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### A Preliminary Exploration of Methods for Evaluating and Teaching Skills Required for Providing a Culturally Responsive Service

Jolinpreet Kaur Dhami

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**A Preliminary Exploration of Methods for Evaluating and Teaching Skills Required for  
Providing a Culturally Responsive Service**

by

Jolinpreet Kaur Dhani

A Thesis

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

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Applied Behavior Analysis

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## Abstract

A culturally responsive approach to providing behavior-analytic service emphasizes rapport-building, inclusivity of diverse populations, social validity, respect for individuality, and practitioners' need to reflect on their own cultural biases. Based on behavior-analytic literature, how to measure and evaluate these skills and teach future practitioners remains unclear. Self-evaluations might be a quick, resource-efficient, and suitable tool for the maintenance of skills throughout a practitioner's career. In this preliminary study, a non-concurrent multiple baseline design across participants was used to evaluate the effectiveness of a treatment package with self-evaluation on increasing skills related to cultural responsiveness. Emerging results indicate participants consistently scored themselves higher on using culturally responsive skills using a self-evaluation form compared to the researcher's data. Implications, next steps, and limitations for evaluating skills related to cultural responsiveness and teaching skills for using a self-evaluation are discussed.

*Keywords:* cultural responsiveness, self-evaluation, rubric, role-play scenarios

## Table of Contents

	Page
List of Tables .....	5
List of Figures .....	6
Chapter	
1. Literature Review .....	7
2. Method .....	16
Participants, Setting, and Materials .....	16
Role-play Scenario Creation .....	17
Confederate and Observer Training .....	18
Response Measurement .....	22
Interobserver Agreement .....	24
Experimental Design .....	25
Procedures .....	25
Baseline .....	25
Self-evaluation .....	26
Self-evaluation + Video .....	27
Self-evaluation + Video + Feedback .....	27
Confederate Fidelity .....	28
3. Results .....	29
P01 .....	29
P02 .....	29
P03 .....	32

## Chapter

P04 .....	32
4. Discussion .....	33
References .....	38
Appendices	
A. Example Client Profile and Task Description .....	42
B. Example Confederate Written Instructions .....	43
C. Self-Evaluation Description .....	46
D. Confederate Fidelity Checklist .....	47
E. Institutional Review Board Approval Letter .....	48

## List of Tables

Table	Page
Table 2.1 .....	17
Table 2.2 .....	20

**List of Figures**

Figures	Page
3.1 .....	30
3.2 .....	31

## Chapter 1: Literature Review

In the field of applied behavior analysis (ABA), practitioners are encountering more clients from culturally and linguistically diverse (CLD) populations (Beaulieu et al., 2019; Dennison et al., 2019; Deochand & Costello, 2022). There is emerging behavior-analytic literature that focuses on providing practitioners with strategies for providing culturally responsive services, outlining the importance of considering cultural variables during service delivery (Beaulieu & Jimenez-Gomez, 2022; Dennison et al., 2019; Fong et al., 2016; Jimenez-Gomez & Beaulieu, 2022). It is essential to provide culturally responsive services to ensure behavioral supports are socially significant and valid for clients, their families, and their relevant communities (Beaulieu et al., 2019; Beaulieu & Jimenez-Gomez, 2022; Dennison et al., 2019; Deochand & Costello, 2022; Fong et al., 2016; Jimenez-Gomez & Beaulieu, 2022). In addition, practitioners are ethically responsible for actively seeking out activities focused on acquiring the knowledge and skills related to cultural responsiveness and diversity (Behavior Analyst Certification Board [BACB], 2020). Despite these acknowledgments in the Ethics Code and by researchers for critical skills related to cultural responsiveness, there is a need for additional investigation into how to instruct practitioners and future practitioners on how to be culturally responsive (BACB, 2020; Beaulieu et al., 2019; Fong et al., 2016; Jimenez-Gomez & Beaulieu, 2022; LeBlanc et al., 2020; Taylor et al., 2019).

Outside of behavior analysis (Beaulieu & Jimenez-Gomez, 2022), culturally responsive frameworks for service delivery have been described by multiple professions, such as education (Gay, 2002) and social work (Bender et al., 2010). In education, Gay (2002) defined culturally responsive teaching as “using the cultural characteristics, experiences, and perspectives of ethnically diverse students as conduits for teaching them more effectively” (p. 106). Gay (2002)



examined five essential elements of culturally responsive teaching, which included gaining knowledge about cultural diversity, creating culturally responsive curricula, demonstrating caring and forming culturally responsive learning communities, incorporating communication styles that are relevant for ethnically diverse students, and establishing cultural congruity for the delivery of instruction. The actionable recommendations outlined for each essential element are helpful to reference when implementing culturally responsive approaches in other fields.

In social work, researchers have also focused on culturally responsive practice (Bender et al., 2010; Green et al., 2016). For example, Bender et al. (2010) addressed the importance of preparing social work graduate students. They qualitatively examined the relationship between students' self-awareness and culturally responsive social work practice. Students recognized the importance of ethnicity/race in the social work process, the need for empathy toward the challenges different people encounter, the value of being willing to understand their clients' backgrounds/cultures on their ability to facilitate change, and the value of continuous self-reflection on staying a culturally responsive practitioner. Thus, multiple fields acknowledge the importance of integrating culturally inclusive approaches.

In applied behavior analysis, Fong et al. (2016) offered strategies on how behavior analysts can become more culturally aware. They outlined suggestions such as practitioners becoming more self-aware about their own cultural identity, conducting culturally aware assessments, and developing training programs that teach cultural awareness. Later, Miller et al. (2019) also recommended how to create and guide cultural responsiveness for practitioners in ABA. They defined cultural responsiveness as "a collection of educational practices that respect and honor diversity" (p. 18). Their recommendations included advocating for research that supports the delivery of behavior-analytic services to CLD populations, training practitioners on

how to work with diverse populations, and changing broad behavior-analytic protocols and policies to collect demographic data to ensure equal access to ABA services.

More recently, Beaulieu and Jimenez-Gomez (2022) introduced a framework for cultural responsiveness in ABA, borrowing from Sue et al. (1982) cultural competence model: awareness, knowledge, and skills. Awareness refers to practitioners self-reflecting and knowing how personal biases and culture impact their service delivery. Awareness also requires practitioners to recognize that behavior may differ in response to different social stimuli (e.g., a client might respond to an adult's request differently based on who delivered the request, such as their parent versus a teacher). Knowledge refers to collecting information specific to clients regarding how cultural variables might impact their interactions with the environment (e.g., research on how poverty affects families). The skills dimension refers to practitioners acquiring observation skills that focus on culturally responsive care to incorporate these components in service (e.g., deliver culturally responsive interventions, incorporate family feedback, ask open-ended questions, and actively listen to caregivers).

