


Cultural responsiveness in applied behavior analysis: Self-assessment

Lauren Beaulieu 

Newton Public Schools

Corina Jimenez-Gomez 

Department of Psychological Sciences, Auburn University

Culture has a substantial impact on a wide range of behaviors related to behavioral research and services such as rapport building, preferences for specific targets and treatments, communication, and even the quality of health care. The need for professionals in the field of applied behavior analysis (ABA) to incorporate culturally responsive practices is underscored by the current and projected increase in diversity in the United States. Further, the update to the Ethics Code (BACB, 2020) supports addressing diversity in behavior analytic practice. Self-assessment of one's values, biases, and culture are a critical step in delivering culturally responsive services. The purpose of this paper is three-fold: a) to introduce a framework for cultural responsiveness in ABA, b) to showcase research and practice recommendations from within and outside the field of ABA in the area of self-assessment, and c) to inspire research in self-assessment to support cultural responsiveness in ABA.

Key words: cultural awareness, cultural competence, cultural humility, cultural responsiveness, culture, diversity, ethics

The culture to which a person belongs can have profound impacts on the health care they receive due to provider biases and discriminatory systems that support those who belong to particular groups and harm those who do not (Constantino et al., 2020; Greenwood

et al., 2020; Nelson, 2002). For instance, racial and ethnic minoritized groups experience lower quality health care even when insurance status and income are controlled (Nelson, 2002), which can have serious implications on mortality (Greenwood et al., 2020). Furthermore, Black children experience racial disparities in timing of diagnosis of autism spectrum disorder and may be more likely to be misclassified with intellectual disability (Constantino et al., 2020). In addition, Black and Latino children are less likely to be diagnosed with ADHD (Coker et al., 2016; Moody, 2016) and disproportionately more likely to experience school suspensions and expulsions than White¹ children (Losen & Skiba, 2010; Smith & Harper, 2015).

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Given the topic, the authors consider it important to reveal some of the cultural identities that shape their perspective, while acknowledging many other undisclosed cultural variables also have impacted their learning history. LB (she/her) is a nonreligious White female and was born and raised in the northeast and southeast United States. CJG (she/her) was born and raised in Venezuela, is a speaker of English as a second language, currently residing in the United States, and has been in the field of behavior analysis for 20 years.

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Address correspondence to: Lauren Beaulieu, Newton Public Schools, 100 Walnut St, Newton, MA 02460. Email: beaulieu@newton.k12.ma.us or Corina Jimenez-Gomez, Auburn University, Department of Psychological Sciences, 226 Thach Hall, Auburn, AL 36849-5214. Email: cjimenez@auburn.edu

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¹We capitalize all races—including White—in alignment with several notable scholars and sources who assert using a lowercase “w” allows White individuals to continue to perpetuate the invisibility of Whiteness and its privileges (see Ewing, 2020; Mack & Palfrey, 2020; NABJ, 2020; Painter, 2020). However, we recognize there is not consensus with respect to the capitalization of White when referring to race (Daniszewski, 2020).

The recent update to the Ethics Code for Behavior Analysts by the Behavior Analyst Certification Board® (BACB®, 2020) supports addressing diversity in behavior analytic practice and requires that certificants obtain training in the area of cultural diversity. This addition begins to address a long-standing need of researchers and practitioners of applied behavior analysis (ABA) to better understand the impact of culture on behavior analytic research and practice, considering the disparaging evidence of biased and discriminatory treatments in related disciplines.

Relatedly, the 2018 U.S. Census data projected that children from minoritized groups (i.e., groups other than non-Hispanic White) would account for more than 50% of the child population by the year 2020 and this trend is already observed with children under 15 (Frey, 2019; Vespa et al., 2018). In addition, the U.S. Census data predict that by 2028 the foreign-born share of the population will reach a historic high since the year 1850, and by 2030, international migration is expected to be the primary source of population growth in the U.S. (Frey, 2019; Vespa et al., 2018). Frey highlights how these data support the need for organizations that focus on children to proactively prepare for more diverse populations.

Diversity relates to various demographic variables including a person's race, ethnicity, age, generation, education, socioeconomic status, religion or spiritual beliefs, language, nationality, geographic location, disability, gender identity, and sexual orientation. These demographic variables do not operate on one's identity and behavior independently; instead, it is the interaction of various social categorizations (e.g., race, ethnicity, socioeconomic status, gender identity) that impacts identity and behavior (Crenshaw, 1991). This interaction of various demographic variables creating unique experiences of privilege and oppression has been termed intersectionality (Crenshaw, 1991). It is

futile to attempt to become an expert in any particular demographic variable as an individual's behavior and identity are a product of the combination of all their cultural variables.

It is important to distinguish between demographic variables and culture. Demographic variables, sometimes termed cultural variables, refer to specific intersecting aspects of one's identity. Culture is the collective beliefs, values, and practices of a group of individuals that share similar demographic variables (e.g., religion, race, ethnicity). When referring to culture, Skinner (1953) wrote

What a man eats and drinks and how he does so, what sorts of sexual behavior he engages in, how he builds a house or draws a picture or rows a boat, what subjects he talks about or remains silent about, what music he makes, what kinds of personal relationships he enters into and what kinds he avoids—all depend in part upon the practices of the group of which he is a member. (p. 415)

In other words, culture impacts our communication, daily routines, habits, greetings, parenting styles, concepts, values, beliefs, and even respondent behavior (e.g., conditioned reflexes). A community that shares similar demographic variables establishes which behaviors will be differentially reinforced, and labeled as appropriate, and which will not. Although Skinner (1953) discussed the various impacts of culture on behavior, he did not describe methods for culturally responsive service delivery.

