try to prevent any problem that could happen, but the study may involve risks to the participant, which are currently

unforeseeable. UNT does not provide medical services, or financial assistance for emotional distress or injuries that might happen from participating in this research.

If you need to discuss your discomfort further, please contact a mental health provider, or you may contact the researcher who will refer you to appropriate services. If your need is urgent, helpful resources include Denton County MHMR crisis hotline at 1-800-762-0157; UNT Mental Health Emergency line at 940-565-2741; Family Violence Shelter of Denton County Crisis Line at 940-382-7273; National Suicide Prevention Hotline at 1-800-273-8255; UNT Survivor Advocate for students effected by Violence or Sexual Assault at 940-565-2648.

COMPENSATION: You will be compensated with a \$25 visa gift card. No other compensation will be provided for participation in this study. If you choose not to participate in the workshop, you will not receive any compensation.

There are no alternative activities offered for this study. However, you will be provided with more references regarding the topic of cultural responsivity.

CONFIDENTIALITY: Efforts will be made by the research team to keep your personal information private, including research study, and disclosure will be limited to people who have a need to review this information. All paper and electronic data collected from this study will be stored in a secure location on the UNT campus and/or a secure UNT server for at least three (3) years past the end of this research on a **password** protected computer in PI's campus office. Research records will be labeled with a pseudonym and the master key linking names with codes will be maintained in a separate and secure location. You may use a pseudonym of your choice; the Zoom meeting passcode will be provided and protected to prevent unauthorized persons from entering the workshop.

Due to the nature of the recording, this study will not be completely anonymous. Therefore, only the research team will have access to the audio/ video recordings, and they will be destroyed once transcribed.

Participation in this online workshop involves the potential for loss of confidentiality similar to a person's everyday use of internet.

The results of this study may be published and/or presented without naming you as a participant. The data collected about you for this study may be used for future research studies that are not described in this consent form. If that occurs, an IRB will first evaluate the use of any information that is identifiable to you, and confidentiality protection would be maintained.

While absolute confidentiality cannot be guaranteed, the research team will make every effort to protect the confidentiality of your records, as described here and to the extent permitted by law. In addition to the research team, the following entities may have access to your records, but only on a need-to-know basis: the U.S. Department of Health and Human Services, the FDA (federal regulating agencies), the reviewing IRB, and sponsors of the study.

This research uses a third party software called Zoom and Qualtrics and is subject to the privacy policies of this software noted here: <https://zoom.us/privacy> and <https://www.qualtrics.com/privacy-statement/>.

CONTACT INFORMATION FOR QUESTIONS ABOUT THE STUDY: If you have any questions about the study you may contact Cynthia Anegbeh at cynthiaanegbeh@my.unt.edu or Dr. Shahla Alai at Shahla.Alai@unt.edu with any questions you have regarding your rights as a research participant, or complaints about the research may be directed to the Office of Research Integrity and Compliance at 940-565-4643, or by email at untirb@unt.edu.

CONSENT:

- Your signature below indicates that you have read or have had read to you all of the above.
- You confirm that you have been told the possible benefits, risks, and/or discomforts of the study.
- You understand that you do not have to take part in this study and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits.
- You understand your rights as a research participant, and you voluntarily consent to participate in this study; you also understand that the study personnel may choose to stop your participation at any time.
- By signing, you are not waiving any of your legal rights.

Please sign below if you are at least 18 years of age and voluntarily agree to participate in this study.

SIGNATURE OF PARTICIPANT

DATE

***If you agree to participate, please provide a signed copy of this form to the researcher team. They will provide you with a copy to keep for your records.**

For the Principal Investigator or Designee:

I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

Signature of Principal Investigator or Designee

Date

APPENDIX C

SCORING CODE AND OBSERVER RECORDING SHEET

Instructions for Coding

- Read the definition of each measure
 - Read each measure criteria. Pay attention to each example and non-examples.
 - Read the full narrative before coding.
 - Reread the code of interest and read the definition a second time.
 - Score responses one by one . for example, score the written responses first.
 - If uncertain, reread the measure definition criteria
 - If a mistake is made, use a black pen to indicate correction
 - Make the best decision given the information
- A. Based on the measure definition and criteria, there may be no responses in a narrative.
- B. Its is fine to score more than one response in a given sentence or statement. For example, an empathetic statement might include a contingency statement that could also be a perspective taking statement.
- C. Double check scoring when finished with each measure