Further, Jimenez-Gomez and Beaulieu (2022) outlined previous research related to cultural responsiveness during the assessment and treatment process, provided practice recommendations, evaluated how culturally responsive the current practices are, and inspired future research directions. Additionally, they outlined how cultural responsiveness overlaps with ABA by identifying the environmental variables, including cultural variables that impact the individual's behavior, focusing on relationship building and collaboration with clients and their families to achieve socially valid outcomes, and incorporating culturally specific information into treatment.

The behavior-analytic culturally responsive literature highlights the gap in research related to different components of training culturally responsive skills for practice. For example, Beaulieu and Jimenez-Gomez (2022) recommended potential future researchers evaluate practices surrounding instructional strategies for self-assessment. Additionally, Jimenez-Gomez and Beaulieu (2022) proposed future researchers should evaluate ways to teach individuals skills relating to cultural humility and culturally responsive rapport building. Thus, training practitioners to be culturally responsive during their interactions with families might be significant for pushing the field forward to evolve and uphold the expectation to be culturally responsive.

Beaulieu et al. (2019) emphasized the critical need for developing formats for training these skills during coursework and supervision. They surveyed 702 Board Certified Behavior Analysts (BCBAs) regarding their experiences working with clients with diverse backgrounds. Most participants reported more than half of their clients were from diverse backgrounds and felt it was important to have training on working with individuals with diverse backgrounds. Additionally, 86% of participants felt either moderately or extremely skilled at working with individuals with diverse backgrounds despite reporting they had little to no training through coursework, hands-on training, continuing education, or employer training. The researchers discussed that one possible reason for participants scoring themselves as skilled despite training could be their experience with diverse populations. Researchers noted concerns with participants assuming that experience leads to skill mastery despite the absence of formal training. The study outlines the gap in training practitioners to work with clients and families with diverse backgrounds, which is required for being culturally responsive.

Some researchers have also outlined methods for training practitioners to learn the interpersonal skills required for culturally responsive service. For example, Rohrer et al. (2021) created the Compassionate Collaboration Tool (CCT). Compassionate care creates strong therapeutic relationships through empathy, perspective-taking, and collaboration (Taylor et al., 2019; Rohrer et al., 2021). Rohrer et al. (2021) suggested the CCT can be used as a self-evaluative checklist for practitioners to reflect on their skills, as a basis for training practitioners, and as a procedural fidelity checklist to evaluate the maintenance of these skills over time.

Relatedly, Rohrer and Weiss (2022) focused on training component skills in compassionate care using behavioral skills training (BST) via remote practice. They measured the compassionate care skills during role play intake interviews and measured 11 skills that were divided into three categories (basic interview skills, interest in family, and joining with family). The selected skills were chosen based on caregiver surveys to determine their preferences in interactions with behavior analysts by conducting expert role-plays of in-take interviews and using the CCT created by Rohrer et al. (2021). Four participants demonstrated an increase in compassionate care skills using BST. Rohrer and Weiss (2022) outlined how similar interpersonal skills, such as being culturally responsive, can be trained using role-played scenarios. As noted by the researchers, skills taught within the study are likely unrepresentative of a diverse population as all of the expert interviewers, caregivers surveyed, participants, and experimenters were English-speaking. Thus, there continues to be a need for creating training content that focuses on teaching practitioners to be culturally sensitive.

Furthermore, BST was effective, but using single components, BST might be more efficient to decrease the required training effort. It could be a hindrance to supervisors or graduate instructors if providing training on interpersonal skills is time-consuming. Rohrer and

Weiss (2022) recommended future researchers evaluate the effectiveness of self-evaluation to improve interpersonal skills. Self-evaluation requires practitioners to assess and compare their behavior to a pre-determined criterion. Self-evaluation might be more efficient than BST and allows practitioners to continue monitoring their skills after training. Future research could evaluate if interpersonal skills related to being culturally responsive can also be improved using structured training.

One such way to self-evaluate has been using self-report measures. For example, Gatzunis et al. (2022) developed the Culturally Responsiveness Supervision Self-Assessment (CRSS) tool for behavior-analytic supervision. The purpose of the CRSS was to provide actionable ways for supervisors to monitor whether they are aware of how race and culture impact their relationship with their supervisees and to monitor whether they are consistently implementing and teaching culturally responsive skills to their supervisees. The CRSS is organized into four sections that address how cultural and racial backgrounds impact the supervision process, the clinical care of the individuals receiving service, and the supervisor's behavior throughout supervision. The tool provides statements the supervisor will score based on their level of agreement with that statement. Some examples of the topics incorporated into these statements include how culture impacts personal boundaries, feedback delivery, and social interactions.

Additionally, the CRSS outlines examples and non-examples of each type of statement. Gatzunis et al. (2022) highlighted the need for supervisors to have an avenue for evaluating their skills to ensure their scope of competence includes being culturally responsive so that their supervisees' training experiences include sufficiently being taught how to work with clients and their families of diverse backgrounds. The CRSS and the additional resources provided by

Gatzunis et al. (2022) are a starting point for more structured approaches to learning and maintaining skills related to being culturally responsive in our field. It would be beneficial to extend their work and focus on practitioners' skills associated with being culturally responsive, specifically during family interactions.

One effective method for instructing practitioners in culturally responsive practice might be using a self-management strategy such as self-evaluation or self-monitoring (Carr et al., 2014). Self-monitoring is when one records the occurrences or nonconcurrency of their behavior, and self-evaluation usually requires an individual to evaluate themselves to a standard (Nelson & Hayes, 1981; Rohrer et al., 2021; Rohrer & Weiss, 2022). Self-monitoring is efficient because it does not require another individual to be available (Ferguson & Rivera, 2022). Thus, it might be especially useful for practitioners who no longer require supervision and must work independently. Self-monitoring and self-evaluation are practical components of treatment packages for increasing independent work skills for children with disabilities, increasing the accuracy of instructional assistants' implementation of token economies, and increasing the accuracy of yoga poses for university students (Downs et al., 2015; Petscher & Bailey, 2006; Sainato et al., 1990). These treatment packages often include feedback (Downs et al., 2015; Mouzakitis et al., 2015; Petscher & Bailey, 2006). Performance feedback is information provided with the intention of changing or maintaining an individual's performance (Johnson et al., 2022). Feedback can serve several functions (e.g., a conditioned reinforcer or punisher) to increase or decrease specific behaviors (Johnson et al., 2022).