With respect to service delivery, culture impacts behaviors related to rapport building, preferences for specific targets and treatments, treatment acceptance, communication, and the way we interact with those deemed as authority figures, which can affect assessment and treatment procedures (Betancourt et al., 2016; Kodjo, 2009; Lo & Fung, 2003; Morris et al., 1998; Parette &

Huer, 2002; Vandenberghe, 2008). For instance, gestures have different meanings depending on culture, which can impact communication between participant and researcher or client and practitioner (Parette & Huer, 2002). Head nodding may indicate agreement in one culture and indicate acknowledgement in another culture. Therefore, an individual from a culture where a head nod implies agreement may assume the other person agrees with them when in fact the individual was simply indicating they heard the other person. In addition, researchers have found that variables such as socioeconomic status impact parenting styles and levels of monitoring (Li et al., 2000). Culture also affects how we perceive other people's social behavior, which makes it is necessary to recognize cultural differences in the interpretation of social behaviors to develop effective interracial communication (Tanaka-Matsumi & Higginbotham, 1996). For example, Caldwell-Colbert and Jenkins (1982) found that White individuals may perceive the same pattern of social behaviors as assertive when emitted by other White individuals but as aggressive when emitted by Black individuals. The pattern of behavior the authors referred to involved expressing feelings and asking questions. Similarly, Hrop and Rakos (1985) found both White individuals and Black individuals experienced discomfort with assertions by individuals of the other race.

Importantly for the field of ABA and its reliance on science, culture impacts the value individuals place on Western science (Kodjo, 2009; Parette & Huer, 2002), which directly relates to how readily one accepts the benefit of evidence-based treatment. If a client or caregiver does not value Western science, the practitioner may find it difficult to gain the caregiver's approval of clinical programming. Similarly, individuals who do not value Western science may be less likely to participate in research, which can skew the findings of applied research and impact the generality of findings. These are just a few examples of the

impact of culture on behavior to emphasize the need to prioritize cultural variables in research and practice in ABA. There is much to learn about how culture impacts behavior analytic services and how we can best serve clients. The notion of "color and cultural blindness" (Cross et al., 1989) (i.e., ignoring or minimizing the impact of cultural variables) not only undermines the emphasis of individualization critical to the field of ABA, but it leads to the denial, minimization, and persistence of racism (Neville et al., 2016) and will continue to perpetuate ethnocentrism and discriminatory behaviors from researchers and practitioners.

Defining Key Diversity Terms

Cultural competence has received much attention in other fields, including medicine, psychology, and social work (e.g., Betancourt, 2006; Danso, 2016; Sue, Sue et al., 2019; Sue et al., 1982). In this paper, we use several terms and phrases related to diversity that have been the subject of some debate. See Table 1 for definitions of key diversity terms. From a behavioral perspective, cultural humility involves understanding that one's view of the world is impacted by one's individual learning history and that different environmental and learning histories impact the behavior of others. Further, using a posture of cultural humility requires individuals to self-monitor private verbal behavior and rules regarding the labels right and wrong, while considering other's learning histories when delivering behavior services.

The debate to replace the phrase *cultural competence* with *cultural humility* has spanned decades and disciplines (e.g., Betancourt, 2006; Danso, 2016; Dean, 2001; Fisher-Borne et al., 2015; Greene-Moton & Minkler, 2020; Isaacson, 2014; Johnson & Munch, 2009; Kirmayer, 2012; Tervalon & Murray-Garcia, 1998) and entered the field of ABA with Wright's (2019) paper. The three most common criticisms of *cultural competence* are

Table 1*Definitions of Key Diversity Terms*

Term	Definition	Citation
Cultural Competence	“...a lifelong process in which one works to develop the ability to engage in actions or create conditions that maximize the optimal development of client and client systems. Multicultural counseling competence is aspirational and consists of counselors acquiring awareness, knowledge, and skills needed to function effectively in a pluralistic democratic society (ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds), and on organizational/ societal level, advocating effectively to develop new theories, practices, policies, and organizational structures that are more responsive to all groups.”	Sue and Torino (2005, p. 8)
Cultural Humility	Cultural humility is a life-long process that requires continual self-reflection to produce a dynamic partnership that reduces power imbalances between clinician and client and requires respect for and lack of superiority toward another’s cultural background	Tervalon & Murray-Garcia, 1998
Cultural Responsiveness	“...using the cultural characteristics, experiences, and perspectives of ethnically diverse students as conduits for teaching them more effectively.”	Gay (2002, p. 106)

that the phrase: (1) suggests a finite end point, as opposed to a life-long venture; (2) involves merely acquiring knowledge of different groups, which supports stereotypes and ignores changes in cultures across time and intersectionality; and (3) only considers race while ignoring other cultural variables (Fisher-Borne et al., 2015; Isaacson, 2014; Johnson & Munch, 2009; Kirmayer, 2012; Tervalon & Murray-Garcia, 1998; Wright, 2019). However, these criticisms do not apply to all definitions of cultural competence (Sue & Torino, 2005; Sue, Sue et al., 2019). Boyle and Springer (2001) suggest there are hundreds of definitions of cultural competence. The definition of cultural competence depicted in Table 1 is consistent with the three dimensions (awareness, knowledge, and skills) of cultural competence (Sue et al., 1982; Sue, Sue et al., 2019). Sue is a prolific scholar in the area of multicultural

psychology and uses the phrase *cultural competence*. The common criticisms do not pertain to this particular definition. Further, several authors have pointed out that cultural competence includes a posture of cultural humility (Greene-Moton & Minkler, 2020; Sue, Sue et al., 2019).

Nonetheless, considering the contention of the phrase *cultural competence* and how the specific word “competence” may invoke various meanings to different people both within and outside of the field of ABA, it may be best to use other terminology. For example, in the new revision of the BACB ethics code, the phrase *culturally responsive* is used repeatedly. The phrase *culturally responsive* was coined by Gay (2000) and is most commonly encountered in the literature on education. Nevertheless, if the field of ABA adopts the phrase *culturally responsive*, it may still be wise to

consider the extensive literature outside our field on research on cultural competence. Therefore, although we use the phrase *culturally responsive* throughout this paper, we incorporate the work of scholars in the area of cultural competence, and when describing their work, we use the terms depicted in their papers. In addition, we stress the critical need for practitioners and researchers to use a posture of cultural humility in their work. We urge others who are developing their knowledge in this area to pay particular attention to how terms and phrases are defined and to review literature in which the phrase *cultural competence* is used.