Written Response Codes

Use a highlighter to highlight the words the participant used in responding to each question asked during pre/ post assessment. For both assessments, score each measure with the symbol next to it. For example: if a sentence can be coded as stories based on the definition and example listed below, highlight it with a **green highlighter** and put a * next to it. Each type of statement will be assigned a different color. Check with your trainer to determine color assignments.

| Code | Definitions | Example | Non-Examples |
|------------------|--|--|--|
| 1: Descriptions | Descriptions of one's written, behaviors, or overall context (stories, events, facts, feelings, priorities, and values) as interpreted by another, so that it can be better understood by an outsider. | Any sentence with stories, events, facts, feelings, priorities, and values expressed by the participant. | Any other statement that does not describe an interpretation from the participant such as demographic information. |
| 1a: Stories* | Words that describe any experience, imaginary or real people and events told from one to another. | <ul style="list-style-type: none"> One day I went to his house and met grand parents who gave a nice cup of tea* Mom told me that when Billy was three years old, he eats a whole glass filled with chocolate. | <ul style="list-style-type: none"> Mom said she went to the market with Billy yesterday. Dad told me that he was not happy with his Billy's friend. |
| 1b: Events! | Words that describe any occurrences of specific date or time described from one to another | <ul style="list-style-type: none"> Kim's birthday was yesterday, she turned 4 years old. I met with a family who were of Asian descent; mom stated that she and her husband were born in China. | My client's birthday might be tomorrow but I'm not sure. |
| 1c: Feelings # | Words that describe an emotional state or reaction expressed from one to another. | <ul style="list-style-type: none"> I feel like it is important to understand everyone we meet. I feel very sad every time I get to work. | I think he did a great job, although he began to cry. |
| 1d: Facts ** | Words that describe any statement that is known and proven to be true. | <ul style="list-style-type: none"> Every Monday I bring different toys for my client. My client is an African American boy, age six. | <ul style="list-style-type: none"> She stated that her mother was a very beautiful woman. The pediatrician said that my son will be cured from autism in the next year or two. |
| 1e: Priorities + | Words that describe any statement that are regarded as more important than others. | <ul style="list-style-type: none"> It is important that I ensure that my client is safe at all times during outings. I try to make sure that I arrive on time for each session. | <ul style="list-style-type: none"> I sometimes come to meetings with my parents and clients on time and other times I just call ahead of time to report that I will be running late. I love my job, but I would like to get paid more. |

| Code | Definitions | Example | Non-Examples |
|---------------|---|---|---|
| 1f: Values !! | Words that describe any statement that has a significant worth to the speaker such as monetary, cultural, and ethical statements. | <ul style="list-style-type: none"> • Mom stated that the family sit together at the table every Sunday for dinner, and she would like for my client to partake in this as well. • Every time I walk into a room full of elderly people, I great them in my native language. • When I wake up in the morning I great all the adults in the house before eating my breakfast. • My family and I go back home to Chicago every summer to visit my grandmother. | <ul style="list-style-type: none"> • I like to eat skittles candy anytime I am sad. • Mom stated she gives John a piece of gum every time he finishes his dinner. |

Live Responses to Scenarios Codes

Score each measure with the symbol next to it. While watching the training recordings, mark each statement made by every participant with the symbol next to it. For example: if a statement can be coded as empathetic based on the definition and example write the symbol (##) next to the right session of the training for each participant on the observer recording sheet.