As an illustrative example of a treatment package with self-monitoring and performance feedback, Mouzakitis et al. (2015) used self-monitoring (SM) strategies and performance feedback (PFB) when training four teachers to implement behavior intervention plans with

acceptable treatment integrity. Further, they compared the student's behavior change to treatment implementation and examined the generalization of the teacher's skills to novel students and behavioral intervention plans. Teachers were taught to use a self-monitoring datasheet that contained their students' behavioral intervention plans in the form of a checklist. The checklist included the components of the behavioral intervention plan and the steps required for correct implementation. Three of the four teachers' integrity improved with SM alone but not to criterion levels; thus, three teachers needed feedback to reach the desired performance. Two teachers only needed SM to maintain their performance during the treatment package's fading. One of the teachers only used SM throughout the study, and the fourth teacher required PFB and SM to maintain their performance. During generalization, all teachers' integrity improved for the generalization student and behavioral intervention plan as their integrity increased for the target behavior plan; therefore, demonstrating support that using SM and feedback for integrity improvement with one behavioral intervention plan can generalize to a novel behavioral intervention plan. The ability of practitioners to accurately self-monitor their implementation of procedures (i.e., their ability to tact what went well and what didn't) is a critical skill that practitioners should focus on to ensure that clients' needs are being met. Although this study does not focus on skills related to cultural responsiveness, it provides a framework for an instructional method that could help behavior-analytic practitioners to self-monitor their skill sets.

Like Rohrer and Weiss's (2022) recommendations for compassionate care training, Luna et al. (2022) provided specific recommendations on how trainees can gain the knowledge and skillset required for culturally responsive service. They outlined creating opportunities for trainees to practice skills such as building trust through active listening and providing empathetic

responses to distressed caregivers by integrating role-plays into learning. They emphasize the importance of instructors providing feedback following these learning opportunities. Thus, an effective method of training culturally responsive skill sets could be creating a treatment package incorporating role-play scenarios to teach self-evaluation of culturally responsive skills based on Rohrer and Weiss (2022) and Luna et al. (2022) suggestions.

Thus, this study aimed to a) create an evaluation method for interpersonal skills related to compassionate care and cultural responsiveness and b) an initial investigation of training methods to teach individuals to improve interpersonal skills using self-evaluation. Specifically, the study will investigate the effectiveness of a treatment package with a self-evaluation tool on increasing skills related to cultural responsiveness using the recommendations of Rohrer et al. (2021), Rohrer and Weiss (2022), and Luna et al. (2022). Additionally, the study will expand on Gatzunis et al. (2022) research on creating an assessment tool for self-evaluation of skills related to being culturally responsive.



## Chapter 2: Methods

### Participants, Settings, and Materials

There were four participants. Participants were recruited through a Midwestern university and regional chapter of an applied behavior analysis community. Participant 1 (P01) was 30 years old and identified as Chinese. P01 has worked in the field of ABA for four years and three months. P01 was a graduate student in an ABA program. Participant 2 (P02) was 24 years old and identified as Caucasian/White. P02 has worked in the field of ABA for one and a half years. P02 was a graduate student in an ABA program. Participant 3 (P03) was 23 years old and identified as White. P03 has worked in the field of ABA for over 3 years and is a graduate student in an ABA program. Participant 4 (P04) was 24 years old and identified as Asian. P04 was a graduate student in an ABA program.

The researcher conducted the study via Zoom. The researcher used the record function via Zoom to record the videos. The researcher sent participants a copy of the self-evaluation checklist for all phases of the study (see Table 2.1), a brief description of the client profile (see Appendix A), and a brief description of what they will be required to do during their role-play (see Appendix A).

**Table 2.1***Self-evaluation Checklist for Skills Related to Cultural Responsiveness*

Checklist statement	Present	Emerging	Absent
1. I obtained information about family preferences and information			
2. I respected and acknowledged the family's interpretations of behavior			
3. I adjusted my suggestions based on family structure and needs.			
4. I asked questions, when necessary, about family-specific norms, the amount of family involvement in service, and family background.			
5. I demonstrated interpersonal skills (e.g., empathy and perspective-taking)			

***Role-play scenario creation***

The role-plays focused on family interactions during progress monitoring meetings in which the researcher expected the participant to explain intervention data to a client's family member. Role-plays were divided into five components: the client profile, the task presented to the participant, the introduction, the purpose of the meeting, and the progress report (see Appendix B). The researcher created the role-play scenarios by reviewing the behavior-analytic culturally responsive literature for common issues in culturally responsive service, the examples and non-examples provided in the CRSS, and shared experiences that the researchers have

encountered in their practice (Gatzunis et al., 2022). For example, the researcher created the role-play in Appendix B due to her personal experience in clinical settings with practitioners forgetting to ask about pronouns and by drawing from statements 1.1, 2.1, 2.7, 2.8, and 3.1 of the CRSS (Gatzunis et al., 2022). The researcher attempted to equate the level of difficulty between role-plays by scripting for the simulated parent to bring up similar issues across role-plays. The common themes included family structure, language barriers, preferences for the modality of progress updates, and family interpretations of the function of behavior. It is important to note that the researcher took caution when creating role-plays to avoid stereotypes and racist content (Luna et al., 2022). The researcher assigned a number for each role-play and used a random number generator on Google to select the role-play for each session. If the same role-play number was repeated for a participant, the researcher used the random number generator again until a new role-play came up. Each role-play incorporated opportunities for the participant to engage in culturally responsive skills.

### **Confederate and Observer Training**

The researcher trained research assistants, hereafter referred to as confederates, using behavioral skills training (BST). The researcher provided each confederate with a written description of how to start each session before the role-play, the client profile, the progress update that they will be getting from potential participants, the opportunities that they need to incorporate into the role-play, and the instructions they need to provide the participant after the role-play (Appendix B). Following written instructions, the researcher answered the confederate's questions regarding the role-play. The researcher then modeled the role of the parent in that specific scenario and answered any questions the confederate had. The researcher then asked the confederate to play the family member's role, and the researcher acted as a

potential participant. The researcher continued to provide feedback until the confederate incorporated all opportunities for that scenario into the role-play without requiring feedback. Lastly, the researcher informed the confederates to be friendly and cooperative (e.g., smile, open body language, and respond to questions).