Cultural Competence as a Framework for Cultural Responsiveness

Sue and colleagues (Sue et al., 1982; Sue et al., 1999; Sue, Sue et al., 2019) describe the three dimensions of cultural competence as: a) awareness, b) knowledge, and c) skills. We propose using these three dimensions of cultural competence to frame discussions on culturally responsive behavior analytic services. We frame our discussions around these dimensions as they provide a thorough description of actionable items related to becoming more culturally responsive.

Awareness

The first dimension, *awareness*, refers to being able to discriminate and tact one's own culture and biases, and the resulting impact on service delivery. Awareness arises from self-assessment and reflection on (a) our own histories of reinforcement and the groups to which we belong, (b) the cultural variables that impact our behaviors, and (c) the differences between ourselves and others on these variables. Awareness also requires one to discriminate that behavior may differ depending on a range of social stimuli (e.g., compliance with a request may differ depending on who delivers the directive).

Knowledge

The *knowledge* dimension refers to acquiring specific information about the groups with whom one works. More specifically, this refers to seeking opportunities to learn how individuals with different cultural variables experience environmental stimuli based on their own learning histories. The knowledge dimension has received the most criticism because learning about groups may lead to stereotypes and prejudice; however, Tervalon and Murray-Garcia (1998), the authors who introduced the term *cultural humility*, discuss how acquiring knowledge about groups is critical. According to Tervalon and Murray-Garcia, the use of a posture of cultural humility and learning culture-specific information *from the client* can mitigate the development of stereotypes. For example, let us consider a practitioner who accepts a 7-year-old client who is currently experiencing poverty. The knowledge dimension encourages the practitioner to learn about issues and concerns of those experiencing poverty. For example, children experiencing poverty disproportionately experience food insecurity, homelessness, and an increased likelihood of experiencing four or more adverse childhood experiences (ACEs; types of trauma such as abuse, neglect, domestic violence; Maguire-Jack et al., 2021). Using a posture of cultural humility requires one to learn from the individual and understand that even though a group of people disproportionately experience a specific issue, it does not mean everyone in the group experiences the issue. Prepared with the knowledge that children are more likely to experience four or more ACEs, practitioners could consider the tenets of trauma-informed care (e.g., respecting autonomy, assent and consent to procedure, providing choices, building skills; for a more in-depth discussion of trauma-informed care in ABA, see Rajaraman et al., 2022). With this knowledge (i.e., learning of facts), a newly developed awareness of issues disproportionately

impacting members of this group may aid the practitioner in developing more culturally responsive procedures when a particular procedure is not working as planned or emotional responses appear to be “out of nowhere.” Knowledge of the individual’s life in poverty may help lead the practitioner to more compassionately identify potential setting events that may be impacting the child (e.g., coming to school hungry) and treatments to potentially avoid (e.g., using food as a reinforcer for children experiencing food insecurity). This is but one particular example of how the knowledge dimension can potentially benefit the services provided when considered in conjunction with the other dimensions of cultural responsiveness, and this should be performed across cultural variables to the extent possible, as not all cultural variables will be known or disclosed.

Skills

The *skills* dimension refers to specific observable skills related to culturally responsive care, such as utilizing the information about a client’s culture to inform the approach to clinical care. Table 2 is adapted from Sue et al. (1982) and provides an in-depth description of each of these dimensions. The original table proposed by Sue et al. was developed for counseling therapists; therefore, we added additional items and modified others as they relate to the work of behavior analysts.

Given the limited evidence-based practice in the area of cultural responsiveness in ABA, this paper aims to: a) to introduce a framework for cultural responsiveness in ABA, b) to showcase research and practice recommendations from within and outside the field of ABA in the area of self-assessment, and c) to inspire research in self-assessment to support cultural responsiveness in ABA. We anchor our discussion of cultural responsiveness in ABA to the three dimensions of cultural competence outlined in Sue et al. (1982); Sue, Sue et al., (2019):

awareness, knowledge, and skills. We focus on research questions relevant to assessing the effects of self-assessment, identifying evidence-based methods to engage in self-assessment, and identifying ways to reduce one’s biases. Some of the research questions we propose may seem rudimentary; however, as a field that is centered on empirically validated procedures, these research questions are a necessary starting place to better understand the role of culture on behavior analytic services.

Considering the demographics of ABA practitioners are predominantly White females (Behavior Analyst Certification Board, n.d), it is predominantly White behavior analysts who are conducting research, serving culturally diverse clients, and training future behavior analysts. Therefore, it is imperative that all individuals involved in research and practice, including those who do not identify as members of minoritized groups, engage in practices that foster cultural responsiveness. Cultural responsiveness should not be considered as an afterthought or a side area of ABA; instead, behavior analytic research and practice should *always* be culturally responsive. In other words, when faculty teach students about various ABA topics and when presenters conduct trainings on ABA topics, it should be through the lens of being culturally responsive to clients and participants. This is not to say that we are all prepared to do so immediately. On the contrary, members of our profession need continual training in the area of cultural responsiveness. It is critical to note that the authors of this paper are not experts in the area of culturally responsive services. Instead, the authors of this paper have recognized the importance of culturally responsive services, and set out to learn from within and outside the field of ABA. This paper is a product of their ongoing learning in this area. This paper is not a comprehensive review paper; instead, it highlights important works within and outside the field of ABA. This paper is not the

