

Multicultural Alliance of Behavior Analysis Standards for Cultural Competence in Behavior Analysis

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Abstract

The United States Census bureau projects there will be significant increases in racial and ethnic diversity over the next four decades, in part due to international migration (Guarneri & Ortman, 2009). Due to the increase in culturally diverse populations working within the framework of behavior analysis, clinicians must ensure that they are properly educated and aware of cultural competences. While there have been guidelines established for responsible conduct, and diversity policies, there has yet to be standards to ensure cultural competence in the field of behavior analysis. This article will attempt to define culture, competence and cultural competence, as well as provide recommendations for application and future challenges.

Keywords

Multicultural, Ethics, Cultural Competence

The *Standards for Cultural Competence in Behavior Analysis Practice* are based on the need interpreted by the Multicultural Alliance for Behavior Analysis, which believes that socially responsible Behavior Analysts, and those in study of Behavior Analysis, have the ethical responsibility to be culturally competent clinicians. The material that follows is the first attempt by the profession to delineate standards for culturally competent behavior analysis practice.

There are currently 12,118 certificants from 57 different counties registered with the Behavior Analysis Certification Board (BACB) (BACB, personal communication, March 7, 2013). In addition, the United States Census bureau projects there will be significant increases in racial and ethnic diversity over the next four decades, in part due to international migration (Guarneri & Ortman, 2009). Paralleling this growth, Behavior analysts will be called to serve an increasingly heterogeneous population. Ensuring that this diverse population obtains the level of care necessary, delivered in a culturally sensitive fashion, will be a challenge behavior analysts and health systems, and policy makers (Branch & Fraser, 2000)

The Association for Behavior Analysis International (ABAI) has a diversity policy, in which they support diversity. It states:

"The Association for Behavior Analysis International seeks to be an organization comprised of people of different ages, races, nationalities, ethnic groups, sexual orientations, genders, classes, religions, abilities, and educational levels. ABAI opposes unfair discrimination." ("Diversity Policy", 2012).

Similarly, the BACB, has outlined Guidelines for responsible conduct which includes:

1.02 Competence

(a) Behavior analysts provide services, teach, and conduct research only within the boundaries of their competence, based on their education, train-

ing, supervised experience, or appropriate professional experience.

(b) Behavior analysts provide services, teach, or conduct research in new areas or involving new techniques only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.

1.05 Professional and Scientific Relationships

(b) When behavior analysts provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other behavior analytic services to an individual, a group, or an organization, they use language that is fully understandable to the recipient of those services. They provide appropriate information prior to service delivery about the nature of such services and appropriate information later about results and conclusions.

(c) Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect behavior analysts' work concerning particular individuals or groups, behavior analysts obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals.

(d) In their work-related activities, behavior analysts do not engage in discrimination against individuals or groups based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

(e) Behavior analysts do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation,

disability, language, or socioeconomic status, in accordance with law.

The Standards for Cultural Competence in Behavior Analysts aims to provide a framework for Behavior Analysts to work within a heterogeneous population (see appendix a)

■ Definition: Culture

In *Beyond Freedom and Dignity*, Skinner offered a simple behaviorist definition of culture:

The social environment is what is called culture. It shapes and maintains the behavior of those who live in it. A given culture evolves as new practices arise, possibly for irrelevant reasons, and are selected by their contribution to the strength of the culture as it "competes" with the physical environment and with other cultures. (2002, p.143)

Yet in the 20th century, the definition of 'culture' stirred up major controversies in cultural anthropology, a discipline Skinner considered a branch of behavioral sciences dedicated to the study of human cultures. Bearing this in mind, the following classical definition by Franz Boas might suffice as a working definition of 'culture' for the purpose of discussion here:

[Culture] is the system of shared beliefs, values, customs, behaviours, and artifacts that the members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning" (Gates and Plog, 1980 p.7)

The term culture includes ways in which persons with disabilities or people from various religious backgrounds, people with different sexual orientations, or different socio-economic statuses, age, or gender experience the world around them. In other words, no one is culturally neutral—even a highest trained scientist carries with her the perspective and values nurtured though human history situated in the reality of imperfect, transient world divided by political, social, and geographic boundaries. Behavior scientists are no exception, as Skinner points out:

Much of what is called behavioral science—political science, economics, anthropology, and sociology—is confined to what people have done throughout history or are doing now in the environments in which they live. It is knowledge by acquaintance ... The behavioral scientists are themselves the products of their cultures. As it is often said, they are not free of ideology¹ (1983, p.9)

¹ Skinner states that with one exception, psychology too is a contextually-situated science. This one exception is the experimental analysis of behavior, which he equates with the science of genetics. However, Skinner is well aware of the difficulty of the application of the framework of the proposed experimental analysis beyond the laboratory settings with non-human subjects. Human species "is distinguished by the fact that its members engage in verbal behavior. They not only respond to contingencies of reinforcement as rats and pigeons do; they talk about them." (1983, pp. 9-10)

One should note, further, that Skinner was well aware of the complexities of the behavior analysts' task when he clearly stated in *Verbal Behavior* that "the present extension [of experimental analysis of behavior] to verbal behavior is thus an exercise in interpretation rather than a quantitative extrapolation of rigorous experimental results." (1992, p.11)

Culture is not an abstract phenomenon; it is always lived and experienced first-hand. To understand culture is to realize and face at once one's cultural existence within the global context of extremely unevenly distributed powers and resources that have come to characterize the conditions of human populations on this planet today via the forces of colonization². Thus one implication for behavior analysts is the importance of understanding own cultures before attempting to observe and analyze the behaviors of 'others' that they serve. As the student of cultures behavior analysts must be reminded that their professional practices and respectful disciplines, too, are never culturally neutral. Another implication is that, no one can achieve an absolute objectivity because of the subjective liminality inherent in every cultural experience.