Additionally, the researcher trained an observer to collect data using BST. The researcher provided the observer with the self-evaluation checklist (Table 2.1) and the self-evaluation checklist rubric (Table 2.2). The researcher showed a written description of the purpose of the self-evaluation checklist for skills related to cultural responsiveness to the observer and answered the observer's questions (see Appendix C). Second, the researcher modeled by watching a video of a sample role-play and scoring the data. Third, the researcher asked the observer to watch another sample role-play video and complete the data. The researcher provided the observer feedback on their scoring of the role-play. The data between the researcher and observer was compared. The researcher provided feedback for two sample role-play videos before the observer met the mastery criteria after scoring the third sample role-play video. Mastery criteria were met when reliability was 100% between the researcher and the observer on a sample role-play video.

**Table 2.2***Rubric for Self-evaluation Checklist for Skills Related to Cultural Responsiveness*

Checklist statement	Present	Emerging	Absent
1. I obtained information about family preferences and information	Asks the family for their preferences on receiving updates using specific modalities (e.g., visual images, language etc.) with mostly open-ended questions (e.g., “How do you like progress updates”)	Asks the family about preferences on receiving updates but uses mostly closed-ended questions (e.g., “are you okay with me using a PowerPoint to explain updates”)	Begins interactions with family without asking about preference or whether modifications need to be made for a clearer understanding
	Collects information on who the adults that serve as active caregivers are and does not make assumptions about primary caregivers	Acknowledges that there are other active caregivers but does not provide flexible solutions to include them in the future	Only refers to biological parents and does not provide options for other active caregivers to receive updates
	Is flexible to provide updates to all active caregivers	Does not ask about the family’s pronouns but does not make assumptions either	Made assumptions about family members’ gender
	Asks about the family’s preferred pronouns and/or uses correct pronouns		
2. I respected and acknowledged the family’s interpretations of behavior	Mostly asks the family open-ended questions about their interpretations of causes of behavior	Mostly asks closed-ended questions about the family’s interpretations of causes of behavior	Invalidates the family’s interpretations due to a lack of scientific research
	Respects different interpretations that might differ from their own and does not make any assumptions about cultural variables	Demonstrates minimal acceptance of considering cultural variables by acknowledging the variables but does not continue to investigate their influence on behavior	Does not ask open-ended questions to understand the family’s perspective
	Investigates the influence that cultural variables play in the individual’s behavior		Pushes their own interpretations of causes of behavior on the family  Does not acknowledge and/or investigate the influence that cultural variables play in the individual’s behavior
3. I adjusted my suggestions based on family needs and values.	Assessed the acceptability of proposed treatments by mostly using open-ended questions (e.g., “How has the program been going”)	Assesses the acceptability of treatment mostly using closed-ended questions (e.g., “do you think the program is successful?”)	Does not ask about the family’s acceptance of programs

Checklist statement	Present	Emerging	Absent
	<p>vs “Do you like the program”)</p> <p>Ensured programs are aligned with the family’s values</p> <p>Flexible with editing programs to include family feedback</p>	<p>Demonstrating partial acceptance of feedback on programs but still imposing cultural norms</p>	<p>Does not offer adjustments based on family’s input</p>
<p>4. I asked questions, when necessary, about family-specific norms, the amount of family involvement in service, and family background.</p>	<p>Collects information on family specific norms for routines, mannerisms and language using mostly open-ended questions (e.g., “What are your typical sleeping arrangements?” Or “What would you like incorporated as a part of a morning routine?”)</p> <p>Incorporates language preferences for programs and/or progress updates that is in alignment with family’s preferences</p> <p>Acknowledges and accepts without judgement that each family will have different capacities/feasibility to participate in services (e.g., training with skill acquisition programs)</p> <p>Verbalizes rationale for asking questions about culture and how knowledge about their cultural background will help support the client</p>	<p>Collects information on family specific norms for routines, mannerisms and language using mostly close-ended questions (e.g., “Are you hoping to teach them to sleep on their own?” Or “Would you agree with including combing your hair into morning routine?”)</p> <p>Acknowledges language preferences for programs and/or progress updates but does not actively offer to incorporate that language</p> <p>Acknowledges the family’s level of capacity/feasibility of participating in services but demonstrates judgemental statements (e.g., “that’s too bad it would have been helpful but I understand”).</p>	<p>Makes suggestions about programs that are based on dominant culture in the country of service</p> <p>Does not ask any questions about family specific norms for routines, mannerisms, and language</p> <p>Uses English as the language for programs and/or progress updates without consideration of other languages</p> <p>Implies that the family needs to meet the expectation set out by the practitioner on their level of participation in services</p> <p>Makes assumptions and uses microaggressions when asking questions (e.g., “Where are you from?”).</p>
<p>5. I demonstrated interpersonal skills (e.g., empathy and perspective-taking)</p>	<p>Demonstrates empathy and compassion when the family expresses the need for support or have a different viewpoint (e.g., uses empathetic statements and actively listens)</p>	<p>Uses empathetic statements but simultaneously rushes through conversation (e.g., I am sorry you feel that way but we can figure it out by using my suggestions).</p>	<p>Lacks empathy and compassion when family express the need for support or have different viewpoints</p> <p>Uses closed dialogue statements (e.g., “you’ll</p>

Checklist statement	Present	Emerging	Absent
	Confirms emotional response without judgement by providing reassurance and acknowledgement (e.g., “I understand that can be frustrating to deal with”).	Listens but does not demonstrate active listening (e.g., nodding, facial expressions)	get it right” or “it’ll be fine”). Makes jokes regarding race, culture, or immigration status Refers to stereotypes about culture, religion, or race without collecting information from the family Makes a racist or discriminatory remark (e.g., the use of slurs or microaggressions)

*Note.* Adapted from "Cultural Responsiveness Framework in BCBA Supervision" by K. S.

Gatzunis, K. Y. Edwards, A. Rodriguez Diaz, B. M. Conners and M. J. Weiss, 2022, *Behavior Analysis in Practice*, 15(4), Supplemental Material (<https://doi.org/10.1007/s40617-022-00688-7>). Copyright 2022 by the Association for Behavior Analysis International.

