

Don't They Know It's Friday?!

A Clinician's Guide to Cultural Competency
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Thank You!



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Objectives

- Take you on a trip around the world, sharing lessons learned (sometimes the hard way) about cultural competency
- Provide a common language for a difficult discussion
- Provide examples and resources to facilitate increasingly culturally competent dissemination of clinical practice



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Pt. 1: Intro

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Purpose

- The world is changing.
- We are bombarded with messages about "the other"
- Our clientele will continue to become increasingly diverse
- The impact of culture on interpersonal and professional relationships cannot be ignored
- Respectful discourse (and training) are essential ingredients towards increased cultural competency

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Disclaimer...

- When discussing things related to nationality, religion, political systems, geopolitical, economical or other variables related to cultural phenomena, it is easy to offend. While I am extremely conscious of this risk, it is possible that I may say something that would cause unintended offence - this is absolutely accidental and can happen to any of us by virtue of our humanness; please note that all matters are discussed with the **utmost of respect for all peoples** involved, but if I should happen to say something which causes you any stress, I hope that I will be forgiven. **By avoiding difficult conversations, it is likely that we create more needless boundaries between people, which creates increased and unnecessary avoidance and isolation.** Thank you for excusing any inherent and implicit biases which may be communicated here today.

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Disclaimer #2...

- In preparation for this event - in an effort to include as many diverse opinions and experiences as possible - I consulted with colleagues from a number of international clinical programs (India, Arabian Gulf, Thailand, West Africa). However, the opinions expressed here are a compilation of personally experienced or commonly reported observations which may be unique to myself or those reporting them - this presentation aims not to make generalizations about particular cultures, as the culturally-competent clinician understands that culture is a dynamic process of interaction between individuals/groups of individuals and their environments over time.

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Geographic Biography

- Ottawa
- Kingston (St Lawrence College) through 2008
- California (2007)
- Boston (NECC) through 2009
- Abu Dhabi, UAE through 2012
- Doha, Qatar through 2013
- Abu Dhabi & GCC Consultation through 2018
- TCSP (2015-)
- FIT (2018-)



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Some Parameters

- This is not a talk about rules of engagement
 - Rules create rigid responding which is insensitive to environmental contingencies (Catania)
1. Accommodate: compromise
 2. Acclimate: adjust to
 3. Accept: maintain open, ongoing awareness & flexibility

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Pt. 2: Theory

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What is “culture”?

- Socratic Model: “people have beliefs about good and bad, right and wrong, worthy and unworthy that they have internalized...and these beliefs and values in turn motivate the choice of some actions” (p.604) >>>>Motivation vs Justification (“Skinnerian”)
- Aristotelian Model: “experiences and relationships can shape one’s cultural biases, but also these biases shape the kinds of situations and relationships towards which a person will gravitate” (p. 611)

Vaisey
(2008)

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Skinner on Culture (1971)

- “A culture corresponds to a species. We describe it by listing many of its practices...two or more cultures may share a practice, as two or more species may share an anatomical feature. The practices of a culture, like the characteristics of a species, are carried by its members, who transmit them to other members...A culture, like a species, is selected by its adaptation to an environment: to the extent that it helps its members to get what they need and avoid what is dangerous, it helps them to survive and transmit the culture” (p.123)
- “A scientific analysis shift the credit as well as the blame to the environment...” (p.21)



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Meaning...

- Culture is not something someone (else) "has"
- Our behaviour, social or otherwise, has been selected by our various contexts
- This includes our thoughts, beliefs, values and other covert behaviour (*more on values, to come!)
- "Behaviour goes where reinforcement flows!"

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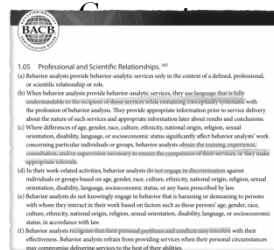


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Pt. 3: Practice

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BACB on Cultural



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- A note on policy -
Western Cultural Bias!
- Tell, but also (mostly) show.

Developing the Cultural Awareness Skills of Behavior Analysts (Fong, et al., 2016)

- **Cultural identity:** unique set of distinguishable stimuli (race, socioeconomic class, age, religion, sexual orientation, ethnicity, disability, nationality, geographic context)

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So then...who
am I?



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Some Questions

- How has my environment shaped my behaviour?
 - What is my cultural identity?
 - What assumptions do I have about "right" and "wrong"?
 - Which stereotypes (about myself) do I endorse?
 - Which stereotypes (about myself) do I dislike?
 - What sensitivities do I have regarding my identity?
 - What is really important to me?
- A note on stereotypes - broadly-stated, over-generalized beliefs about a group of people, either positive, neutral, or negative (independent of accuracy)

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A Model & Helpful Tool



- Dunaway, et al., (2012)

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Self-Awareness

- Verbal discrimination of our own behaviour** (Barnes-Holmes et al., 2001)
- Such attention may "help enhance skills of self-observation and self-description regarding our **overt and covert** behavior" (Fong, et al., 2016)
- Remain "scientifically-minded" - test our hypotheses rather than accepting own experiences/biases as norm (ask why, vs. Justify)

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Common Biases (Behavioural Patterns)

Western	Eastern
Process-Oriented	Relationship-Oriented
Hypothetical-deductive (first-next, then; if this, then that)	Inductive reasoning; larger purpose/meaning abstracted
"Timeliness-Holiness" (Efficiency is Everything)	All things in their time...
Determinism & Selectionism	Spiritualism & Intuition
Logical & Linear Thinking	Accepts ambiguity; sometimes circular
Individualistic	Collectivistic

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Pt. 4: Application

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A caution...

