A Summary of the Recommendations to Increase Cultural Responsiveness in the Field of Applied Behavior Analysis

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Abstract

Cultural contingencies help shape the development of an individual's behavioral repertoire. Researchers within field of behavior analysis have, within the past decade, reiterated the importance of connecting behavioral principles to a client's cultural practices. The incorporation of cultural preferences within behavioral services is paramount to the effectiveness and sustainability of those services. The present paper summarizes the guidance of researchers for practitioners beginning to develop this repertoire and apply it to their clinical practice. This paper begins by acknowledging that the foundation of the field of applied behavior analysis set the stage for understating how cultural considerations make the field applied. Different themes related to increasing the cultural responsiveness of the field are summarized by reviewing the supporting literature. The research is further summarized into guiding principles for practitioners as they begin to sharpen this skill. The paper ends with a call for scientist practitioners and researchers to capture data related to culturally responsive service provision to inspire efforts in empirical evaluation of the recommendations provided.

Keywords:

Cultural Responsiveness, Cultural Humility, Cultural Awareness, Applied Behavior Analysis

Introduction

Culture is the backbone of the science of behavior analysis. Differentiation in cultures forms as the result of interactions between individuals which result in specific specific repertoire being shaped by social consequences (Glenn, 2004). These interactions are responsible for a large portion of human learning and the combination of consequences over time within a specific context is what makes a culture unique (Glenn, 2004). The cultural identity of specific group of individuals will determine behavioral nuances that are considered appropriate or inappropriate (e.g., shaking hands as a greeting, avoiding direct eye contact, hugging when welcoming a grandparent). Understanding the existing cultural repertoires of a family, community, or social group gives a behavior analyst a starting point to develop a client-centered intervention plan. An emphasis on culture is a necessary component of behavior analytic intervention because cultural responsive

intervention practices can more readily support the naturalistic reinforcement of beneficial behaviors (Neely et al., 2020).

Researchers have given the field a foundation upon which to start developing culturally responsive repertoires to serve diverse populations (Arango & Lustig, 2022; Beaulieu et al., 2019; Conners & Capell, 2021; Fong et al., 2016; Fong et al., 2017; Fong & Tanaka, 2013; Gatzunis et al., 2022; Jimenez-Gomez & Beaulieu, 2022; Kirby et al., 2022; Mathur & Rodriguez, 2021; Najdowski et al., 2021; Wright, 2019). The recent adoption of the new Ethics Code for Behavior Analysts (referred to as "the ethics code" here after) outlines that incorporating cultural considerations into clinical practice is not only recommended, but required if a certified behavior analyst is in compliance with this code (Behavior Analyst Certification Board {BACB}, 2020). Arango and Lustig (2022) identified specific areas within the ethics code that pertain to cultural responsiveness. Within the Core Principles section, the code requires the equitable treatment of clients and stakeholders, "regardless of factors such as age, disability, ethnicity, gender expression/identity, immigration status, marital/ relationship status, national origin, race, religion, sexual orientation, socioeconomic status, or any other basis proscribed by law" (BACB, 2020, p. 4). Also, within the Core Principles the ethics code outlines that certified behavior analysts should continuously make efforts to increase their own scope of competence related to serving clients of diverse backgrounds (BACB, 2020). The same themes are reflected in the ethical guidelines for members of the American Psychological Association (APA) and the American Occupational Therapy Association (AOTA; AOTA, 2020; APA, 2017). The ethical guidance from both organizations places an emphasis on making efforts to understand and preserve an individual's cultural identity when providing services. The focus on cultural components across fields that often interact with one another affirms the importance of these considerations. As Arango and Lustig (2022) remind us, an ethical approach to serving multi-cultural clientele is one that takes into consideration the relevant contextual variables within a family's environment as well as the family's treatment preferences.

While practitioners await further recommendations within this area, they also anticipate the empirical evaluation of these suggestions. Specifically, identifying the suggestions that are most valuable for supervisors, practitioners, researchers, and organizations to invest resources into. This paper will reflect on the foundations of applied behavior analysis (ABA) and how those who were present during the field's inception set the precedent for exploring this important issue. Main themes and recommendations surrounding cultural responsiveness will be outlined with supporting articles identified for each theme.

A review of the few empirical demonstrations of developing a culturally responsive repertoire will be discussed and recommendations for future researchers will be given. Finally, the recommendations of some of the most cited articles which focus on cultural considerations will be combined to give practitioners guiding principles as they begin developing this repertoire. It is the intention of this paper to serve as a starting point for practitioners who recognize the importance of developing a culturally responsive practice but are unsure where to start within the literature. An additional goal is to encourage scientist practitioners and researchers to conduct empirical investigations on this topic to further guide the field of applied behavior analysis in these efforts.

