The Ethical Imperative to Ensure Cultural Competence and Sensitivity among Behavior Analysts

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OBJECTIVES

• Participants will identify core overarching ethical mandates and relevant sections of the Code, and the core skills necessary to provide culturally sensitive service provision

• Participants will be introduced to the use of scenarios and tools to assist in training and supervising behavior analysts in this area
THANKS to

• The Cambridge Center for lighting the way and being a repository of all that the science of ABA has done and can do
• Endicott College for having a vision of online education that includes students from around the world
• My colleagues at Endicott – Justin Leaf, Jenn Hilton, Lorraine Otte, and Allyson Penaloza
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• The families of people with autism who have let me into their lives, and who have given me feedback to shape my behavior
Members of my 2019-20 Research Lab

• Nancy Marchese
• Hayley Neimy
• Gabi Morgan
• Ksenia Kratchenko
• Karen Rose
• Melanie Giles

• Nick Orlando
• Roxanne Gayle
• Kristin Bowman
• Kimberly Marshall
• Colleen Suzio
• Jessica Rohrer
• Lisa Tereshko
Cultural Sensitivity and ABA Service Provision

• An area getting more attention
• An area in early development
• A crucial need
• An ethical mandate
Broad Ethical Relevant Principles that Inform

- Beneficence and Non Malfeasance
- Fidelity and Responsibility
- Integrity
- Justice
- Respect for Rights and Dignity

**dignity**
Noun
1. The state or quality of being worthy of honor or respect
Ethical Code: Relevant Sections

• 1.02 Boundaries of Competence.

• (a) All behavior analysts provide services, teach, and conduct research only within the boundaries of their competence, defined as being commensurate with their education, training, and supervised experience.

• (b) Behavior analysts provide services, teach, or conduct research in new areas (e.g., populations, techniques, behaviors) only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas.
• 1.03 Maintaining Competence through Professional Development. Behavior analysts maintain knowledge of current scientific and professional information in their areas of practice and undertake ongoing efforts to maintain competence in the skills they use by reading the appropriate literature, attending conferences and conventions, participating in workshops, obtaining additional coursework, and/or obtaining and maintaining appropriate professional credentials.
continued

• 1.04 Integrity. (a) Behavior analysts are truthful and honest and arrange the environment to promote truthful and honest behavior in others.

• (b) Behavior analysts do not implement contingencies that would cause others to engage in fraudulent, illegal, or unethical conduct.

• (c) Behavior analysts follow through on obligations, and contractual and professional commitments with high quality work and refrain from making professional commitments they cannot keep.

• (d) Behavior analysts’ behavior conforms to the legal and ethical codes of the social and professional community of which they are members. (See also, 10.02a Timely Responding, Reporting, and Updating of Information Provided to the BACB)

• (e) If behavior analysts’ ethical responsibilities conflict with law or any policy of an organization with which they are affiliated, behavior analysts make known their commitment to this Code and take steps to resolve the conflict in a responsible manner in accordance with law.
1.05 Professional and Scientific Relationships

- (b) When behavior analysts provide behavior-analytic services, they use language that is fully understandable to the recipient of those services while remaining conceptually systematic with the profession of behavior analysis. 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, culture, 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, and/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, culture, ethnicity, national origin, religion, sexual orientation, disability, language, 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, culture, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status, in accordance with law.
Multiple Relationships and Conflicts of Interest

• 1.06 Multiple Relationships and Conflicts of Interest.
• (a) Due to the potentially harmful effects of multiple relationships, behavior analysts avoid multiple relationships.
• (b) Behavior analysts must always be sensitive to the potentially harmful effects of multiple relationships. If behavior analysts find that, due to unforeseen factors, a multiple relationship has arisen, they seek to resolve it.
• (c) Behavior analysts recognize and inform clients and supervisees about the potential harmful effects of multiple relationships.
• (d) Behavior analysts do not accept any gifts from or give any gifts to clients because this constitutes a multiple relationship.
Accepting Clients