| Code | Definition | Examples | Non-Examples |
|-----------------------------|--|---|---|
| 2: Empathetic Statements ## | Statements within the narrative referencing the participants' emotional refection or comparison to the person in distress. | Statement or phases include if they understand how the other feels, know how the other feels, feels what the other feels, has felt what the other feels before, has been in that situation/ context before, or relating to the person in distress | Statements of participants own emotions. Ex: "I feel sad" or "I am feeling really angry about ..." |
| 3: Perspective Taking ~ ~ | The ability to contemplate another person's experiences and using one's imagination to try to see the world through someone else's eyes. Commonly known as "walking through another person's shoes," | Statements such as "She stated that she felt helpless, and I could only imagine going through everything alone without help from any family members." | Statements such as "I don't know how I'm going to pay my bills at the end of this month." Or "I don't understand what she said at all. She was exaggerating". |
| 4: Non-Verbal Behavior | Any information transferred from one person to another via body language. | Body movements such as nodding head to say yes or in agreement, shaking head to say no or in disagreement, smiling and forward leaning. | Any verbal or written response including vocal imitations and using words or sounds for example: um/ umm or uh-oh. |

| Code | Definition | Examples | Non-Examples |
|--------------------------|--|--|---|
| 4a: Nodding head (yes) ? | Any gesture in which the head moves in an up and down motion alternatively. In many cultures, it is most commonly, used to indicate agreement, acceptance, or acknowledgement. | Moving one's head up and down in agreeance with another's statements. | Any other movement of the head in other directions. Putting hand over head etc. |
| 4b: Shaking head (No) !* | Any gesture in which the head is turned left and right in a quick motion. In many cultures, it is most commonly, used to indicate disagreement, denial, or rejection | Moving one's head from right to left or left to right in disagreement with another's statement. | Any other movement of the head such as shaking head repeatedly for more than 5 seconds. |
| 4c: Smiling *# | Any form of flexing the muscles at the sides of one's mouth. | Any movement of one's mouth that shows their teeth, the inside of their mouth or lips spread apart. | No movement of the mouth or lips |
| 4d: Forward lean +* | Bending or moving toward to a position in front of something or oneself. | Moving whole body forward to listen closely to another's words. Moving toward another to acknowledge their presence. | Staying still and having no movement while communicating or interacting with another . |

Live Response to Scenarios: Observer Recording Sheet

While watching the training recordings, mark each statement made by every participant with the appropriate symbol. For example: if a statement can be coded as non-verbal behavior (nodding head- no) based on the definition and example write the symbol (!*) next to the right session of the training for the participant who made the statement.

| | Participant 1 | Participant 2 | Participant 3 | Participant 4 |
|--|---------------|---------------|---------------|---------------|
| Training Introduction | | | | |
| Overview of Techniques | | | | |
| Strategy 1 Allocating time | | | | |
| Strategy 2 Create a safe and loving environment | | | | |
| Strategy 3 Starting a conversation | | | | |
| Strategy 4 Continuing the conversation | | | | |
| Practice Techniques Scenario 1 | | | | |
| Scenario 2 | | | | |
| Scenario 3 | | | | |
| Scenario 4 | | | | |
| Scenario 5 | | | | |
| Scenario 6 | | | | |

APPENDIX D
TRAINING PROGRAM POWERPOINT

A CULTURAL RESPONSIVITY TRAINING PROGRAM FOR BEHAVIOR ANALYSTS: MEANINGFUL CONVERSATIONS

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Fall, 2021

PURPOSE

This workshop is designed to train professionals in the field of behavior analysis to be culturally responsive, open, caring, collaborative, and intercommunicative during interactions with families from diverse backgrounds.



TRAINING OBJECTIVES:



- ❑ To teach caring, open, collaborative, intercommunicative, and culturally responsive interaction skills to Behavior Analysts.
- ❑ To assist Behavior Analysts in identifying the struggles in creating interventions that are culturally diverse and effective for the parents/ caregiver and families from diverse backgrounds.
- ❑ Reflecting and understanding one's own cultural context (one's own values, beliefs, biases and behaviors) and how they influence your perspective on interventions.
- ❑ Learning techniques of having meaningful conversations to understand family cultural context (strategies, models, conversations with one another).
- ❑ Understanding the benefits of cultural competency and responsibility when working with families from diverse backgrounds.
- ❑ Learning how to apply culturally responses during professional-family interactions (parents/caregivers/individuals) .