### **Response Measurement**

The researcher collected data by watching recorded videos of each role-play and scoring each statement on the self-evaluation checklist for culturally responsive skills as present, emerging, or absent. The statements on the self-evaluation checklist are derived from common themes on the CRSS and CCT (Gatzunis et al., 2022; Rohrer et al., 2021). The researcher modified language from Gatzunis et al. (2022) and Rohrer et al. (2021) to be relevant to the practitioner-family dynamic. For example, Statement 4 on the self-evaluation checklist (i.e., “I asked questions, when necessary, about family-specific norms, the amount of family involvement in service, and family background”) was created by combining statements 2.3, 2.7, 2.8, 2.10, 2.12, 2.15 a-g, and 4.8 on the CRSS (Gatzunis et al., 2022). Additionally, Statement 4 on the self-evaluation checklist incorporates similar themes as questions on the CCT that focus

on the clinician asking about the family's preferences for target behaviors, language preferences, and general family functioning (Rohrer et al., 2021).

The dependent variables were divided into three categories: a) the percentage of self-evaluation checklist items that are scored as "present," b) the percentage of self-evaluation checklist items that are scored as "emerging," and c) the percentage of self-evaluation checklist items that are scored as "absent." Using the rubric, the researcher scored the participant's culturally responsive skills as present, emerging, and absent (see Table 2.2). The researcher scored the participant as "present" if the participant's behaviors all aligned with the applicable behaviors scripted on the rubric under "present" for the corresponding self-evaluation checklist item. Researchers scored the participants as "emerging" if most of the participant's behaviors aligned with applicable behaviors scripted on the rubric under "present" and "emerging" categories for the corresponding self-evaluation checklist statements and/or if an equal number of behaviors aligned in two different categories (e.g., the participant's engaged in two behaviors that were scripted under the present category and two behaviors that were scripted under the emerging and/or absent category). Researchers scored the participant as "absent" if most of the participant's behaviors aligned with applicable behaviors scripted on the rubric under the "absent" category for the corresponding self-evaluation checklist item. The researcher created the rubric for the self-evaluation checklist by using the statements, statement examples, and statement non-examples outlined in the CRSS tool in combination with components of the CCT (Gatzunis et al., 2022; Rohrer et al., 2021) and other culturally responsive behavior-analytic literature (Beaulieu et al., 2019; Beaulieu & Jimenez- Gomez, 2022; Dennison et al., 2019; Deochand & Costello, 2022; Fong et al., 2016; Jimenez-Gomez & Beaulieu, 2022). The researcher modified the information in the rubric to be relevant to the practitioner-family



dynamic. For example, the rubric for the “present” category of Statement 4 on the self-evaluation checklist was based on the CRSS statements and corresponding examples for 2.1, 2.6, 2.7, 2.10, 2.15 a-g, 4.2, and 4.8 and uses the format of open-ended questions that are used in the CCT (Gatzunis et al., 2022; Rohrer et al., 2021). Whereas the rubric for the “absent” category of Statement 4 on the self-evaluation checklist was based on the statements and non-examples provided for the CRSS statements 2.1, 2.6, 2.7, 2.10, 2.15 a-g, 4.2, and 4.8 and behaviors that deviate from the types of questions asked on the CCT (Gatzunis et al., 2022; Rohrer et al., 2021). The “emerging” category in the rubric was created by including aspects of the rubric from the “present” category but having specific components missing and/or combining aspects of the “present” and “absent” rubric items.

The researcher calculated the percentage for all categories by dividing the number of self-evaluation checklist items scored as that specific category (e.g., “present”) over the total number of self-evaluation checklist items (i.e., 5) multiplied by 100. The participants scored themselves using the self-evaluation checklist after they had finished their role-play. Still, they were not informed of the rubric unless they participated in the “feedback” component of the treatment package. Only the percentage of self-evaluation checklist items scored as “present” skills by the participants and researcher was graphed to evaluate the comparisons between self-evaluation scores and the standard score.

### **Interobserver Agreement**

To assess interobserver agreement (IOA), the IOA was calculated by dividing the number of agreements of scores for each statement on the self-evaluation checklist by the total number of agreements plus disagreements and then multiplying it by 100. For example, an agreement would only be recorded if the researcher and participant or observer marked the self-evaluation

checklist item with the same score (i.e., present, emerging, or absent). The researcher trained an observer for IOA. It took the observer three role-plays to meet mastery criteria. However, due to low IOA scores, the researcher conducted additional training.

### **Experimental Design**

A non-concurrent multiple probe design across participants was used to evaluate the effectiveness of self-evaluation with and without video self-evaluation in the treatment package. The graph was used to visually analyze the effectiveness of each treatment phase and make conclusions about the participants' progress. A non-concurrent multiple probe design allows for flexibility in conducting sessions over a longer duration of time which allowed for the current study to be feasible as the participant pool (i.e., students) might have busy schedules; thus, presenting challenges with using a concurrent multiple baseline design (Coon & Rapp, 2018). Currently, P01 is in the self-evaluation with video and feedback phase of the study, P02 is in the self-evaluation with video phase, P03 is in the self-evaluation phase, and P04 is in the self-evaluation phase.

### **Procedures**

#### ***Baseline***

During baseline sessions, the researcher provided participants with brief instructions on the role-play they were conducting and a copy of the self-evaluation checklist without formal instructions on specific behaviors to demonstrate (i.e., they did not see the associated rubric for the self-evaluation) and how they should score themselves. The researcher informed the participant that the checklist is a self-evaluation for interpersonal skills. The confederate instructed the participant to fill out the form when the role-play was complete and to send it to the primary researcher. If the participant's and researcher's scores were at 100% agreement (i.e.,

calculated the same as IOA) and the participant met a mastery criterion of scoring “present” on all the self-evaluation checklist items, they were moved onto the generalization phase.

### *Self-Evaluation*

In the self-evaluation training phase, the researchers gave participants more context to the self-evaluation checklist. The researchers provided the participants with a document explaining that the self-evaluation checklist specifically focused on skills related to cultural responsiveness during interactions with families. Additionally, the document included a definition of cultural responsiveness by Gay (2002) and provided reasons why it is important to be culturally responsive (see Appendix C). The researcher told the participants to select “present” if they thought they engaged in behaviors that aligned with the self-evaluation checklist statement each time an opportunity was presented with a high level of fluency and to select “absent” if they did not engage in behaviors that aligned with the self-evaluation checklist statement at most opportunities. They were told to choose “emerging” if they engaged in behaviors aligned with the self-evaluation checklist item most of the time but missed one or more opportunities. At the end of each role-play, the confederate instructed the participants to self-reflect on their role-play for 3 minutes and told them they could write notes during this period. Following the self-reflection period, the confederate told participants to complete the self-evaluation and send it to the primary researcher. When the agreement (i.e., calculated the same as IOA) between the participant's and researcher's scores was not 100% after 2 role-plays, the participant was moved on to the next component of the treatment package. If the participant's and researcher's scores were at 100% agreement, then the participant stayed in the treatment phase until they met a mastery criterion of scoring “present” on all the self-evaluation checklist items. The criterion for mastery was set to 100% as a higher level of performance early on could increase the likelihood

of maintenance in the long term and reduce the need for additional training (McDougale et al., 2020).