• 2.01 Accepting Clients. Behavior analysts accept as clients only those individuals or entities whose requested services are commensurate with the behavior analysts’ education, training, experience, available resources, and organizational policies. In lieu of these conditions, behavior analysts must function under the supervision of or in consultation with a behavior analyst whose credentials permit performing such services.
Responsibility

• 2.02 Responsibility. Behavior analysts’ responsibility is to all parties affected by behavior-analytic services. When multiple parties are involved and could be defined as a client, a hierarchy of parties must be established and communicated from the outset of the defined relationship. Behavior analysts identify and communicate who the primary ultimate beneficiary of services is in any given situation and advocate for his or her best interests
Treatment Efficacy

• 2.09 Treatment/Intervention Efficacy.

• (a) Clients have a right to effective treatment (i.e., based on the research literature and adapted to the individual client). Behavior analysts always have the obligation to advocate for and educate the client about scientifically supported, most-effective treatment procedures. Effective treatment procedures have been validated as having both long-term and short-term benefits to clients and society.

• (b) Behavior analysts have the responsibility to advocate for the appropriate amount and level of service provision and oversight required to meet the defined behavior-change program goals.

• (c) In those instances where more than one scientifically supported treatment has been established, additional factors may be considered in selecting interventions, including, but not limited to, efficiency and cost-effectiveness, risks and side-effects of the interventions, client preference, and practitioner experience and training.

• (d) Behavior analysts review and appraise the effects of any treatments about which they are aware that might impact the goals of the behavior-change program, and their possible impact on the behavior change program, to the extent possible
Explaining Assessment Results

• 3.04 Explaining Assessment Results. Behavior analysts explain assessment results using language and graphic displays of data that are reasonably understandable to the client.
Involving Clients

• 4.02 Involving Clients in Planning and Consent. Behavior analysts involve the client in the planning of and consent for behavior-change programs.
Conditions for Change

• 4.06 Describing Conditions for Behavior-Change Program Success. Behavior analysts describe to the client the environmental conditions that are necessary for the behavior-change program to be effective.

• 4.07 Environmental Conditions that Interfere with Implementation. (a) If environmental conditions prevent implementation of a behavior-change program, behavior analysts recommend that other professional assistance (e.g., assessment, consultation or therapeutic intervention by other professionals) be sought.

• (b) If environmental conditions hinder implementation of the behavior-change program, behavior analysts seek to eliminate the environmental constraints, or identify in writing the obstacles to doing so.
Considerations regarding punishment

• 4.08 Considerations Regarding Punishment Procedures. (a) Behavior analysts recommend reinforcement rather than punishment whenever possible. (b) If punishment procedures are necessary, behavior analysts always include reinforcement procedures for alternative behavior in the behavior-change program. (c) Before implementing punishment-based procedures, behavior analysts ensure that appropriate steps have been taken to implement reinforcement-based procedures unless the severity or dangerousness of the behavior necessitates immediate use of aversive procedures. (d) Behavior analysts ensure that aversive procedures are accompanied by an increased level of training, supervision, and oversight. Behavior analysts must evaluate the effectiveness of aversive procedures in a timely manner and modify the behavior-change program if it is ineffective. Behavior analysts always include a plan to discontinue the use of aversive procedures when no longer needed.
Avoiding Harmful Reinforcers

• 4.10 Avoiding Harmful Reinforcers. Behavior analysts minimize the use of items as potential reinforcers that may be harmful to the health and development of the client, or that may require excessive motivating operations to be effective.
Promoting an Ethical Culture

• 7.01 Promoting an Ethical Culture. Behavior analysts promote an ethical culture in their work environments and make others aware of this Code
Ethical Violations by Others