The terms used throughout this paper as well as other terms related to cultural responsiveness are outlined in Table 1 to assist readers in discriminating between terms. Articles that describe these terms are cited within the Table. Differentiation between terms is found throughout the published literature on the topic of cultural responsiveness (Gatzunis et al., 2022; Mathur & Rodriguez, 2022); therefore, for the sake of clarity, the terms used frequently within this paper are clearly outlined. Cultural responsiveness will be used when discussing overall incorporation of family preferences, values, and cultures into clinical work (Mathur & Rodriguez, 2022; Miller et al., 2019). When referring to verbal behavior surrounding one's own biases and how this might affect practice, the term cultural awareness will be used (Arango & Lustig, 2022; Fong et al., 2016; Gatzunis et al., 2022; Martinez & Mahoney, 2022). Cultural humility will refer to the ongoing development and improvement of an individual's cultural awareness (Gatzunis et al., 2022; Jimenez-Gomez & Beaulieu, 2022; Kirby et al., 2022; Martinez & Mahoney, 2022; National Institute of Health, 2020).

Connection to the Origins of ABA

The science of ABA has long been one that values client input and incorporates client preferences (Baer et al., 1968; Wolf, 1978). An emphasis on embracing the preferences of those we work with is not new for the field of behavior analysis. Baer and colleagues' (1968) seminal article describes that the behaviors chosen for intervention should be important to the individual affected by intervention. Baer and colleagues (1987) updated and expanded this original call for socially significant behavior change by reminding readers that social significance can be determined by both the individual experiencing intervention as well as those who support them throughout the experience (i.e., those who have likely helped shape the individual's cultural identity). Several current publications have linked the foundational dimensions described by Baer et al. (1968, 1987) to a culturally responsive approach

Table 1

Common Terms Used in Discussions of Cultural Responsiveness in Human Services, Behavior Analysis and the Medical Field

Term	Definition	References
Culture	"The extent to which a group of individuals engage in overt and verbal behavior reflecting shared behavioral learning histories, serving to differentiate the group from other groups, and predicting how individuals within the group act in specific setting conditions" (Sugai et al., 2012, p. 200).	Sugai et al., 2012
Cultural sensitivity	Recognizing and embracing differences between the practitioner's cultural background and that of their clients. Understanding how this background can create biases and working these realizations into clinical practice and interactions. This process takes place both at an individual and organization-wide level. This term is often used to reflect verbal behavior that tacts cultural differences as well as overt behaviors that incorporate accommodations for those differences in service provision.	Arango & Lustig, 2022 Gatzunis et al., 2022 Martinez & Mahoney, 2022
Cultural Competence	The repertoire of behaviors, policies, and values that are combined within an organization to allow professionals to work effectively across culturally diverse situations. This term is often used to describe the group of actions an individual or organization has taken to create systematic change. When discussed, authors describe culturally competent organizations as those that impact large, community systems by creating policy change, systems changes, and advocating for disadvantages populations. This term has not been used recently to reflect an individual's behavior as it conveys an idea of reaching a level of "mastery".	Arango & Lustig, 2022 Fong & Tanaka, 2013 Miller et al., 2019
Cultural Awareness	Often describes as verbal behavior. An individual can tact the differences between their cultural backgrounds and that of their clients and can also name the ways that these two backgrounds may be different and how those differences could affect services.	Arango & Lustig, 2022 Fong et al., 2016 Gatzunis et al., 2022 Martinez & Mahoney, 2022
Cultural and Linguistic Diversity	"(T)he social (cultural) differences between groups that may control verbal behavior" (Brodhead et al., 2014, p. 76).	Brodhead et al., 2014, p. 76
Cultural Humility	Describes ongoing process of evaluating and modifying one's own behavior following interactions with individuals of backgrounds different than one's own. Continuously increasing openness to different viewpoints. The process of continuously improving upon one's own cultural awareness.	Gatzunis et al., 2022 National Institute of Health, 2020 Jimenez-Gomez & Beaulieu, 2022 Kirby et al., 2022 Martinez & Mahoney, 2022
Culturally Responsive Teaching	Incorporating the diverse experiences of both a student and faculty population into a program's curriculum to ensure equitable educational experience for all students, regardless of background.	Gatzunis et al., 2022 Jimenez-Gomez & Beaulieu, 2022, Miller et al., 2019
Cultural Reciprocity	The process of evaluating ongoing interactions between individuals of differing cultures. Making changes and compromises in line with each party's values as needed.	Kirby et al., 2022
Cultural Responsiveness	The process of collaboration with clients and stakeholders to ensure intervention is reflective of the client's values and goals. Involves combining a cultural awareness repertoire with actively listening to the values and preferences of clients.	Mathur & Rodriguez, 2022 Miller et al., 2019
Culturally and Contextually Relevant	Used when discussing educational curricula and materials and describes designing these supports to ensure that each student can experience the maximum amount of benefit from what is developed and taught	Sugai et al., 2012

Note: The terms above have been defined based upon either direct quotes from authors studying a specific topic or from a combination of authors describing a specific term. The terms used most often throughout the current paper will include cultural responsiveness, cultural humility, and cultural awareness.