Table 2*Dimensions of Culturally Responsive Behavior Analytic Services*

Awareness	<ul style="list-style-type: none"> • Self-assess one's culture; discriminate and tact cultural variables that impact behavior • Respect and appreciate differences; use a posture of cultural humility with individuals from cultural backgrounds different than own • Discriminate one's biased behaviors and their impact on services, including both clients and the supervision of trainees • Assess limits of scope of competence regarding cultural diversity and access additional support or provide referrals as needed
Knowledge	<ul style="list-style-type: none"> • Tact past and current treatment of minoritized groups with respect to sociopolitical systems in the country/region one lives • Acquire specific knowledge about the cultural group with which one works • Discriminate and tact barriers that prevent people from minoritized groups use of behavioral services • Identify possibly contraindicated treatments due to cultural variables and conduct risk assessments • Identify how behaviors related to ethical dilemmas and decision-making vary across cultures • Discriminate and tact the role of cultural variables in the supervision and training of trainees • Tact differences in defining targets, preferences for treatments, and treatment effects across cultures
Skills	<ul style="list-style-type: none"> • Self-monitor relationships with clients and caregivers and prevent and disrupt biases • Respond effectively to feedback on mistakes one emits related to cultural differences • Practice self-compassion with oneself when confronted with challenges during the life-long learning process and following the emission of mistakes regarding cultural differences • Respond to cultural cues and communicate effectively with all forms of verbal behavior (vocal and gesture) • Deliver culturally responsive interventions to clients as needed • Engage in a variety of rapport building behaviors • Adapt treatments based on cultural variables • Ask open-ended questions and actively listen to caregiver concerns • Collaborate with caregivers on treatment goals and treatment selection • Offer choices of treatment components • Conduct risk assessments if using potentially contraindicated treatments and comprehensive monitoring plan • Utilize a decision-making model and understand the context related to cultural variables when making ethical decisions • Seek and incorporate feedback from others to improve future performance • Conduct social validity assessments throughout the assessment and treatment process

Note. Adapted from Sue et al. (1982, p. 49).

primary or sole resource for learning about culturally responsive services as the literature in this area is immense. It is critical to consider how the authors' own cultural variables impact their selection and inclusion of particular research questions and prior research; therefore, the research areas in this paper are not exhaustive and we encourage others to identify other avenues of needed research. Training and understanding in this area are ongoing and the journey to providing the most culturally responsive services is a life-long commitment.

This paper does not describe culturally responsive behavior analytic practices, but we encourage readers to see Jimenez-Gomez and Beaulieu (accepted) for an in-depth discussion of cultural responsiveness in behavior assessment and treatment. In Jimenez-Gomez and Beaulieu (accepted), we discuss ways to incorporate the awareness, knowledge, and skills dimensions into more culturally responsive practices. Here, we focus on a starting point for culturally responsive applied behavior analytic services, which is the development of the awareness dimension through self-assessment.

Self-Assessment of One's Own Cultural Background

Self-assessment of one's culture, beliefs, attitudes, and biases is a necessary first step to becoming more culturally responsive and may facilitate a posture of cultural humility (Fong et al., 2016; Sue et al., 1982; Sue et al., 1999; Sue, Sue et al., 2019). Self-assessment refers to the practice of systematically evaluating the cultural variables that have shaped one's own behavior patterns and the manner in which these cultural variables impact behavior and interactions with others. Self-assessment is critical for identifying our own culture and biased behaviors, to identify how behaviors associated with our cultural variables impact the services we provide, and ultimately to identify how to promote more culturally responsive services. In addition, self-assessing one's biases and ability to address the needs of diverse clients directly aligns with the Ethics Code for Behavior Analysts (codes 1.07 & 1.10; BACB, 2020, p. 9).

Engaging in behaviors to enhance cultural awareness is an antecedent strategy to promote culturally responsive behaviors. Self-assessment involves self-discriminating histories of reinforcement and punishment sustained by the groups to which one belongs (e.g., race, ethnicity, religion, age, gender identity) and tacting how those histories impact one's own behavior and the services one provides. Beliefs, stereotypes, and prejudices could be categorized as verbal behavior and more specifically as poorly specified rule statements that impact behaviors evoked in the presence of people with particular cultural variables (Glenn, 1987; Glenn, 1989). These rule statements may serve as an establishing operation for prejudicial treatment of those who belong to a particular group and may be developed through both observational learning and direct contingencies (Glenn, 1989). With respect to observational learning, the members of the cultural group may model the rule statement aloud or they may be viewed through media (e.g., observation of behaviors

associated with people who belong to a particular group via television). Palmer (1996) discusses how achieving parity (i.e., recognition that one has conformed to others' behaviors) may reinforce some types of conformity while nonconformity may be punished via social consequences (e.g., glaring, silence, shaming). Palmer discusses this concept primarily in relation to verbal behavior; however, he mentions the implications of parity as a reinforcer for other behaviors as well. For example, one strategy to optimize behavior in novel situations is to imitate the behavior of elders without the need for the behavior to be directly reinforced by members of the group; instead, imitation of others' behavior is automatically reinforced via parity (Palmer, 1996). With respect to direct social contingencies, behaviors related to these rule statements may be reinforced by members of the same group with praise or other forms of attention.

Self-assessment may help us identify our own rules (i.e., stereotypes and prejudices) about groups and particular people, which may assist us in identifying and disrupting biased behaviors and microaggressions towards individuals from different groups. In 1970, Pierce coined the term microaggression (Williams, 2020), which has been expanded by others (Sue et al., 2007; Williams et al., 2021). Sue et al. (2007, p. 271) defines microaggressions as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color". Often the individual emitting microaggressions will report being unaware of the harm they do. Microaggressions can be verbal (e.g., asking an Asian American person where they are *really* from; Sue et al., 2007, p. 276; interrupting a female Latina colleague during a meeting) or nonverbal (e.g., a White person waiting to take the next elevator because they see a person of color on the current elevator, Sue et al., 2007,

p. 276). Microaggressions can be emitted by anyone regardless of the group to which they belong (i.e., those who belong to minoritized groups can emit them towards individuals in other groups).