### ***Self-Evaluation + Video***

For this component of the treatment package, video self-evaluation was included. The researcher told the participants that the primary researcher would send them a video of their role-play after it was over. At the end of the role-play, the confederate instructed participants to self-reflect on their role-play for 3 minutes and told them they could write notes during this period. Following the self-reflection period, the confederate reminded participants that the primary researcher would send them the video of their role-play and that they should complete the self-evaluation after watching it. The participants had 48 hours to watch the video and return the form. When the agreement (i.e., calculated the same as IOA) between the participant's and researcher's scores was not 100% after 2 role-plays, the participant was moved on to the next component of the treatment package. If the participant's and researcher's scores were at 100% agreement, then the participant stayed in the treatment phase until they met a mastery criterion of scoring "present" on all the self-evaluation checklist items.

### ***Self-Evaluation + Video + Feedback***

For this component of the treatment package, video self-evaluation and feedback were included. The researcher told the participants that the primary researcher would send them a video of their role-play after it was over. At the end of the role-play, the confederate instructed participants to self-reflect on their role-play for 3 minutes and told them they could write notes during this period. Following the self-reflection period, the confederate reminded participants that the primary researcher would send them the video of their role-play and that they should complete the self-evaluation after watching it. The participants had 48 hours to watch the video

and return the form. Once they returned their self-evaluation to the primary researcher, the primary researcher scheduled a meeting with the participant to provide feedback. During the meeting, the primary researcher shared their screen to show the participants the rubric components. The researcher provided corrective and positive feedback for each statement while going through the scripted behaviors on the rubric. Specifically, for corrective feedback, the researcher provided the participants with examples of how to engage and improve on behaviors that they scored as “emerging” or “absent.” For positive feedback, the researcher identified “present” behaviors the participants engaged in during the role-play. Additionally, the primary researcher informed the participants of the score the researcher gave them for each statement on the self-evaluation checklist. The participant stayed in this component of the treatment package until the participant’s score and the researcher’s score were at 100% agreement (i.e., calculated the same as IOA) and until the participant met a mastery criterion of scoring “present” on all the self-evaluation checklist items.

### **Confederate Fidelity**

The researcher evaluated the confederates' fidelity using a checklist outlining the main tasks that confederates should engage in during their role-plays with participants. The researcher scored confederate fidelity by watching recorded videos of the role-plays. Treatment integrity was calculated by dividing the number of completed tasks by the total number of tasks and multiplying it by 100 to get a percentage (see Appendix D). The researcher scored 21.7% of role-plays across all phases of the treatment package to collect confederate fidelity data, and the confederate fidelity score was 100% across the selected sessions.

## Chapter 3: Results

### P01

Figure 3.1 illustrates both the researcher's (i.e., white-filled triangle) and participants' (i.e., black-filled circles) scores for the percentage of checklist items scored as "present" on the self-evaluation. During baseline, P01's scores decreased from session one to session two. During the self-evaluation phase, an increase in level was seen in comparison to baseline. However, P01 did not achieve mastery criteria (i.e., 100%). In the self-evaluation + video phase, P01 did not achieve mastery criteria and the first session's score was lower than the second (40%, 60%). This pattern was replicated in the final phase (i.e., self-evaluation + video + feedback). The researcher's score for P01 was consistently lower (87.5% of sessions) than the score P01 gave themselves on the self-evaluation.

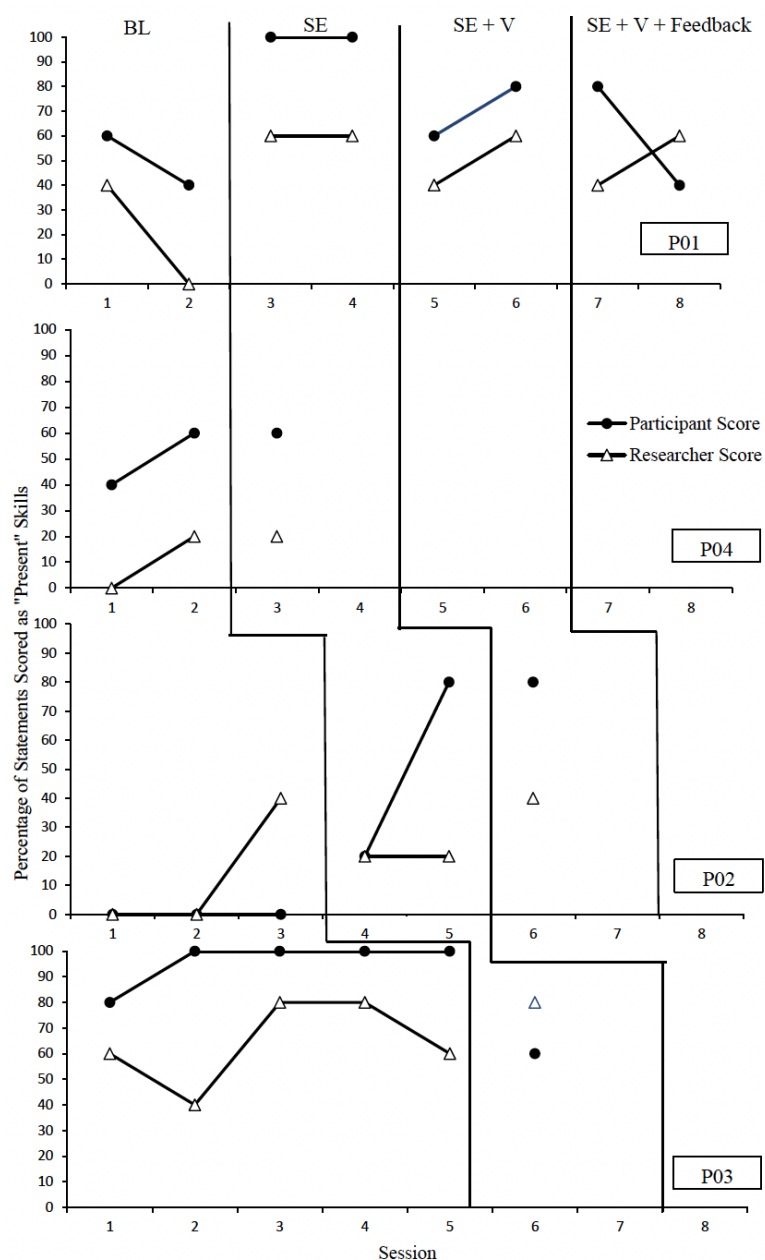
Figure 3.2 depicts the participants' skills score (i.e., either "present", "emerging", or "absent") for each checklist statement (1-5) across all sessions. During baseline, most checklist items were "emerging" across sessions. P01 met the criteria for scoring "present" for Statements 3 and 5 in the majority of sessions across all phases of the study. Statement 1 was consistently scored as "emerging" in each session across phases.