Table 2

Content Areas Related to Cultural Responsiveness and Relevant Citations

Area of Interest	Publications that Offer Recommendations
Developing One's Own Culturally Responsive Repertoire	Arango & Lustig, 2022 Dennison et al., 2019 Fong et al., 2016 Fong et al., 2017 Gatzunis et al., 2022 Machalicek et al., 2021 Neely et al., 2019 Wright, 2019
Developing Culturally Responsive Educational and Organizational Systems	Fong & Tanaka, 2013 Mathur and Rodriguez, 2021 Nadjowski et al., 2021 Sugai et al., 2012
Cultural Considerations in Supervisory Relationships	Gatzunis et al., 2022
Guidance for Cultural Sensitivity in Family Interactions, Assessment, and Protocol Development	Beaulieu & Jimenez-Gomez, 2022 Dennison et al., 2019 Jimenez-Gomez & Beaulieu, 2022 Martinez & Mahoney, 2022 Rohrer et al., 2021 Neely et al., 2020 Tereshko et al., 2022
Cultural Considerations in Research Procedures	Ruzycki & Amhed, 2022 Syed et al., 2023
Commentaries on Culture in Behavior Analysis	Arango & Lustig, 2022 Brodhead et al., 2019 Conners & Cappell, 2021 Fong et al., 2017 Hayes & Toarmino, 1995 Miller et al., 2019 Lechago, 2022 Wright, 2019

Note: A sampling of literature across different areas related to cultural responsiveness in behavior analysis. This table is meant to serve as a guide for practitioners/ researchers beginning to develop repertoires related to cultural responsiveness.

to services (e.g., Beaulieu et al., 2019; Brodhead, 2019; Fong et al., 2016; Jimenez-Gomez & Beaulieu, 2022; Mathur & Rodriguez, 2021; Neely et al., 2020; Sugai et al., 2012; Syed et al., 2023; Wright, 2019). Baer and colleagues described that what sets the science of behavior analysis apart from similar ones is its applied nature which aims to make behavioral changes that are significant for the learner in their natural environment. An efficient and collaborative way of determining the importance of goals is to discuss them in collaboration with the client and take into consideration the client's specific context and the ongoing contingencies that will support whether the goals are likely to maintain. Baer and colleagues (1968, 1987) also identified that behavior analysts are analytic in their work. Culturally aware practitioners demonstrate this dimension by understanding the variables within a client's environment that sustain behaviors and might support behavior change (Baer et al., 1968; Brodhead, 2019). If client context is not taken into consideration, a behavior analyst might miss the influence of these variables. Not including a family's

cultural background into behavior analytic decisions would be, as Brodhead (2019) describes, "incongruent with our core value of being analytic" (p. 828).

The importance Baer and colleagues (1968, 1987) placed on social significance in ABA has not recently been reflected in the field's published work. Ferguson and colleagues (2018) conducted a review of the Journal of Applied Behavior Analysis that assessed whether studies evaluated social significance in research by collecting measures of social validity. The results indicated that, from 1999-2004 only between 3-7% of articles assessed for social validity in some form. This number increased only slightly from 2007-2016 with an average 13% of articles reporting social validity measures. One dimension of social validity that closely aligns with culturally responsive intervention is the selection of goals based on their importance for the learner. Ferguson and colleagues reported that this dimension was the least likely evaluated throughout the articles reviewed. This lack of focus on input from clients and stakeholders could lead the

non-behavior analytic community to believe that ABA has strayed from its original intention of putting clients at the center of services.

This potential stray from incorporating client preferences and cultural differences into practice may stem from an over-generalization of the understanding that behavioral principles are universally applicable (Hayes & Toarmino, 1995). This might mean that practitioners create goals based on responses they see as socially concerning, but do not follow through by discussing these goals with the individual or their family. The goal is targeted because the analyst is confident that the behavior can be changed given the universal principles of behavior. However, Hayes and Toarmino (1995) explain that the most thorough analysis of a specific behavior will include analysis of the relevant components of the individual's cultural identity. An understanding of a client's culture can inform practitioners of a myriad of details important to programming (e.g., existing environmental arrangements, cultural norms, existing sources of reinforcement). Goldiamond (1974) described a constructional approach to the field of behavior analysis as one in which the learner's current repertoire is always the starting point in goal development. A culturally responsive program would take this same approach in incorporating a family's priorities and existing repertoires into intervention and building skills from there (Goldiamond, 1974).