- Cultures-within-cultures
- Complementary or contrasting
- May be wholly independent of "geographic culture"
- "The way we do things around here" (often insidious, e.g "toxic")



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Cultural Competency Regarding “Other” (client, colleague, etc.)

- Considerations:
 - Behavioural excesses
 - Behavioural deficits
 - Social “appropriateness”
 - Social validity (priority?)
 - Preferences

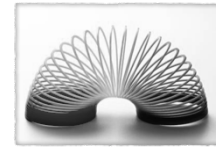


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What’s Worked

1. Flexibility:

- Mechanism for bi-directional feedback
- Liaison-role
- Scheduling
- Expectations: Reasonable? Feasible?



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Psychological Flexibility (Hayes)

- **Intention:** I will find common-ground/connection, despite our differences
- **Awareness:** I am behaving this way in the presence of this, s/he is behaving that way in the presence of that (**behaviour = selected**)
- **Openness:** I am open to experiences which may be uncomfortable; discomfort is a normal response to unfamiliarity

Paul Atkins & David Sloan Wilson
(2018) - Evolution Institute

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A-B-C

- **ACCEPT:** We have our differences...
- **BEHAVE:** What am I going to do?
- **COMMIT:** In the interests of our shared values



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A Note on Values

- Values versus Goals:
 - <https://youtu.be/T-IRbuy4XtA>
- Work to identify shared values with staff, clients, caregivers (*ACT Matrix)
- Provides a roadmap
- Committed action

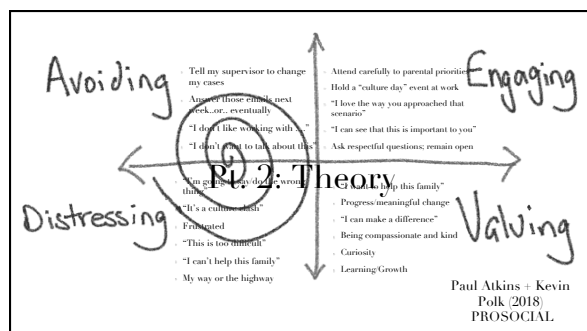


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Values:

“...function as guides to work through ethical conflicts” (Ruiz & Roche, 2007, p.1)

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A Note on Language

All You Do
is go...
Blah... Blah

- Consider form (E-mail? Newsletter? Phone? Arabic? Thai? Hindi?)
- Avoid behaviourspeak (but know your audience)
- Consider function (effective Sd?)
- Instructional control: are you being "yessed"?
- Not all verbal behaviour is vocal.

What's Worked

Reinforcement

- Staff, parents, management
- Use preference assessments
- Set measurable goals
- Celebrate success; build teams
- Consider cultural norms - e.g. gender, age - offer options



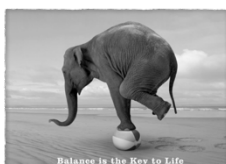
What's Worked

Continued Education/Training

- Provide opportunities for growth
- Invest in staff, parents, teachers
- Clinical work is hard - this inherently creates doubt
- Everyone, everywhere wants to feel valued; if you don't value your staff, someone else will.



What's Worked



- Systemic/Structure**
 - Training/re-training
 - Clinical programming
 - Progress reporting
 - Policy *as appropriate

Rules = Rigidity

However, know the taboos

- Dietary restrictions?
- Topics to be avoided (stimuli, instructional tasks)
- Rules of engagement (Gender norms? Home visits? Toileting? Prayer? Bathing?)

Monestes, Grenville, Hooper (2017)

How?

- Be careful with assumption/overgeneralization
- Asking is sensitive. Consider when, and who asks.
- Consider liaison role where possible/appropriate
- Celebrate diversity; team-building, safe space for discussion

Challenges

- Resources are always a constraint
- Conflicting priorities
- Inflexibility
- Ineffective organizational structures/hierarchy



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Ethical Considerations

- **Responsible Conduct of BA (1.0)**
 - Boundaries of Competence (1.02)
 - Maintaining Competence through Professional Development (1.03)
 - Professional and Scientific Relationships (1.05)
 - Multiple Relationships & Conflicts of Interest (1.06)
 - Exploitive Relationships (1.07)

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Ethical Considerations

- **BA Responsibility to Clients (2.0)**
 - Accepting clients (2.01)
 - Maintaining Confidentiality (2.06)
 - Interrupting or Discontinuing Services (2.15)
- **Assessing Behavior (3.0)**
 - Explaining Assessment Results (3.04)

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Ethical Considerations

- **BA & Behaviour-Change Program (4.0)**
 - Involving Clients in Planning & Consent (4.02)
 - Describing Behaviour-Change Program Objectives (4.04)
 - Describing Conditions for Behaviour-Change Program Success (4.07)
 - Environmental Conditions that Interfere with Implementation (4.07)
- **BA as Supervisors (5.0)**
 - Supervisory Competence (5.01)
 - Supervisory Volume (5.02)
 - Supervisory Delegation (5.03)

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Ethical Considerations

- **BA Ethical Responsibility to Colleagues (7.0)**
 - Avoiding False or Deceptive Statements (8.01)
 - Testimonials & Advertising (8.05)
 - In-Person Solicitation (8.06)
 - Discouraging Misrepresentation by Non-Certified Individuals (10.07)

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Why? Compassion & Connection

- Aisha- 2.5 years at admission; now a beautiful young woman
- Adam - From toddler to second grade...and beyond!
- Faissal - Probably still can't feel his face :)
- Hamad - "Why am I here?"
- Hajar - Baby H "mama"
- Ali & Manar and the hidden potty
- Zane...Avi...Navya...Ramsey...



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<https://www.prosocial.world> (<https://evolution-institute.org>)

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Additional Info

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