• Code. 7.02 Ethical Violations by Others and Risk of Harm. (a) If behavior analysts believe there may be a legal or ethical violation, they first determine whether there is potential for harm, a possible legal violation, a mandatory-reporting condition, or an agency, organization, or regulatory requirement addressing the violation. (b) If a client’s legal rights are being violated, or if there is the potential for harm, behavior analysts must take the necessary action to protect the client, including, but not limited to, contacting relevant authorities, following organizational policies, and consulting with appropriate professionals, and documenting their efforts to address the matter. (c) If an informal resolution appears appropriate, and would not violate any confidentiality rights, behavior analysts attempt to resolve the issue by bringing it to the attention of that individual and documenting their efforts to address the matter. If the matter is not resolved, behavior analysts report the matter to the appropriate authority (e.g., employer, supervisor, regulatory authority). (d) If the matter meets the reporting requirements of the BACB, behavior analysts submit a formal complaint to the BACB. (See also, 10.02 Timely Responding, Reporting, and Updating of Information Provided to the BACB)
Why else would behavior analysts attend to this?

• Compassionate Care
• Increased Effectiveness
Question one: What is cultural competence?

- Cultural Competence-
- Collins Medical Dictionary

Possession of the knowledge and skills required to manage cross-cultural relationships effectively
National Prevention Information Networks (CDC)

• **What is Cultural Competence?**

• Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).
More from NPIN

• Cultural competence requires that organizations:
• have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
• have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
• incorporate the above in all aspects of policy making, administration, practice, service delivery, and involve systematically consumers, key stakeholders, and communities.
Components (www.acf.hhs.gov/opre)

• A cognitive component that emphasizes critical awareness (i.e., awareness of one’s biases) and knowledge (i.e., understanding of a specific cultural group’s history, religion, historical context and beliefs) relevant to the health and well-being of diverse children and families.

• A behavioral component that emphasizes the ability to put skills into practice to build trust and effectively communicate with and serve diverse children and families.

• An organizational component that emphasizes contextual issues and support for culturally competent practices from an organization that is committed to diversity and innovation to meet the needs of diverse children and families.
Question two: What are the skills?

• OPERATIONAL DEFINITION, Please
Begin with Awareness Strategies

• Engage in self-reflection about one’s culture and potential biases
• Identify one’s preparedness to serve different populations
• Participate in cultural immersion experiences with diverse communities
• Participate in cultural competence training
Equip with Knowledge

• Stay informed on scientific evidence relevant to the evaluation and treatment of diverse children and families
• Critically evaluate and determine the fit between an assessment or intervention and the cultural backgrounds of children and families
• Gain knowledge about the culture (values, beliefs & practices) and history of diverse children and families
• Guided by understanding of the population as a whole, gain knowledge regarding the individual client on their values, beliefs and practices; views on health, disability and disease; family rituals, traditions and routines; role of authority figures within and outside of their family; religion and spirituality; acculturation level; use of traditional and spiritual healers; understanding of and desire for services
Skills

• Develop relationship building and communication skills, including how to address family members and how to use and interpret non-verbal cues, that are syntonic with cultural norms
• If not language-speaking, become skilled at working with a translator
• Become skilled in engaging and working with family members in services
• Partner with traditional and spiritual leaders
• Try new strategies when traditional strategies do not work
• When unsure, ask questions and practice active listening
Many fields value and teach and study it

- Psychology
- Social Work
- Counseling
- Speech
Let’s look at some resources

• ASHA Cultural Competence Personal Reflection
• NASP Self assessment
• Vancouver Cultural Competence Checklist
ASHA Cultural Competence Checklist
Personal Reflection

• ___ I treat all of my clients with respect for their culture.
• ___ I do not impose my beliefs and value systems on my clients, their family members, or their friends.
• ___ I believe that it is acceptable to use a language other than English in the U.S.
• ___ I accept my clients’ decisions as to the degree to which they choose to acculturate into the dominant culture.
• ___ I provide services to clients who are GLBTQ (Gay, Lesbian, Bisexual, Transgender, or Questioning).
• ___ I am driven to respond to others’ insensitive comments or behaviors.
• ___ I do not participate in insensitive comments or behaviors.
• ___ I am aware that the roles of family members may differ within or across culture or families.
• ___ I recognize family members and other designees as decision makers for services and support.
I understand how culture can affect child-rearing practices such as:

- ___ Discipline
- ___ Dressing
- ___ Toileting
- ___ Feeding
- ___ Self-help skills
- ___ Expectations for the future

I understand my clients’ cultural norms may influence communication in many ways, including:

- ___ Eye contact
- ___ Interpersonal space
- ___ Use of gestures
- ___ Comfort with silence
NASP Self Assessment

• Physical Environment, Materials, and Resources
  • _____ 1. I display pictures, posters and other materials that reflect the cultures and ethnic backgrounds of children and families served by my program or agency.
  • _____ 2. I insure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of children and families served by my program or agency.
  • _____ 3. When using videos, films or other media resources for health education, treatment or other interventions, I insure that they reflect the cultures of children and families served by my program or agency.
Continued from NASP

• **Communication Styles**

• _____ 6. For children who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.

• _____ 7. I attempt to determine any familial colloquialisms used by children and families that may impact on assessment, treatment or other interventions.

• _____ 8. I use visual aids, gestures, and physical prompts in my interactions with children who have limited English proficiency.

• _____ 9. I use bilingual staff or trained/certified interpreters for assessment, treatment and other interventions with children who have limited English Proficiency.
### Vancouver Cultural Competence Self-Assessment Checklist

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Be aware of areas of discomfort</td>
<td>I am aware of my discomfort when I encounter differences in race, colour, religion, sexual orientation, language, and ethnicity.</td>
</tr>
<tr>
<td>Check my assumptions</td>
<td>I am aware of the assumptions that I hold about people of cultures different from my own.</td>
</tr>
<tr>
<td>Challenge my stereotypes</td>
<td>I am aware of my stereotypes as they arise and have developed personal strategies for reducing the harm they cause.</td>
</tr>
<tr>
<td>Reflect on how my culture informs my judgement</td>
<td>I am aware of how my cultural perspective influences my judgement about what are 'appropriate', 'normal', or 'superior' behaviours, values, and communication styles.</td>
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<tr>
<td>Accept ambiguity</td>
<td>I accept that it crosslls.</td>
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More from Vancouver

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<tr>
<th>Be curious</th>
<th>I take any opportunity to put myself in places where I can learn about difference and create relationships.</th>
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</thead>
<tbody>
<tr>
<td>Aware of my privilege if I am White</td>
<td>If I am a White person working with an Aboriginal person or Person of Colour, I understand that I will likely be perceived as a person with power and racial privilege, and that I may not be seen as ‘unbiased’ or as an ally.</td>
</tr>
<tr>
<td>Aware of social justice issues</td>
<td>I’m aware of the impact of the social context on the lives of culturally diverse population, and how power, privilege and social oppression influence their lives.</td>
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Other Resources

• ASHA Cultural Service Delivery
• Georgetown Behavioral Health Services Checklist
• ASHA Cultural Competence Policies and Procedures Checklist
ASHA Cultural Competence Checklist: Service Delivery

• _ I include the clients and their families as partners in determining outcomes for treatment.

• ___ I recognize differences in narrative styles and pragmatic behaviors that vary across cultures.

• ___ I learn about acceptable behaviors and customs that are prevalent in my clients’ cultures.

• ___ I consider my clients’ beliefs in both traditional and alternative medicines when I prescribe a treatment regimen.
More from ASHA

• I consider clients’ and their families’ norms and preferences when planning:
  ___ Appointments
  ___ Community outings
  ___ Holiday celebrations
  ___ Meals, snacks
  ___ Services in the home
  ___ Homework/recommendations for caregivers

• I allow for alternative methods of sharing experiences and communication, such as:
  ___ Story telling
  ___ Use of props to support the “oral tradition” that is prevalent in some cultures.