The importance of considering the diverse background of families is amplified by the immense changes occurring in the cultural makeup of countries. The most recent United States Census reflects the rapidly changing demographics of the country. The 2020 census estimates that non-White individuals make up 38.4% of the country's population (United States Census Bureau, 2022). This is a nearly 9% increase from the previous decade's data. It is an enormous increase from the census conducted in 1970, soon after the release of Baer and colleagues' (1968) seminal publication which put an emphasis on goal relevance for clients. The 1970 census reported that individuals of color represented only 12.6% of the total population (Singer, 2022). This is especially important given the mismatch between the racial makeup of the United States with the racial makeup of certified behavior analysts with only 21.5% of BCBA or BCBA-D certificants identifying as Black, Indigenous, or people of color (Syed et al., 2023). The national conversation is going through a long-overdue shift on listening to the preferences people of color who represent almost half of the country's population. In response to this cultural shift, other fields have start to prioritize cultural responsiveness training for early professionals (Jernigan et al., 2016). The field of behavior analysis is just beginning to accomplish the same training for professionals implementing the science.

Current Recommendations

Start with Self

The recommendation from numerous publications on building a culturally responsive repertoire is to begin by evaluating one's own cultural background and biases (Arango & Lustig, 2022; Dennison et al., 2019; Fong et al., 2016; Fong et al., 2017; Kirby et al., 2022; Lechago, 2022; Mathur & Rodriguez, 2021; Neely et al., 2020; Wright, 2019). The new ethics code calls for practitioners to carefully evaluate their own cultural awareness before beginning a professional relationship by identifying areas of strength and opportunities for growth (BACB, 2020). Practitioners can evaluate their own competence by reflecting on interactions with families, determining the appropriateness of those interactions, and making decisions about whether the relationship is a good cultural fit or if a colleague might better serve the client (BACB, 2020). This might be done by taking notes on an interaction with a family following an intake meeting that describe language used during the interaction, reactions observed, or comments made by the family. These notes could be reviewed before the next interaction and modifications made based upon the family's responses. A practitioner could review these notes with a mentor they rely on for developing a culturally responsive repertoire. Determining whether interactions are improving in terms of cultural responsiveness should be assessed by checking in with families and asking whether language used, family education strategies, and recommendations are in line with their preferences. This should be done frequently throughout a therapeutic relationship. Recognizing and acknowledging one's own biases can aid in a practitioner's understanding of how their own environment may affect their approach towards a clinical case. Reflecting on these biases can also help a practitioner see how their own circumstances differ from the circumstance of the family or client they are working with. Identifying biases could also include a practitioner covertly labeling any assumptions that are made before and after interactions with potential clients. For example, when first arriving to a family's home, the practitioner can ask themselves how the neighborhood the client lives in, the vehicle they see in the driveway, or even the report written by the diagnosing physician is influencing their assumptions about a family. Tacting these assumptions and recognizing them as biases might lead to differences in overt behaviors displayed during interactions with the family.

An evaluation of this type of bias might lead practitioners to create interventions that are more in line with a family's cultural identification. In a brief example, a clinician who grew up eating dinner in a dining room, at a table with at least one other family

member, with sparse back and forth conversation might assume that a family's goal of "eating a meal together" takes place in the family home in a similar manner. However, the family they are working with may have a full schedule and the ideal exemplar of eating a meal together for this family commonly resembles going to a busy restaurant, engaging in loud conversation, and laughing together at the end of the day. Mathur and Rodriguez (2021) warn that families might be hesitant to offer goals counter to the behavior analyst's recommendations because the behavior analyst is seen as the "expert" and the family would not want to risk losing clinical support. A self-examination of bias could help the clinician create a protocol that, from its beginning, takes family preferences into consideration. Fong and colleagues (2016) eloquently outline ideas on how professionals can embark upon this process. A sampling of these ideas includes discussing diverse client interactions with mentors or in small professional groups to gain feedback. Fong and colleagues remind us that self-reflection and talking about one's own behavior can help bring awareness to interactions that may have been inappropriate. Fong and colleagues also emphasize the importance of being an active listener and recommend that, "practitioners hone their ability to attend closely to clients and self, in context" (p. 86). Gatzunis et al. (2022) provided similar recommendations to those supervising mentees of diverse cultural backgrounds. Gatzunis and colleagues offer a comprehensive checklist that supervisors can use for self-evaluation. The checklist, called the Culturally Responsive Supervision Self-Assessment (CRSS) Tool, reminds supervisors to self-reflect on how individual biases may influence interactions. The tool combines the cultural background of the supervisor, the supervisee, and the clients being served to make a respectful interaction for all parties more likely. The ubiquitous recommendation of self-reflection supports the idea that to truly learn about how other cultures might impact programming, one must first understand how their own background creates bias.

Creating Culturally Responsive Systems

Several papers have emphasized the importance of beginning to teach cultural awareness at the inception of behavior analytic careers (e.g., Beaulieu et al., 2019; Fong et al., 2016; Fong et al., 2017; Mathur & Rodriguez, 2021; Najdowski et al., 2021). Training cultural responsiveness from the beginning of a behavior analyst's familiarity with the field would support simultaneously learning the importance of cultural identity and that behavioral principles are universally applicable. As an example, an early career behavior analyst learning about functional-assessment procedures while simultaneously being taught the importance of cultural considerations in assessment procedures (Dennison et al., 2019) would

be better situated to choose an assessment the client is comfortable with. Initially teaching behavior principles through the lens of cultural humility could prepare practitioners to incorporate these considerations more readily into intervention decisions.