Because the field of ABA is primarily White (BACB, n.d.), we feel it is necessary to emphasize certain aspects related to this cultural variable. The further exploration of this cultural variable (i.e., White) is used as an example of how self-assessment may expand a person's knowledge of the impact of cultural variables such as race on their behavior, and the subsequent impact of their behavior on those around them. However, self-assessment is critical for *all* individuals regardless of the cultural group to which they belong, as *all* individuals can hold stereotypes and biases towards others who belong to different groups than their own. In addition, it is important to reflect on the previous discussion of intersectionality and how cultural variables impact each other (Crenshaw, 1991). Therefore, while one cultural variable (e.g., identifying as White) may impact an individual in some ways, other variables (e.g., gender identity, religion, SES, nationality) will interact and impact the same person in other ways. Perceived racism and other forms of discrimination can have detrimental effects on health care such as reduced satisfaction with health care services and mistrust with health care providers (Benkert et al., 2006). Sue et al. (2007) described how most White Americans self-identify as good, moral, and decent people who believe in equality and democracy; therefore, it is challenging for them to acknowledge holding biased racial attitudes or engaging in discriminatory behaviors. In addition, White individuals struggle to report themselves as being influenced by their racial and cultural backgrounds (Helms, 2020; Sue et al., 1999). The lack of self-discrimination (i.e., self-awareness) of one's cultural background could make someone view their behavior as the norm and reduce the likelihood of correctly describing

and respecting the worldview of those who are culturally different.

Skinner (1953) discusses how induction may explain why nonconforming behavior (e.g., a man with long hair in a society where short hair is the norm for men) may be considered aversive. Since all aversive behavior to a group (e.g., stealing, assault, lying) is nonconforming, over time, other nonconforming behaviors become a part of the aversive stimulus class because of shared stimulus properties. Further, Skinner asserts that one's conforming behavior becomes the criterion by which others are compared. Unfortunately, the absence of self-discrimination skills may perpetuate the thinking that nonconforming behavior is aversive (or labeled as "wrong"), which allows individuals to continue engaging in behaviors that oppress others (Sue et al., 1999). Some may argue that they strive to treat everyone fairly and equally, but given our distinct cultural background and learning histories, we may engage in biased behaviors without noticing those behaviors or the harm they cause others. This is where self-assessment is critical. Self-assessment enables us to self-assess whether we have labeled others' behaviors as aversive because they did not conform to our group and, subsequently, we can aim to disrupt related prejudices (e.g., using a demeaning label to refer to a person). Fong et al. (2016) posit that biased behaviors that occur when working with diverse clients may be prevented by developing self-awareness skills. Cultural awareness may also lead to more collaborative service delivery (Bolling, 2002).

Self-assessment intersects with all three of the dimensions of culturally responsive services². The *awareness* dimension of culturally responsive services directly relates to self-assessment as it refers to being able to

²Sue et al. (1982) used the term cultural competence when referencing the dimensions: awareness, knowledge, and skills

discriminate and tact one's own culture and biases, and how those impact service delivery. The *knowledge* dimension relates to self-assessment because it involves identifying that behavior may differ depending on a range of social stimuli that vary depending on the group to which we belong. To understand how one differs from others, one must acquire some knowledge of others. The *skills* dimension relates to observable skills regarding the implementation of self-assessment. This includes the maintenance of self-assessment across time as well as engaging in behaviors related to a posture of cultural humility with clients and caregivers.

In the subsequent sections, we discuss previous research, practice recommendations, and future research in the area of self-assessment. Much of the research in this area has employed treatment packages that relate to all three dimensions of cultural competence; therefore, we discuss them together rather than separately.

Previous Research

Fong et al. (2016) describe various methods one can use to enhance cultural awareness. These methods include discussing diverse clients with a professional community, attending fully and alertly to one's clients, and taking a scientific approach (i.e., collecting data and forming hypotheses) as opposed to accepting one's views as the norm. In addition, they provide several examples of self-assessments behavior analysts can complete to better understand their culture. Although notable, Fong et al. did not directly assess methods to improve self-assessment with applied behavior analysts; therefore, in the subsequent paragraphs we summarize research in other disciplines that evaluated methods of self-assessment. Related disciplines have conducted research on self-assessment; however, the standard of evidence is different (e.g., the use of statistical or

qualitative methods) and the research must be interpreted with caution.

One area of research has focused on assessing the effects of course assignments on the development of cultural identity and self-awareness (e.g., Desai et al., 2020; White et al., 2018). For example, Desai et al. (2020) evaluated the use of a family heritage writing assignment on the development of self-awareness with undergraduate students enrolled in a cultural diversity course. Instructors defined key concepts, assigned papers and facilitated discussions on different racial and ethnic populations, encouraged students to interview their own family, showed a documentary on prejudice, and assigned self-reflection exercises to critique their own prejudices. The majority of students reported the assignment was helpful, students became more aware of their own cultural background, and a little more than a fourth reported moving up to more advanced levels of cultural competence. Although some students viewed themselves at a more advanced level of cultural competency before the assignment, other students identified they were in fact at a less advanced level than they originally thought. In other words, the students did not know what they did not know, and the assignment made them more aware of their existing knowledge gaps. These results may help explain the results of Beaulieu et al. (2019) wherein behavior analysts simultaneously reported being *very skilled* at working with diverse populations and having received *very little* training in this area. Perhaps after receiving training on diversity, the respondents in Beaulieu et al. would, in hindsight, report themselves as less skilled. Desai et al. provides one example of how a dynamic writing assignment can help foster self-awareness and cultural identity in undergraduate students. White et al. (2018) conducted a similar study and evaluated the effects of a medical course on culture and self-reflection on self-awareness and cultural identity with medical school students. Qualitative reflections from

participants indicated they felt more self-aware of biases and blind spots.