Culture is thus always in a state of flux, and is *evolving*. Today behavior analysts are faced with vast opportunities to both understand the social and cultural conflicts as demonstrated 'behavioral problems' and engineer more peaceful and sustainable cultures of choice, for humanity to attain more peaceful and sustainable world having learned all the lessons of wars and environmental destructions of the past. The following insights offered by the forerunners of the given field remain all the more relevant for today's behavior analysts:

Perhaps it is reassuring that what is wrong with daily life, apart from all the other things that are wrong with the world, is most characteristic of the West, because the West has also most actively supported science, particularly behavioral science. It is therefore a setting in which the problem and a possible solution have come together for the first time. (Skinner 1986, p.574)

It is quite possible, as Skinner (personal communication, 1982) has remarked, that behavior analysis has arrived on the scene just in time. In the end, however, behavior analysis will not save the world—people will—but they need the tools by which to do it, and our discipline should be in-

strumental in providing many of those tools. With that, take a few minutes now and imagine as hard as you can a world free of nuclear weapons. (Marrattilio and Nevin, 1986 p.69)

■ Competence

"Competence" is defined as "a sufficiency of means for the necessities and conveniences of life." (*Merriam-Webster Dictionary*) It implies one's acquired capacity or ability to function effectively within the context of culturally-shaped patterns of human behavior defined by the group. To be competent in serving a client from a foreign culture is no easy task but this does not mean one should quickly decline the clients; rather, an attempt should be made to gain a better understanding of cultural differences and commonalities. All behavior analysts must continually improve their level of competence for providing services to all populations. Cultural competence is a lifelong process for behavior analysts who will increasingly encounter diverse clients and new situations in their practice.

Cultural competence

Cross, et al defines cultural competence as a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations. Based off of their findings, five essential elements arose which contribute to a system's institutions, or agency's ability to become more culturally competent. These are:

1. Valuing diversity
2. Having the capacity for cultural self-assessment
3. Being conscious of the dynamics inherent when cultures interact
4. Having institutionalized culture knowledge
5. Having developed adaptations to service delivery reflecting an understanding of cultural diversity

There is an established body of literature on the correlation between a practitioner's capacity to provide culturally and linguistically competent care and improved health outcomes (Betancourt, Green, Carrillo & Park, 2005; Branch & Fraser, 2000). As discussed, everyone has a culture, and every community has a subculture. The competent services require cultural/linguistic or lived experiences of both professionals and those they serve. In this sense cultural competence is as vital an asset for behavior analysts as scientific, technological, and clinical knowledge and skills. Therefore, a continued effort should be made to gain a better

understanding of not just the culture of those one serves but also of one's own.

The National Standards on Culturally and Linguistically Appropriate Services (CLAS) provides 14 standards of culturally and linguistically appropriate services that should be integrated throughout an organization and undertaken in partnership with the communities being served. These are cited here as a set of ethical guidance for behavior analysts working within US in particular; however similar standards may be developed and applied internationally:

Standard 1. Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight

² "Hence, where thousands of millions in other parts of the world cannot do many of the things they want to do, hundreds of millions of people in the West do not want to do many of the things they can do. Human behavior in the West has grown weak, but it can be strengthened through the application of principles derived from an experimental analysis of behavior." (Skinner 1986, p.568)

mechanisms to provide culturally and linguistically appropriate services.

Standard 9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

(OPHS Office of Minority Health, 2001)

■ Recommendations

Due to the increasing diversity in clinicians and clients, the field of behavior analysis must ensure that measures are put into place for cultural sensitive practice. We recommend adoption of these standards by professional behavior analytic organization to guide the clinicians in cultural competent practice. An ethical practitioner should be aware of their own limitations, where to obtain further education, and any biases that may interfere with

their work. Those working in the field of behavior analysis, should follow the BACB Guidelines for Responsible Conduct to guide their competency in cultural sensitive practice. When a clinician identifies deficits in their knowledge or training in working with a culturally diverse client, they should take every step to educate themselves or seek the guidance of an expert in that area. Future challenges include translation of relevant behavior analytic tools into culturally sensitive materials for global use, provision of sufficient education and supports to implement culturally sensitive practice.

■ Appendix A

Proposed Standards for Cultural Competence in Behavior Analysis

Standard 1. Ethics and Values

Behavior Analysts shall function in accordance with the values, ethics, and standards of the profession, recognizing how personal and professional values may conflict with or accommodate the needs of diverse clients.

Standard 2. Self-Awareness

Behavior Analysts shall be aware of their own personal, cultural values and beliefs as one way of appreciating the importance of multicultural identities in the lives of people.

Standard 3. Cross-Cultural Application

Behavior Analysts shall use appropriate culturally sensitive methodological approaches, skills, and techniques that reflect the professionals understanding of the role of culture in the life of the client.

Standard 4. Diverse Workforce

Behavior Analyst shall support and advocate for recruitment, admissions and hiring, and retention efforts in behavior analytic programs and agencies that ensure diversity within the profession.

Standard 5. Language Diversity

Behavior Analyst shall seek to provide or advocate for the provision of information, referrals, and services in the language appropriate to the client, which may include use of interpreters.

Standard 6. Professional Education

Behavior Analysts shall advocate for and participate in educational and training programs that help advance cultural competence within the profession. Similarly, they should have and continue to develop specialized knowledge and understanding about the history, traditions, value and belief sys-

tems, family and/or group systems, scientific heritage and artistic expressions of major client groups that they serve.

Standard 7. Referrals

Behavior Analysts shall be aware of personal and professional limitations in working with multicultural clients, make appropriate referrals and seek the advice of those with specialized knowledge of the client's culture.

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