Mathur and Rodriguez (2021) provide specific components that could be involved in the implementation of a culturally responsive curriculum. The curriculum outlines competencies that are specific to client interactions such as creating treatment goals as a result of collaboration with a family. Also included are repertoires that reach beyond the impact that a clinician can have on a single family. Mathur and Rodriguez (2021) suggest behavior analysts engage in educational events specifically focused on the cultures within their community. Further, actions to help develop equitable supports for individuals with disabilities within their community are outlined as competencies. These actions include outreach to local pediatricians, collecting data on referral demographics, and actively advocating for those experiencing oppression (Mathur & Rodriguez, 2021). The curriculum created by Mathur and Rodriguez was inspired through a review of similar curricula from other disciplines. The medical field, for example, has begun the process of evaluating the results of a culturally responsive curriculum specific to training of medical residents (Jernigan et al., 2016). Although there remains no empirically evaluated training on cultural responsiveness for behavior analytic practitioners (Lechago, 2022), it is encouraging to see that thoughtful consideration of cirricula components is beginning.

Cultural Considerations in Supervisory Relationships

Once a behavior analyst enters the workforce, the responsibility of continuing to develop a culturally aware skill set lies with the individual, their supervisors, mentors, and the organizations that employs them. Additionally, it is the supervisor's responsibility to understand the differences between their own as well as their supervisee's cultural backgrounds. Gatzunis and colleagues (2022) outlined the importance of culturally responsive supervision and developed the previously mentioned tool that could be used during a supervisory relationship to evaluate whether the guidance of the mentor is sensitive to the background of both the supervisee as well as the individuals receiving services. The tool incorporates ongoing evaluation throughout the supervisory relationship to detect changes in bias and culturally responsive behaviors (Gatzunis et al., 2022). As with the first recommendation, this tool begins with the supervisor's self-evaluation of their own cultural background and how this evaluation could potentially affect services. The ethics code (BACB, 2020) also acknowledges the importance of cultural responsiveness in supervision

by outlining that supervisors evaluate their own scope of competence when supervising it is also required that supervisors incorporate topics related to diversity, equity, and inclusion into supervision experiences. Further, it is the supervisor's responsibility to ensure that their mentees are familiar with the current ethical code (BACB, 2020). This holds the supervisor responsible for contributing to the development of their mentees own cultural awareness (BACB, 2020; Gatzunis et al., 2022).

Guidance for Protocol and Assessment Development

Guidance has also been given to practitioners in developing specific interventions that incorporate the cultural preferences of clients. Several commentaries begin by suggesting an open conversation and listening to individuals and the communities who support them throughout services (Beaulieu & Jimenez-Gomez, 2022; Kirby et al., 2022; Lechago et al., 2022; Mathur & Rodriguez, 2021). Hayes and Toarmino (1995) describe the importance of understanding the functionality of behavior both from an individual as well as a community (i.e., cultural) perspective. Following information gathering, clinicians should ensure that the goals selected for intervention are aligned with the values of the client as well as their stakeholders and are appropriate given the client's context (e.g., workplace, community, family dynamic; Fawcett, 1991). A clinician's ability to collect this information will vary across the different skill sets of individuals being served. If a clinician is working with an individual with limited communication skills, specific assent procedures could be discussed with the family to ensure that client preferences are being prioritized during intervention. If a client or family disagrees with a clinician regarding the implementation of protocol that would be detrimental to the client's ultimate goal, practitioners should take the time to discuss these contingencies collaboratively. In an example, if a client is hesitant to begin an intervention to decrease facial skin picking in public settings but has an ultimate goal of going on a few successful dates, the clinician could discuss the interaction between the proposed goal and the ultimate goal to give the client more context regarding the clinician's recommendation. Beaulieu and colleagues (2022) reiterate the importance of considering the feasibility of the maintenance and generalization of skills within the client's natural environment. Determining whether the program would sustain should be a key factor in considering whether it should be started.

Implementing Culturally Responsive Strategies at an Organizational Level

Fong and Tanaka (2013) provide focused recommendations for how behavior analytic organizations can support the effort to increase the cultural responsiveness of the field. These standards include practices to support the diversification of the work force by mentoring and supporting candidates from diverse backgrounds. Recommendations for workplace activities such as ongoing training and clearly stated goals surrounding culturally responsive efforts were suggested. One recommendation Fong and Tanaka provide that has been echoed through clinical and research publications (e.g., Brodhead et al., 2014; Fong et al., 2016; Jimenez-Gomez & Beaulieu, 2022) is that demographic data surrounding the cultural and ethnic makeup of the individuals an organization serves are imperative to capture. Organizations should be thoughtful regarding the allocation of time and funds towards these initiatives, given their importance and the amount of time and effort that will go into creating systems-wide changes. Fong and Tanaka's suggestion of creating and adhering to organization-wide goals surrounding diversification and cultural education can help ensure that the time taken in the process of developing these strategies is not placed solely on the individual clinician. Fong and Tanaka's recommendation to, "ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery" (p. 18) would mean a giant organizational shift for those who do not already have similar systems in place. However, organizations can follow Goldiamond's (1974) advice, once again, and start with the current organizational repertoire to build towards an overall goal in incremental, meaningful steps. This could mean that an organization begins by adding culture-specific content/trainings to already scheduled meetings. After feedback is collected, the organizations could plan for future meeting time to increase the training opportunities for their staff. Providing staff with resources and support in this effort should be considered part of an organization's long-term continuing education commitment.