### P02

During baseline, P02's scores were at a low level for the first two sessions (0%) and increased in the last session (40%). During the self-evaluation phase, P02's scores were stable across sessions at a low level (20%, 20%). In the self-evaluation + video phase, P02's score was higher than in the previous phase (40%) but remained at a low level. As sessions progressed, P02 scored themselves higher on the self-evaluation; whereas, the researcher's scores remained at a lower level in comparison. P02 did not meet mastery criteria.

**Figure 3.1**

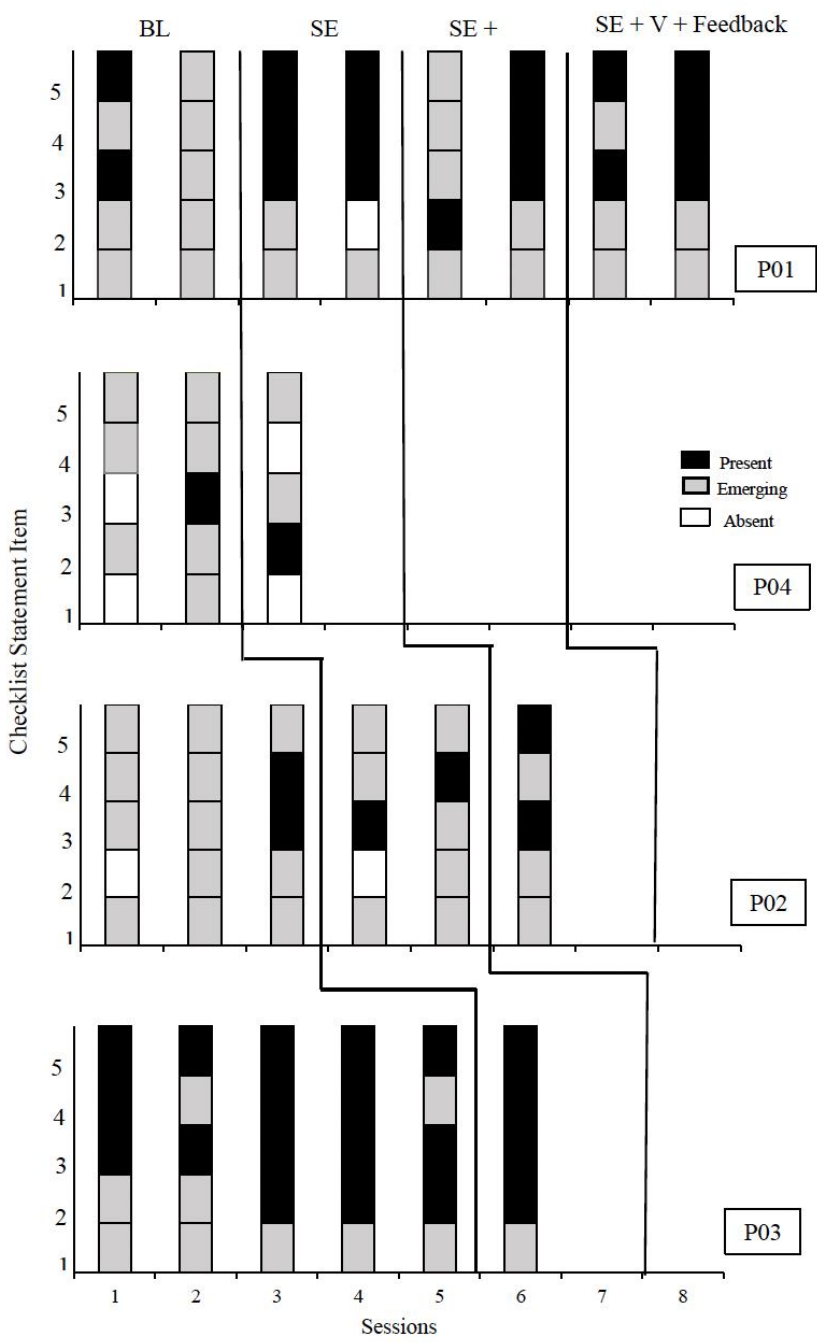
*A Comparison of The Percentage of Statements Scored as “Present” on a Self-Evaluation that Evaluates Skills Related to Having a Culturally Responsive Approach Between Participant and Researcher*



*Note.* BL = Baseline; SE = Self-evaluation; SE + V = Self-evaluation + Video; SE + V + Feedback = Self-evaluation + Video + Feedback

**Figure 3.2**

*Researcher's Scores During Baseline and Self-Evaluation Sessions by Checklist Item*



*Note.* BL = Baseline; SE = Self-evaluation; SE + V = Self-evaluation + Video; SE + V + Feedback = Self-evaluation + Video + Feedback



During baseline, the majority of checklist items were scored as “emerging”. For Statement 1, P02 consistently scored “emerging” across all phases. P02 met the criteria to score “present” for Statement 5 in the self-evaluation + video phase after consistently scoring “emerging” in the previous phases. P02 demonstrated the lowest skillset for Statement 2 in comparison to the other statements as it was the only Statement to receive “absent” scores.

### **P03**

During baseline sessions, P03’s score was consistently at a moderate level. P03 consistently scored themselves higher than the researcher’s score for all sessions in baseline. P03 scored themselves lower in the self-evaluation phase in comparison to baseline. P03 did not meet mastery criteria.

P03 consistently scored in the “emerging” category for Statement 1. For Statement 2, P03 met the criteria for scoring “present” in the third session and continued with that score for the rest of the sessions. P03 met the criteria for scoring “present” during all sessions for Statements 3 and 5.

### **P04**

P04’s scores were at a low level in baseline. This was replicated in the self-evaluation phase. The researcher’s score was consistently lower than P04’s scores across phases. P04 did not meet mastery criteria.

Statements 1 and 4 were variable between scoring “emerging” and “absent”. For Statement 2, P04 met criteria for scoring “present” in the self-evaluation phase. There was variability in scores for Statement 3. P04 consistently scored in the “emerging” category for Statement 5.