Another area of research has explored the *process* of becoming more self-aware and the potential challenges that may arise through this process. Buehler et al. (2009) describe the paradox White teachers may experience when attempting to become more culturally responsive. The authors highlight one White teacher's journey to becoming more culturally responsive with her students in an urban education program to showcase the challenge White teachers may experience. This teacher's knowledge of her Whiteness and how it privileged and impacted her worldview hindered her work towards cultural competence. Specifically, she wanted to deny the relevance of her culture on her behavior as she felt she could not become more culturally competent while belonging to her cultural group. This study highlights that in order to provide more culturally responsive service delivery we also need to consider the process and potential challenges faced by individuals working with diverse populations. Considering our field is majority White (BACB, n.d.), it is important to understand that beginning a journey of providing culturally responsive services will be uncomfortable for White researchers and practitioners, and may evoke emotional responses as they better understand Whiteness and its impact on the environment and those around them (Matias, 2013). It is also important to highlight the difference between White as a race and Whiteness as a characteristic. Whiteness is a construct that represents how White people's customs, culture, and beliefs are the standard to which they compare all others (National Museum of African American History & Culture, n.d).

Another area of previous research includes identifying valid measures of self-assessment. Domenech Rodriguez et al. (under review) developed a measure of cultural competence for the general population via the use of expert

panels and validated the tool with a sample of the general population in the United States. The measure is referred to as Awareness Skills Knowledge-General (ASK-G) and poses a variety of questions related to the awareness, knowledge, and skills dimensions of cultural competence outlined by Sue (1982) and specifically measures outcomes related to the self-assessment of one's values and culture.

Lastly, research has evaluated ways to decrease biased behaviors such as biased rule statements and microaggressions. In social psychology, Galinsky and Moskowitz (2000) evaluated the effects of perspective-taking during a writing task on biased thoughts with three groups. All groups were told to write a story about an older man sitting in a chair reading the newspaper. The control group received no additional information while the suppression group was told to actively avoid negative stereotypes and the perspective-taking group was told to adopt the perspective of the man (i.e., write as if they were that person). Participants in the perspective-taking group wrote more positive evaluations of the target than the control and suppression group. Interestingly, Wu and Keysar (2007) found cross-cultural differences in perspective-taking and found American participants performed lower than Chinese participants on using perspective-taking to understand others, which supports how our culture impacts behavior related to our private events and may impact treatments and results in this area.

As we become more self-aware, we may notice the microaggressions we emit or those that are emitted around us. Therefore, learning how to respond when we observe a microaggression is important. Through a review of the literature, Sue, Alsaidi et al. (2019) identified a multitude of microinterventions for microaggressions and provide a conceptual framework that divides the interventions into five categories: strategic goals, objectives, rationale, tactics, and examples. The authors

describe four goals of microinterventions used to disrupt microaggressions when they occur. The first goal is to make the “invisible” visible, which involves naming the meta-communication (i.e., indirect stimuli that impact the meaning of the verbal stimulus, such as tone of voice or facial expression). For example, after a White teacher tells an Asian American student “You speak excellent English,” the student can reply “Thank you. I hope so. I was born here” (Sue, Alsaïdi et al., p. 135). The second method is to disarm the microaggression and involves stopping the microaggression in a direct manner. For example, saying “Let’s not go there” following a microaggression (Sue, Alsaïdi et al., p. 138). The third method is to educate the offender about the metacommunications they send. For example, “I know you meant to be funny, but that stereotype is not a joke” (Sue, Alsaïdi et al., p. 139). The fourth method is to seek external support when needed as there may be times when intervening is contraindicated because intervening during microaggressions can place an individual at risk. Sue, Alsaïdi et al. provide a useful Table (pp. 136-138) with various examples of how to implement these interventions. The microinterventions reviewed by the authors are based on a review of the literature; therefore, these interventions are examples of strategies behavior analysts could begin to employ today. However, Sue, Alsaïdi et al. caution readers and assert that context matters and understanding when to intervene is important due to the risks associated with addressing microaggressions (e.g., retaliation from the perpetrator, the possibility of making the situation worse for the target).

Sue, Alsaïdi et al. (2019) provide guidance with respect to intervening following a microaggression. The first consideration is “picking your battles,” and this involves discriminating under which environmental conditions to respond to maintain safety and self-preservation. The second consideration is where and

when to address the offender. For example, providing feedback to a colleague about a microaggression towards you after the client session ends instead of in front of the client. The third consideration requires being flexible and adjusting your response as the situation warrants and being able to discriminate relationship dynamics, as this will impact the selection of a microintervention. For instance, using the education intervention with a family member may be more appropriate than with a stranger. The fourth consideration is to always consider the consequences of a microintervention especially when there is a strong power differential between perpetrator and target. Sue, Alsaïdi et al. provides additional guidance on these microinterventions with a thoughtful discussion on associated risks in this area.

Practice Recommendations

The research on best methods to engage in self-assessment and its effects on behavior services is incomplete. Nonetheless, individuals should begin self-assessment because previous research supports the use of various types of self-assessments on improving one’s cultural awareness. Best practices for self-observation, accurate tacting of private events, ways to reduce confirmation bias, and the impacts specific to behavior services are yet to be identified and errors may occur in the process.