A Call for Empirical Investigation

Getting Started

A decade has now passed since Fong and Tanaka's (2013) call for building stronger cultural alliances through behavior analytic services. An empirical question that remains to be determined is how these recommendations are impacting the repertoire of today's behavior analysts and the clients they serve. Research in this area will be difficult as the process of identifying and measuring relevant behavior change associated with the development of a culturally responsive repertoire can be a difficult undertaking (Mathur & Rodriguez, 2021). Is it possible to measure and capture the shifts in a bias? How can we ensure that the actions taken by practitioners are seen from the family's perspectives as genuine, rather than just a box to be checked (Rohrer et al., 2021)? We might start with evaluating the suggestions provided in

the articles mentioned throughout this paper and determining those that make the strongest impact.

We can also examine the example of another current issue within behavior analysis that is interdependent to cultural humility, that of compassionate care (Lechago et al., 2022; Rohrer et al., 2021). Rohrer et al. (2021) summarized the status of the field of behavior analysis as it relates to compassionate care and suggested a checklist, called the Compassion and Collaboration Tool, that could be used in guiding practitioner behavior in this area. The Compassion and Collaboration Tool was informed by publications that taught compassionate care skills to those within health care and other human services fields. The checklist's publication was followed by Rohrer and Weiss (2022) who evaluated whether these skills could be taught to pre-certification masters students. The researchers delivered behavioral skills training to teach different skill sets outlined by the Compassion and Collaboration Tool. These skill sets included basic skills (e.g., nodding while listening, providing a positive introduction at the beginning of the interaction), showing interest in the family (e.g., asking about preferences, incorporating the caregiver's feedback into the intervention), and joining in with the family (e.g., providing empathy statements and statements that demonstrate the practitioner will join in the family on therapeutic efforts; Rohrer & Weiss, 2022). Rohrer and Weiss had only four participants, but the results showed excellent progress within a multiple baseline design across skill sets. This study set the stage for continued research within this and similar areas. The same type of work has just recently begun around cultural responsiveness, providing hope to potentially inspire researchers and encourage this line of work to gain momentum (Neely et al., 2020).

Neely and colleagues (2020) conducted one of the first assessments of a culturally responsive curriculum implemented by educators in a classroom setting. The curriculum described observable actions a teacher could make to support a classroom's inclusion of cultural differences. These components included environmental details such as displaying classroom rules in the primary languages of the students and using diverse representations of authors and individuals included in pictorial prompts. Additionally, teacher responses to students were evaluated as well as whether these responses were in the student's primary language. A multiple-probe design evaluated the effects of training on the specific components of the curriculum. All teachers increased the percentage of curriculum components implemented in their classrooms following the training and satisfaction with curriculum implementation was generally high. Neely and colleagues' study serves as a good starting point for researchers to begin empirical evaluations using similar methods. Continued conversations and updated research methodology regarding culture

will always be needed as cultures continually shift (Lechago, 2022). Commentaries and advice from experts in this domain should keep coming, but as it is generated, researchers should purposefully evaluate recommendations to guide and improve future efforts.

Operationalizing and Measuring Success

Specific behavior change would be the goal of the aforementioned research, but how can it be determined that the time committed to this effort has made a difference? The ultimate indicator should be intervention sustainability. Families often have a variety of obligations within their daily lives and practitioners should make sure that an intervention is worth the response effort committed. If a family sees the value in the results of an intervention, it is aligned with their values, and able to be implemented with the resources they have available, the intervention is more likely to be sustained. Additionally, evaluation should frequently be conducted as to the acceptability of the procedures. Alai-Rosales et al. (2022) suggest that clinicians frequently ask themselves, "Do the people the clinician is working with feel happy about the progress that was made? Are the families involved and did they participate throughout the process?" (p. 161). These questions asked throughout the duration of intervention can help guide the practitioner as to when reevaluation and adjustments are needed.