• I allow for alternatives to written communication, which may be preferred, such as:
  ___ Communicating verbally
  ___ Modeling the recommendations
  ___ Use of video/audio clips
Georgetown Behavioral Health Services Checklist

• I use bilingual or multilingual staff or trained/certified interpreters for assessment, treatment and other interventions with children and youth who have limited English Proficiency.
• I use bilingual staff or multilingual trained/certified interpreters during assessments, treatment sessions, meetings, and for other events for families who would require this level of assistance.
• When interacting with parents who have limited English proficiency I always keep in mind that:
  • * limitations in English proficiency are in no way a reflection of their level of intellectual functioning.
  • * their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.
  • * they may or may not be literate in their language of origin or English.
• When possible, I insure that all notices and communiqués to parents, families and caregivers are written in their language of origin.
ASHA Cultural Competence Checklist: Policies and Procedures

• ___ My agency/program has a mission statement which states that all persons shall receive appropriate services.

• ___ My agency/program has a list of interpreters for both manually coded and spoken communication available.

• ___ My agency/program has a policy for handling staff members’ inappropriate language or behavior, related to race, ethnicity, gender, ability, or sexual orientation.

• ___ My agency/program actively recruits bilingual employees.

• ___ My agency/program actively recruits employees from culturally diverse populations.

• ___ My agency/program actively recruits employees who have experience working with populations reflecting diverse cultural and linguistic backgrounds.
Additional rubrics from my students

• Wafa Aljohani- self assessment
• Jessica Rohrer- cultural competence tool
From Wafa Aljohani

- The Value of Diversity:

Do I understand the influence culture can have?
Yes ________    No ________

If Yes, list a minimum of three ways on how culture influence behavior?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

If No, how can I improve my own understanding of culture and its influence on behavior?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
From Jessica Rohrer

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<th>Question</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
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<tr>
<td>Did the consultant demonstrate respect for family preferences regarding aspects of home life? (Sleeping arrangements, meal behavior, sibling interaction, etc.)</td>
<td></td>
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<td>Did the consultant inquire about the family’s cultural preferences and norms regarding information sharing with family members? (Roles of extended family, dissemination of information to family members)</td>
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What do we know from ABA?

• Several seminal articles in recent years
• Focus on Cultural Competence (Fong et al)
• Taylor, 2018 and Empathic Responding
• Operational definitions and instructional approaches developing
Fong, Catagnus, Brodhead, Quigley, and Field (2016)

• Misses happen
  • Devaluing of certain experiences (e.g., church attendance)
  • Failing to inquire
Benefits

• Increase acceptability of behavior analysis by culturally diverse groups
• Design culturally acceptable interventions
• Reduce interpersonal injury
HOW?

• Increase awareness of self
• Developing cultural awareness of clients
  • Attend to language of assessment
  • Understand cultural identity
    • What is acceptable
    • What words mean
• Use resources
• Attain training
Organizational strategies

- Cultural officer
- Training
- Supervision embedding
- Social validity assessments
Expand the lens

• Not just about research based strategies
• We need to ensure they will work
Taylor et al 2019 Compassionate Care

- Combine perspective taking, tacting when others are suffering
- Tact own personal experiences
- Observe how suffering might relate to his or her own
- Act intentionally to alleviate the suffering of the caregiver
Also related to

• Relates to RFT and ACT
• Involves perspective taking
• Deitc Frames
  • I-YOU
Listening and Compassion: Areas to Improve

• Compromising During a Disagreement
• Inquiring about Satisfaction
• Role Clarification
Empathy and Compassion: Areas to Improve

- Demonstrating caring about the entire family
- Acknowledging mistakes or treatment failures
- Being patient
- Being reassuring
Items that may Contribute to Problems

• **Seems to have his or her own agenda about the direction of my child’s program**
• **Underestimates my child’s ability**
  • Focuses too much on my child’s challenging behavior
  • Failed to communicate with me
  • Focuses too much on my child’s deficits
• **Has an authoritarian demeanor rather than a collaborative one when discussing decisions about my child’s program**
  • Is too busy to discuss things about my child’s program that are important to me
  • Often seems distracted during meetings
• Let his or her opinions of other professions or other treatments interfere with our relationship
• Interrupts me during meetings about my child
• Uses too much technical language that I don’t understand
Operationally define targets

  - Eye contact
  - Muscles of facial expression
  - Posture
  - Affect
  - Tone of voice
  - Hearing the whole patient
  - Your response.