Confirmation bias refers to applying new information to endorse one’s beliefs (Nickerson, 1998). Confirmation bias might occur because the salient features of the novel information/stimulus are the stimulus features that match our self-held rule statements and identifying information that matches our rule statements may be automatically reinforced via parity. Self-assessment should be conducted with the awareness of the risk that one may engage in inaccurate discrimination and descriptions of one’s own behavior. Other risks include identifying

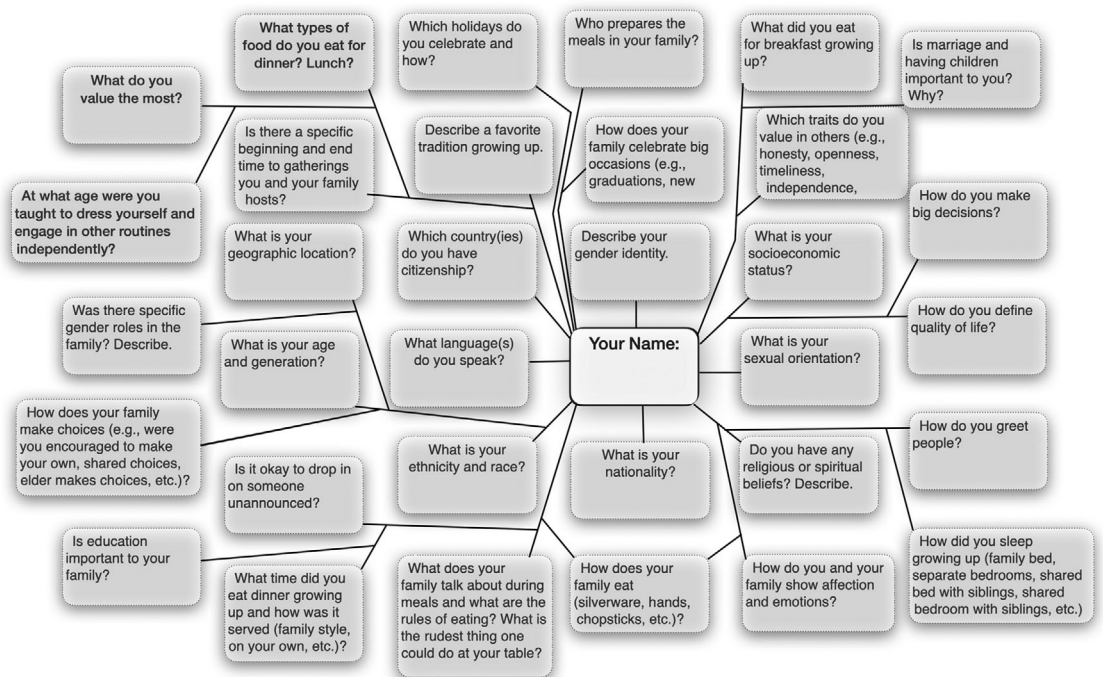
negative aspects of one’s private events and overt behaviors and experiencing resulting emotional responding. Still, we feel the risk of perpetuating discriminatory treatment towards others is greater than the possible risks of self-assessing one’s culture and biases, and we encourage behavior analysts to engage in this practice while best practices are being identified.

The first step of self-assessment is to identify one’s own culture. Figure 1 provides an example of a cultural identity map that can be used to better understand one’s own culture. The cultural identity map provides textual prompts to answer questions about one’s beliefs, customs, values, and daily practices to better understand them. The questions posed in the cultural identity map are designed to evoke verbal responses related to one’s culture, but are not exhaustive. Table 3 presents additional

resources that could be used to facilitate practice and research in this area. Most self-assessment tools prompt the user to engage in a variety of intraverbals regarding their beliefs, values, and practices and will require the individual completing them to behave as both the speaker and listener with respect to their responses. Many self-assessment tools are available online, but we focus on a few as well as recommending Sue, Sue et al. (2019) and Helms (2020) for those interested in a better understanding of white racial identity.

Numerous resources exist online to aid behavior analysts in learning more about groups that differ from them. Two textbooks behavior analysts might find useful are *Multiculturalism and Diversity in Applied Behavior Analysis* (Conners & Capell, 2020) and *Counseling the Culturally Diverse* (Sue, Sue

Figure 1
Example of Cultural Identity Map



Note: This exercise will serve as stimuli that evoke verbal behavior to assist in identifying relevant cultural variables impacting behavior but will not provide an exhaustive description of one’s culture.

Table 3*Activities to Promote Self-Awareness of Biased Behaviors and Learning History*

Source	Description	Link
Center for International Rehabilitation Research Information & Exchange (2017)	How you relate to various groups in society; reprinted from Randall (1989)	http://bit.ly/Randall1989
Montgomery (2001)	Figure 1 includes a diversity self-assessment	http://bit.ly/DiversityAssess
Potapchuk & MP Associates (2012).	An activity to assess white culture in the workplace	http://bit.ly/WhiteCult
Katz, J. H. (1990)	A table outlining various aspects of white culture	http://bit.ly/WhiteCult2
American Speech-Language-Hearing Association (2010a)	A personal reflection of how you view clients from culturally and linguistically different (CLD) populations	http://bit.ly/PersonalReflect
American Speech-Language-Hearing Association (2010b)	A tool designed to assess how you view clients from CLD populations during services	http://bit.ly/SLP_Services
Gorski (2020)	Quizzes with answer keys regarding equity, diversity, classism, and poverty	http://bit.ly/Equity_Quizzes
McIntosh (1990)	Activity assessing one's white privilege	http://bit.ly/WhitePrivKnapsack
Singh et al. (2019)	Activities to explore racial identity, internalized racism, biases, and promote self-awareness	http://bit.ly/RHHandbook
Harvard University	Implicit bias tests	https://implicit.harvard.edu/implicit/

et al., 2019). Both textbooks provide specific chapters on various minoritized groups and considerations when working with individuals. However, when acquiring knowledge about groups, one must be careful not to develop stereotypes and instead use a posture of cultural humility as there are many subcultures within cultures and not every person adheres to the same practices within a culture (e.g., not all Catholics attend weekly mass, not all Latinx people are fluent in Spanish). In sum, the primary practice recommendation is for behavior analysts to conduct self-assessments on their cultural backgrounds to better understand their own culture and how their culture impacts their values, beliefs, choices and behaviors while also learning about individuals who belong to other groups. Developing self-awareness skills takes time and requires regular practice of self-assessment and self-reflection. See Fong et al. (2016) for additional considerations for developing self-awareness skills.