To ensure that clinician and organization success in cultural responsiveness is not siloed to one demographic, several publications recommend categorizing social validity data collected according to the demographic data of clients (e.g., Beaulieu et al., 2019; Dennison et al., 2019; Lechago, 2022). Doing so would allow for satisfaction to be evaluated across client cultural identities to identify areas in which additional training may be needed. Data could also be collected on referrals from other providers or families. This data may be helpful in determining if families or providers of certain cultural backgrounds are recommending an organization's services to others more or less often. An additional suggestion when conducting social validity surveys is to ensure that the questions asked are those that will inform clinicians with respect to cultural responsiveness. For example, asking questions such as, "Does this program reflect a goal that you and your family prioritizes?" or "Do you feel comfortable implementing all aspects of this program?" would be more beneficial in the evaluation of cultural responsiveness when compared to, "Are you satisfied with the level of behavior decrease/ increase?" These surveys should also be prioritized for translation to the family's primary language. Families should be given opportunities within these surveys to anonymously reflect upon the clinician's demonstration of respect for their preferences and culture. As previously mentioned, specific behavior change to support cultural responsiveness is a good

start, but not the end goal. The goal of all services should be to make a socially valid change. Families who feel a practitioner has taken the time to understand their preferences and values are more likely to continue with implementation of recommendations (Beach et al., 2006). Services that incorporate culturally responsive practices give the best chance for family satisfaction and sustained behavior change (Jimenez-Gomez & Beaulieu, 2022).

Guidance for Practitioners

The articles mentioned throughout this paper offer a variety of methods that could be used as guidance in developing a culturally responsive repertoire. When combining ideas from the foundation of the field of behavior analysis with the current theme of cultural consideration, five themes emerge that practitioners should consider as they embark on the process.

Be a Behaviorist

The first recommendation is that the guidance from a behavior analyst must follow the principles of the science. Above all, it the duty of practitioners to adhere to the principles of behavior analysis and to be effective (Baer et al., 1968; Dennison et al., 2019; Kirby et al., 2022). This does not mean that benign non-behavior analytic recommendations are not tolerated, but that the practitioner is a behavior scientist with respect to their careful evaluation (Bowman et al., 2021; Newhouse-Oisten et al., 2017). Pseudoscientific methods are commonly found among suggested interventions designed to support individuals diagnosed with autism spectrum disorder (Normand, 2008; Travers et al., 2016). Normand (2008) describes the importance of being skeptical in the evaluations of interventions suggested or preferred by a family. Skepticism, in this sense, means carefully considering the research supporting suggested interventions and evaluating those interventions in a systematic way (Normand, 2008). Travers and colleagues (2016) describe skepticism as, "a repertoire of behavior that is developed gradually and in lockstep with scientific literacy" (p. 268). Behavior analysts should listen to the preferences and suggestions of families from varying cultures, but also be skeptical in their acceptance and application of these recommendations.

There are several publications that offer guidance in evaluating non-behavioral treatment preferences expressed by families. Bowman and colleagues (2021) provide standards for transdisciplinary collaboration that include actions such acknowledging and avoiding pseudoscientific suggestions. Newhouse-Oisten et al. (2017) guides practitioners through an ethical decision-making matrix that evaluates the use of evidence-based and non-evidence-based treatments. Brodhead and colleagues (2015) highlight the importance of translating recommendations from

parents and colleagues to the behavioral principles that might make up the intervention. A translation to behavioral principles can allow the behavior analyst to better understand the variables that could affect behavior. Using this approach provides a behavioral lens for evaluating recommendations suggested by families and others. This is the lens through which all additional recommendations should filter.

Be Flexible

Thanks to almost decades of research, there are a multitude of options for the selection of procedures that utilize behavior analytic principles. Sticking to only a prescribed way to conduct a specific intervention is not a practice that reflects cultural responsiveness. Families will rarely be familiar with the behavior analytic literature, and their confidence in the field's effectiveness will likely not be as strong as their practitioners' (Rosenberg & Schwartz, 2019). Competent professionals should also be comfortable in evaluating the work of another discipline through a behavioral lens as previously mentioned. This is, no doubt, a skill set that will need to be honed. The translation and evaluation of procedures that may not be well established within the behavioral literature could go a long way in demonstrating to a family that their recommendations are taken seriously (Brodhead et al., 2015; Jimenez-Gomez & Beaulieu, 2022). Bowman and colleagues (2021) provide general guidance in this area and outline that overall, treatments to be implemented, "do not put the client in any danger and will not cause harm", "are empirically supported,", and "are effective" (p. 1201). Developing a repertoire for evaluating and translating the research of other disciplines could help increase the flexibility of practitioners in collaborative intervention efforts with families.

The suggestion of flexibility might seem antithesis to what the research supports. After all, some of the most well-regarded behavior analytic publications are those that suggest specific decision-making models that guide practitioners to select interventions given specific contexts (Geiger et al., 2010). This does not mean that these tools are obsolete when working with families with different cultural backgrounds. Rather, when using them, practitioners should overlay a family's values and preferences onto the decision making matrices. Preferably, a practitioner could conduct this decision-making process with the family to make a collaborative decision regarding protocol implementation (Geiger et al., 2010). This will help ensure the intervention not only reflects the clinician's observations and recommendations but also those variables that are important in sustaining the intervention in the client's natural environment.