• Strategies for improving trust and rapport—reflect and avoid passing judgment, interruptions, blame, trigger words Jargon
Authoritarian demeanor (authoritative and collaborative instead)
• Strategies for identifying and repairing a damaged relationship
• Recognizing that there is a problem and apologizing
• Assessing the relationship—self and other assessment
• Managing planned and unexpected difficult conversations
• Reflection and perspective taking
Ideas from Alpine
(Taylor, LeBlanc, & Nosik, 2018)

• Positive social interactions
  • Includes eye contact, appreciation, asks how parent is
  • Avoids flat affect, negative comments about child

• Empathy
  • Includes open ended questions, verification of feelings
  • Avoids distraction and jumping to solutions too fast

• Compassion
  • Includes pauses, supportive statements
  • Avoids interruption and defensiveness

• Collaboration
  • Includes seeking parent ideas and approval, acknowledging mistakes
  • Avoids judgement, jargon
Related skills with parallel desired outcomes

• Teaching self-compassion via ACT to parents of children with autism (Gould et al., 2017)

• Developing procedures to teach interventionists to develop rapport with children with autism (Lugo, King, Lamphere, & Paige, 2017)
Teaching these skills

• Use evidence-based procedures
Embed into coursework

- EMPHASIZE PARENTAL EXPERIENCE
- COLLABORATION CLASS
- SKILL BUILDING
  - TEACH SOFT SKILLS
Embed into supervision

- Use rubrics
- Observe interactions with families
Nancy Marchese’s work on collaboration with families

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<tr>
<th>1. Asked open-ended questions (e.g., “can you tell me more about…”, “what has this been like for you?”, “is there anything else”, “are you ok with how things are going””)</th>
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<th>2. Demonstrated appropriate non-verbal behaviors (e.g., nodding where appropriate, maintained soft eye contact, maintained an open-posture, was not engaged in other activities)</th>
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<th>3. Delivered supportive statements (e.g., “I imagine that must be…”, “sound like you are…”, “that sounds very difficult”, “that’s great! I bet you’re feeling pretty good about that”)</th>
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<th>4. Paused and gave time for caregiver to respond</th>
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<th>5. Summarized information, asked for clarification, checked for accuracy and accepted correction (if applicable) (e.g., “let me know if I’ve gotten this right”, “tell me more about..”, “I want to make sure that I understand what you’ve said..”, “I don’t want us to go further until I’m sure I’ve gotten it right”)</th>
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<th>6. Offered support and partnership (e.g., “I’m committed to working with you to…”)</th>
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Research Lab on Collaboration Skill Devt

Maintains eye contact with the parent

Nondefensive posture and language:
• Arms at sides or hands on table
• Hands calm in lap or on table
• Smile or neutral expression on face
• Sole attention on speaker (turn towards who is speaking)
• Physically orient towards speaker
• Calm and cool demeanor (no dramatic gestures)
• Positive or neutral words
• Calm tone of voice
• Use names of the people
• Provide pauses and opportunities
• Rephrases frequently
Work on collaboration: Coding difficult conversations

| Reflects- Statements of acknowledgement of the other person’s point of view |
| Provides the opportunity to speak- the behavior analyst does not cut the other person off |
| Asks one or more specific neutral questions, preferably open ended |
| Validate something about the parent’s view of the learner |
Why should we do this?

- Universal desire for respect
- Universal desire to be understood and validated
- We seek good impressions from families
- We desire better outcomes with those we serve
- We want an improved reputation for the field
Good news

- This is the time
- We have good sources/starts
- Convergence
- Consensus
Thanks for your attention!

• THANK YOU FOR HAVING ME
• For info and references:
  mweiss@endicott.edu