THE KNOWLEDGE BASE

- Research Evidence
 - Critical Theory and Commentary
 - Practice Guidelines
 - Narratives
- All of these informed this training program

TRAINING OVERVIEW

Part 1: Pre-assessment.

Part 2: Discussion on Cultural Responsivity with Behavior Analysts.

Part 3: Practicing and Roleplay scenarios.

Part 4: Post Training Survey.

CULTURAL RESPONSIVITY TRAINING: RATIONAL AND INSTRUCTIONS (SECTION I)

*The purpose of this section is to have a general overview/
discussion on cultural responsivity, its effects.*

INTRODUCTION

- Intervention changes should be valued
- Collaborative efforts between families and professionals
- Responsive to family cultures
- Safe, inclusive and respectful conditions



(Lynch & Hanson, 2004)

WHAT IS CULTURAL RESPONSIVITY?

- **Cultural responsivity is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures. (Lynch & Hanson, 2004).**
- **Wlodkowski & Ginsberg (1995) describes it as a concept primarily used in education, in describing a collection of educational practices that respect and honor diversity.**
- **It could also be described as behavior and social issues engaging all learners by incorporating cultural interests and preferences into the curriculum.**



WHY IS CULTURAL RESPONSIVITY TRAINING IMPORTANT FOR BEHAVIOR ANALYSTS?



- Meaningful conversations with families.
- Increase family participation in the intervention process.
- Understanding parents need.
- Exploring and identifying cultural methods for collaboration.
- Learn from and relate respectfully with families.
- View cultural variations and differences as strengths rather than a need for accommodation

(Thompson, 2012)

NEEDS

- Communication skills facilitate intercultural relationships (Lynch & Hanson, 2004).
- Understanding different cultural perspectives helps to meet unique needs. (Thompson, 2012).
- Acquiring awareness of one's own values and biases as well as the family's viewpoints and values (Miller et al , 2019).



CULTURAL RESPONSIVITY TRAINING: RATIONAL AND INSTRUCTIONS(SECTION II)

The purpose of this section is to reflect and understand one's own cultural context, understanding the techniques of having meaningful conversations and the benefits of being culturally responsive.

REFLECTION

- Have you ever come in contact with a family whose cultural practices are different from your own?
- Have you ever had a difficult interaction with a child/family from a cultural background you are not familiar with or have never had an encounter with?



TECHNIQUES ON CONDUCTING MEANINGFUL CONVERSATIONS TO UNDERSTAND FAMILY CULTURAL CONTEXT.

Strategies

Models of strategies

One on one practice on strategies

STRATEGIES



Allocate Time



Creating a safe and loving environment



Start a conversation



Continue the conversation



ALLOCATE TIME

Set out a specific time that is convenient for both parties and keep to it.

SCENARIO

Ashly's mother Sara is seeking services for her newly diagnosed daughter with ASD. She works Monday through Fridays from 8am to 8pm.

The BCBA has set all parent meetings between MondayFriday from 1 to 4pm. The parent meetings are necessary for insurance coverage and there is a chance that her daughter will lose hours because they aren't meeting requirements



MODELS OF ALLOCATING TIME

CREATING A SAFE AND LOVING ENVIRONMENT

- Asking and responding to the questions.
- Tone of voice
- Making eye contact
- Active Listening



SCENARIO

After scheduling a meeting with Sara, the BCBA is told that she would prefer the meeting to be at a nearby Starbucks.

The BCBA calls mom and attempts to suggest another possible location for their meeting.



CREATING A
SAFE AND
LOVING
ENVIRONMENT

START A CONVERSATION

| | |
|-------|----------------------|
| Start | with greetings |
| Make | eye contact |
| Have | open body language |
| Be | clear and articulate |
| Ask | open ended questions |

ONLY

SCENARIO

During the intake process, Sara explained to the BCBA the difficulties of having a child of 3 years diagnosed with ASD. She explained how she initially found out from about her daughter's noneurotypical behaviors.