Be Humble

In the effort of increasing cultural awareness, mistakes will be made and each of them is a learning opportunity. Neuringer (1991) gave the first guidance to the field of behavior analysis in the importance of professional humility. Neuringer reminds the field that behavior analysts should be comfortable admitting and correcting mistakes. A humble behaviorist is one that admits ignorance, and this should be applied within the context of cultural humility as well (Neuringer, 1991). Practitioners that adopt a position of humility will help to advance the field and can aid in the dissemination of the science to more diverse communities (Kirby et al., 2022). When working with a family who offers a suggestion a practitioner is unfamiliar with, they should admit the limitation in knowledge (Kirby et al., 2022). An appropriate response to the family might be "I'm not well-versed in that. Let me do some research and get back to you."

Taking a truly scientific stance embraces the concept that knowledge is provisional, which is also the case with cultural knowledge (Neurenger, 1991). As Lechago (2022) describes, "culturally responsive behaviors must be trained such that they are sensitive to the constantly changing contingencies and interactions within and across the multiple consumers that we serve" (p. 15). A culture that a practitioner thought they were familiar with might present differently across different families, leading an action to cause offense. This means that the ultimate goal is not to fully understand a culture, but to be good at graciously admitting mistakes when they occur and acting to correct them.

Be Brave

Conversations surrounding cultural preferences might initially be awkward for a clinician as they first start to develop their own repertoires. It is important that the clinician weighs the importance of these conversations with the temporary discomfort of having them. Dennison and colleagues (2019) make a wonderful suggestion to take time and talk about past experiences and hardships that the family has faced as intervention begins. If this type of conversation seems awkward or disingenuous at first, role play with a colleague and solicit feedback on questions or comments that came across inappropriately. Above all, behavior cannot be shaped if it is not emitted. Clinicians cannot learn from mistakes that they were too worried to make. It may be helpful to solicit the support of a supervisor or colleague when these types of conversation are upcoming and to let them know the conversation is happening. This would allow the supervisor to hold the practitioner accountable for having the conversation and reporting back regarding how it went. When beginning these conversations, take the advice of Alai-Rosales et al. (2022) and "do the best you can with great care" (p. 159).

Commit Time to the Effort

Many have suggested making efforts to understand the diverse cultural backgrounds of families that will be receiving services (e.g., Arango and Lustig, 2022; BACB, 2020; Dennison et al., 2019; Fong et al., 2016), which has now been formally incorporated in the updated ethics code (BACB, 2020). This type of activity might not come naturally as our environments generally support the perpetuation of the cultures of which we are a member (Miller et al., 2019). Machalicek et al. (2021) describes the importance of putting in time and completing measurable activities to begin engaging with different cultures. This could seem like a daunting task for practitioners with full caseloads and little personal time, but Machalicek et al. give recommendations for small tasks that can be built upon to make meaningful changes. Incorporating culturally relevant topics into supervision meetings, listening to podcasts, reading books by authors of a culture that differs from one's own, or following social media accounts that focus on issues in diversity are just a few suggestions that could be incorporated into a practitioner's busy schedule (Machalicek et al., 2021). To say that the lives of practitioners are busy is an understatement. The idea of finding time for this type of activity might seem difficult, but it is necessary. Additionally, organizations that employ behavior analysts should take time to prioritize this type of training and self-reflection. Trainings could be offered that educate interventionists and supervisors regarding the unique cultural landscape of a community where a clinic is located. A standing agenda item in supervision meetings could be to discuss the biases that a clinician identified during sessions that week. Larger companies could identify experts or members of specific cultures who are available to review protocol development. Time during parent training activities could be dedicated to talking with families about family background, previous therapy experiences, or how they have used the procedures that week. These are just a few ideas that might help practitioners incorporate the development of this repertoire within already existing professional activities.

Conclusion

Those who practice behavior analysis compromise culture that is uniquely its own (Glenn, 1993). Just as an alumni group, members of the same church, or members of a specific community would conduct themselves when around their own members, so too do behavior analysts. Different cultures are not always siloed and must work together towards common goals. In this way, the culture of behavior analysis interacts with the cultures of the clients that they serve. It is the behaviorist's responsibility, not the families, to make changes to allow for behavior analysis to fit into each

family's culture. It is understood that the best way to establish lasting change is to build from an already existing repertoire, and a family's culture is the place to start and learn from (Goldiamond, 1974).

For a young field, behavior analysis has come far but also has much more work ahead of it. Many of the research ideas presented previously are already in progress by colleagues, meaning that the empirical support for culturally responsive recommendations is well on its way. Vargas (2022), summarizing Skinner, suggests that "a culture increases its survival when it is sensitive to collateral and deferred effects" (p. 8). The satisfaction of those who experience intervention are the field's collateral effects. It is the incorporation of the cultural preferences of others that will help bolster the acceptance of applied behavior analysis and solidify its survival.

Acknowledgement

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