Future Research

Some research in self-assessment will be based on measures that involve self-report and changes in particular rating scales related to values around diversity. The inclusion of self-report may dissuade some behavior analysts from these research questions. However, private events such as thinking are important in understanding behavior (Palmer, 2009; Palmer, 2011; Skinner, 1953), and the tacting of private events is an observable behavior. Although we may not be able to verify the “truthfulness” of the tact of a private event, we can measure behavioral correlates of the private event as they relate to behavior services. In addition, we encourage behavior analysts to consider collaborating with researchers who are already doing this work in other fields.

Table 4 depicts various research questions in the area of self-assessment. Many other research questions on this topic could be explored and we hope this discussion helps inspire needed

Table 4*Future Research in Self-Assessment Across the Dimensions of Cultural Responsiveness*

Research Questions	Dimension of Cultural Responsiveness
Evaluating best practices to teach self-assessment:	Awareness
1. Identifying best practices to teach both students training to become behavior analysts and practicing behavior analysts and researchers about their own culture	
2. Comparing self-assessment teaching methods; for example, evaluating the difference of an individual engaging in self-assessment on their own versus working with small groups	
3. Evaluating different durations of self-awareness activities to identify best practices for self-assessment	
4. Assessing social validity of the teaching procedures to teach self-assessment	
5. Assessing social validity on various self-assessment tools and practices	
Evaluating the impact of self-assessment:	
1. Measuring the impact of self-assessment tools (e.g., cultural identity map) on the tacting of one's cultural background and values on diversity (e.g., measuring tacts and/or intraverbals)	
2. Measuring the impact of self-assessment on behavior services	
Evaluating measures of self-assessment:	
1. Assessing the utility and validity of the ASK-G measure of cultural competence on cultural responsiveness in behavior services	
2. Identifying other measures of self-assessment outcomes (e.g., perhaps a condensed ASK-G that relates only to self-assessment)	
Evaluating methods to improve learning about one's cultural variables:	Knowledge
1. Identifying best practices for individuals to learn more about their own cultural variables (e.g., methods to improve the acquisition of knowledge [i.e., learning and memory] of one's own cultural variables and how they differ from others)	
Evaluating methods to reduce and prevent biases when delivering behavior services:	Skills
1. Evaluating the impact of teaching perspective-taking on biased rule statements and impact on services and interactions with others	
2. Evaluating whether self-assessment reduces biased behaviors (public and/or private) and improves behavior-analytic services	
3. Evaluating methods to reduce microaggressions in the workplace and/or with clients	
Evaluating skills to improve one's self-assessment	
1. Identifying skills to improve accuracy in self-observation and accuracy in tacting one's own biases	
2. Identifying best methods to disrupt biases and make amends following mistakes regarding cultural differences (e.g., when one identifies they engaged in a microaggression with a client)	
3. Identifying skills one can use with oneself to reduce confirmation bias	
4. Identifying skills to promote maintenance of self-assessment across time	
5. Identifying best practices to receive feedback and engage in self-compassion following mistakes regarding cultural differences	
Skills related to employees at a service agency:	
1. Identifying and mitigating challenges related to individuals who report low values of diversity (e.g., for those who do not value diversity or for those who report cultural variables do not impact behavior services and are more resistant to valuing groups other than their own).	
2. Identifying best methods to deliver effective feedback to supervisees and/or employees regarding microaggressions and biases	

Note. These are sample research questions in the area of self-assessment; we encourage others to identify additional areas of needed research.

research on self-assessment. Research in self-assessment would likely evaluate methods for self-monitoring, self-evaluating, and self-

managing while working with clients and caregivers. It is worthwhile to independently review the literature on self-monitoring, self-

management, self-evaluation, and self-experimentation in ABA and organizational behavior management (e.g., Aherne & Beaulieu, 2019; Neuringer, 1981; Ninness et al., 1991; Pelletier et al., 2010; Petscher & Bailey, 2006; Richman et al., 1988) and to apply these literatures to biases, perspective-taking, and values when working with culturally diverse individuals. For example, Aherne and Beaulieu (2019) evaluated the effects of a self-evaluation procedure on the maintenance of skills taught via behavior skills training with three behavior technicians working with children diagnosed with autism spectrum disorder. The participants video-recorded themselves during sessions and evaluated their own performance by observing the video and recording data on themselves. The procedures described in Aherne and Beaulieu may be useful for situations when staff have received effective hands-on training working with diverse populations (e.g., behavioral skills training on culturally responsive interviewing with caregivers) but performance needs to be maintained. For instance, practitioners could be trained to collect data on their culturally responsive practices (e.g., interviewing skills, rapport building skills, asking questions, active listening, micro-aggressions, giving choices to caregivers, asking for feedback from caregivers, statements related to collaboration, behaviors related to empathy and compassion) while delivering clinical services from video recordings of clinical interactions or role-play interactions with supervisors. However, caution should be applied with the use of this method because there may be ethical concerns regarding the use of videos containing interactions that include microaggressions or other sensitive topics. In these cases, it would be important to conduct a risk analysis and identify the risks and benefits in a particular case. For example, if one adequately trains staff prior to working with diverse clients and one assumes that the micro-aggression would have occurred whether or not the session was recorded, the potential benefit of reducing future microaggressions may outweigh

the issues surrounding recording the interview. This example is intended to showcase some of the various concerns those conducting research in this area should thoughtfully consider.

Summary

Applied behavior analysts work with diverse populations and need to provide culturally responsive services. Research in other disciplines has taught us that self-awareness is a critical starting place for delivering more culturally responsive services. In this paper, we described current practices within and outside of ABA in the area of self-assessment with the aim of providing practice recommendations and inspiring further research. This paper was not meant as an exhaustive list of potential research needs or as a complete practice guide to self-assessment. The purpose was to consolidate extant information and to identify areas of needed growth. This paper provides a framework for discussing cultural responsiveness in ABA, practice recommendations for behavior analysts in the area of self-assessment, and suggestions for research to identify best practices in self-assessment as it relates to cultural responsiveness in ABA as the field expands and adapts to meet the needs of an increasingly more diverse population.

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