Sara explained to the BCBA the difficulties of having a 3 year old with autism. She explained that she knew something was wrong when she realized how delayed her daughter was verbally



STARTING THE CONVERSATION

CONTINUE THE CONVERSATION

| | |
|--------|---------------------------------|
| Have | follow up questions |
| Listen | for understanding |
| Ask | questions for clarity |
| Repeat | key points previously discussed |
| Give | descriptions and examples |

SCENARIO

Sara explained to the BCBA that she is nervous about her child going back to school.

Example questions: "What are you most worried about for Ashly going back to school?"

"How do you think we can properly support you in the home that will prepare Ashly for school?"



CONTINUING THE CONVERSATION

CULTURAL RESPONSIVITY TRAINING: RATIONAL AND INSTRUCTIONS(SECTION III)

The purpose of the following Role Play Scenarios is to assist you in practicing techniques in being culturally responsive by using open and caring responses. Please role play the following scenarios with your partners.

SCENARIO 1

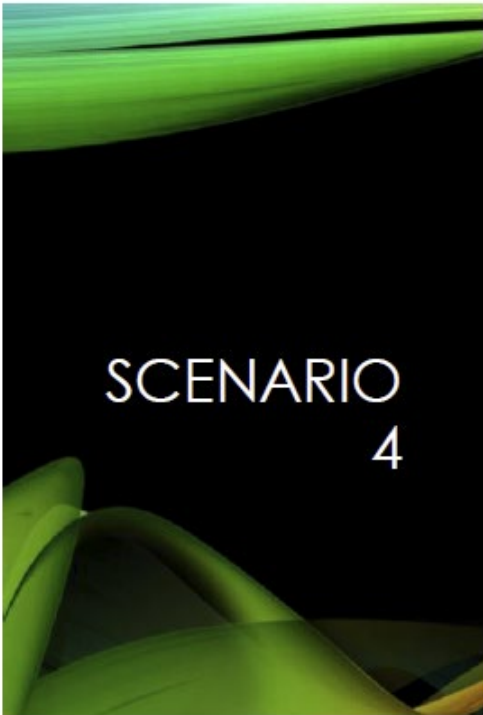
You are working with a family from El Salvador supervising an RBT. The client's parents are out of town for the week and his grandparents and siblings are at home with him during his session. Your client (Marc) begins to repeatedly leave his seat during a math lesson. The RBT attempts to redirect him back to his session but is obviously struggling. The grandpa catches Marc by his shoulders and threatens to swat him with his belt. How would you respond in this situation?

SCENARIO 2

You are assigned to work with a new client (Venus), whose family is from Bangladesh. Upon arrival, you notice a large number of shoes lined up neatly outside the house. When the mom opens the door, you say "hello!". Before the mom responds to your greeting, she says, "could you please remove your shoes and socks before entering? I have some slippers here for you to wear". How would you respond in this situation?

SCENARIO 3

You are assigned to work with a Pakistani family for a three-hour session with a new Behavior Technician (BT). The client is 5-year-old Amir and is starting ABA sessions today. One hour into the session, mom comes to the therapy room with two cups of smoothies and some pastries for you and the BT. You and the BT politely decline and explain the company policy. Mom begins to say, "what's wrong?" and asks if you didn't like certain ingredients in the smoothie. She appeared confused and said "Well that's crazy. You can't expect to be in someone's house for three hours without eating or drinking anything!" and hands the drink to you anyway. What would you do in this situation?



SCENARIO 4

You are called to fill in for a BCBA who is on vacation. Upon arrival, you are greeted by the client (a 9-year-old boy named Felix), who opens the door. You quickly ask him if his parents are home, he is unable to provide a solid answer. You then see an elderly woman walking towards the door, you walk into the house, greeting her. After saying good morning twice, you notice Grandma does not properly respond. Halfway through your session, you realize Grandma does not understand English and only responds to you in Portuguese. How do you respond in this situation?



SCENARIO 5

As a new board-certified behavior analyst (BCBA) assigned to Rashad's case (an eight-year-old African American boy), you get a call from your Behavior Technician (BT) stating that his mother smacked him several times on his buttocks for breaking a glass centerpiece table in the living room. The BT further explains that mom has threatened to beat him several times by raising her arm every time he attempted to break any glass object around the house. The technician further explained that each time mom smacks or attempts to spank Rashad, he cries for a few minutes and has no further problem behaviors for the rest of the session. How do you respond to this situation?

SCENARIO 6

You are assigned to work with a 2-year-old girl (Zoe), newly diagnosed with autism spectrum disorder (ASD). Upon arrival for your initial assessment at her home, you meet grandma Bummi and her parents (Mr. & Mrs. Olatunde). As you start asking the parents some few questions about Zoe, her grandmother (Bummi) interrupts saying: "I keep telling my daughter that this child is fine, we do not have illnesses as such in our family". She further expresses that no one should hear of Zoe's diagnosis, saying "it is an abomination where I am from". She concludes by saying, "we will continue to pray against this sudden demonic illness and it will go away", while walking out of the room. Mom leaves the room in tears and dad starts to apologize on her behalf. How do you respond in this situation?

CONTINUOUS LEARNING

- 
Form a community of practice
- 
Learn about the diverse people in your region
- 
Learn to reflect on your own cultural responsiveness
- 
Resources

CULTURAL RESPONSIVITY TRAINING:
RATIONAL AND INSTRUCTIONS (SECTION IV)

Survey (Post Assessment).

https://unt.az1.qualtrics.com/jfe/form/SV_0oyQS1b9Qa6Uhg2

Thank You for Participating!!

APPENDIX E
PRE AND POST ASSESSMENTS

Cultural Responsivity Training: Pre-Assessment

Instruction: Please answer the following questions as accurately as possible by filling in the space provided. All responses will remain confidential and are only designed to give the research team information that will help improve training in helping behavior analysts in-training and in practice provide more open and caring interactions to diverse families served.

Demographic Questions

- What is your age?
- How would you describe your gender?
- How would you describe your Ethnicity (or Race)?
- What was your first spoken language and what other language(s) do you speak or are spoken in your household?
- Describe your formal education.
- List any certifications or training you have completed:
- What other skills or strengths do you bring outside of your formal education?
- What is your current profession?

Cultural Responsivity Questions

- What role would you play in life of the children/families you serve?
 - How often do you interact with families who have different cultural backgrounds from yours?
 - Describe one or more experiences you have had with families with a culture or background different from yours?
 - Describe one or more of the hardest interactions related to cultural differences you have had with a child, caregiver, or parent during the treatment process?
 - Describe one or more difficult experiences you have had when working with a child/family with a culture similar to yours?
 - What are some things to consider when appointed a child/family from a cultural background you are not familiar with or have never had an encounter with?
 - What would you do before meeting with a new child/family from a different cultural background than yours?
 - What sort of questions or feedback would you have during your meetings with the new child/family from a different cultural background than yours?
 - What would you do after your initial meetings with the new child/ family?
 - What does being culturally responsive mean to you?
-
-

Cultural Responsivity Training - Post-Assessment

Instruction: Please answer each question as accurately as possible by filling in the space provided. All responses will remain confidential and are only designed to give the research team information that will help improve training to help professionals in- training provide more open and caring interactions to diverse families served.

- Describe one or more experiences you have had with families with a similar culture or background to yours?
- Describe one or more of the hardest interactions related to cultural differences you have had with a child, caregiver, or parent during the treatment process?
- Describe one or more difficult experiences you have had when working with a child/family with a culture similar to yours?
- What are some things to consider when appointed a child/family from a cultural background you are not familiar with or have never had an encounter with?
- What sort of questions or feedback would you have during your meetings with the new child/family from a different cultural background than yours?
- What would you do after your initial meetings with the new meeting?
- What does being culturally responsive mean to you?
- How satisfied are you with the training?
 - Very satisfied
 - Somewhat satisfied
 - Not at all satisfied
- If comfortable doing so, list any benefits you think the training provided?
- If comfortable doing so, describe how the training could be improved?
- How likely are you to use strategies learned during this training in having a meaningful conversation with families from diverse cultures?

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|-------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Not at all likely | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Somewhat likely | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Very Likely | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Is there anything else that you would like me to know?

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