## Chapter 4: Discussion

First, the researcher created a method for evaluating cultural responsiveness and compassionate care skills. The elements included in this method were a self-evaluation checklist, a corresponding rubric, 12 unique role-plays for progress monitoring meetings, and a confederate training package to teach research assistants to simulate caregivers. Second, this study aimed to evaluate the effectiveness of self-evaluation on increasing skills related to applying a culturally responsive approach during family interactions. At the time, none of the four participants reached mastery of the self-evaluation rubric as designed in the phases, even during the feedback phases (Participant 01). Participants had difficulty scoring themselves accurately and consistently scored higher than the researcher's score without feedback or a standard score for comparison. Previous literature has incorporated training on self-evaluation and self-monitoring strategies and feedback into treatment packages to improve participants' ability to accurately score themselves (Downs et al., 2015; Mouzakitis et al., 2015; Petscher & Bailey, 2006). The researcher did not provide the participants with the rubric during the initial self-evaluation phases (self-evaluation alone and self-evaluation + video). The data suggest ABA students might need to be taught how to evaluate themselves. Training strategies without an expert providing feedback or minimal instruction might not be sufficient for improving skills. One possible factor that might have contributed to why feedback did not improve the performance of P01 was the timing of feedback. Aljadeff-Abergel et al. (2017) found that providing participants feedback immediately before sessions rather than immediately after sessions showed greater improvement in performance. A possible reason for these observations was the delay between receiving feedback after sessions and the next opportunity to engage in those skills (Aljadeff-Abergel et al., 2017; Johnson et al., 2022). In the current study, feedback was not provided immediately

before or after sessions. There was a delay between when Participant 01 received feedback after the session was completed and a delay between when feedback was provided to when the next session was scheduled. Thus, the time delay might have decreased the effectiveness of the feedback.

There were a few emerging patterns among participants. No participants scored “present” for self-evaluation checklist Statement 1 due to not collecting information on family preferences for receiving updates before providing the progress summary. An example of asking for family preferences would have included participants asking whether the family member had preferences for receiving updates in an open-ended manner (e.g., “How do you prefer summaries on progress?” or “For today, I have graphs available to show but I was wondering how you prefer to receive updates in future meetings?”). Participants commonly showcased graphs to describe progress without considering other modalities (e.g., videos that provide an overview of the program and explain the progress) and did not always ask whether the parent wanted to see the graph before showing the graph. Thus, it could be possible participants only considered visual depictions of data as the primary modality of providing family progress monitoring updates due to the emphasis on data-based decisions in applied behavior analysis or because they have no experience with other modalities. In addition, participants might have assumed that they did not need to ask the family their preferences given the task was updating a caregiver on their child’s progress. Therefore, participants might have presumed this information was already gathered and unnecessary for the role-play.

Participants commonly scored “absent” or “emerging” on self-evaluation checklist Statement 2. Participants did not always acknowledge (e.g., “Thanks for your observations, it might be a possibility”) and investigate cultural variables that the confederate described as

influencing behavior (e.g., sadness, lack of sleep, and loudness). Investigating these variables would have included participants asking open-ended comments or questions about the variable (e.g., “Tell me a little bit more about what you’re noticing”) or suggesting assessments that could be used to investigate that variable. Another observed pattern was for self-evaluation checklist item Statement 5. Participants commonly acknowledged when the confederate expressed the need for support (e.g., “I am so busy” or “I feel frustrated”) by using empathetic statements such as “I understand,” but in many cases, there was no expansion on the conversation; thus, these statements made by the confederate were commonly looked over by participants (i.e., the conversation was rushed). Participants also tended to ask more closed-ended questions than open-ended questions.

Overall, it was clear that participants could not accurately score themselves due to consistently scoring themselves higher compared to the researcher. Said differently, most participants across most phases consistently scored themselves higher than the researcher’s score. This pattern corresponds to information collected by Beaulieu et al. (2019) in their survey in which 86% of BCBAAs reported that they felt they were moderately or extremely skilled at working with individuals from diverse backgrounds despite formal training. It is unclear how individuals evaluate themselves as skilled versus not skilled in this area. Thus, the first limitation of the study was the participant profile and skill set. It is possible that participants in graduate studies have yet to have much experience with self-evaluation. BCBAAs might have more experience self-reflecting on their skills due to feedback families and colleagues have provided; thus, they have more knowledge to rate, score, or identify their behaviors accurately. It is also possible individuals with years of experience still might not have the adequate skill set to evaluate their skills without formal training on how to self-evaluate. Due to the current findings,

recommendations for using self-evaluations and/or self-assessments to learn/teach/reflect on skills related to cultural responsiveness might be flawed; thus, future researchers need to explore what pre-requisite skills are required for accurate self-evaluation.

The second limitation of the study was the rubric the researcher created to evaluate participant performance. The rubric scripted specific behaviors under each scoring category, but the scope of behaviors might have been limited. For example, the “present” category was scripted to include using mostly open-ended questions in comparison to closed-ended questions. Still, there were cases where closed-ended questions were necessary for collecting information from the confederate (e.g., the confederate providing a short answer and the participant expanding on the topic by asking more questions for clarification on preferences). Thus, the participant scored lower due to using more closed-ended questions. Future rubrics for similar research might include more concise statements such as “Asks about the acceptability of proposed treatments by using open and closed-ended questions” whereas a lower score might be “Asks about the acceptability of proposed treatments by using only closed-ended questions” and the lowest score might be “Asks no questions about the acceptability of proposed treatments.”

The low IOA scores after the initial training of the observer demonstrate the difficulty of operationalizing the skillset of being culturally responsive. One factor that possibly contributed to low IOA scores was the training structure. The researcher created the role-plays and had background knowledge of when confederates engaged in the script to create opportunities for the participants to engage in skills related to cultural responsiveness. Thus, the primary researcher could detect when the participant and confederate discussed corresponding rubric items in the role-play. The researcher did not send the confederate’s scripts to the observer; thus, reviewing each role-play using the script with the observer before beginning training for scoring might have

been beneficial. It is also possible that a more lenient measure with close-ended questions (e.g., Did the participant use open-ended questions; yes or no?) would have been easier for scoring. However, it might be better to have a rubric system with further refinements and/or adjustments to create a tool that can truly reflect the dynamic nature of applying a culturally responsive approach during service.

The final limitation of the study was confederate fidelity. Although the confederate fidelity scores were at 100% across selected sessions, it is hard to capture fidelity on items such as pausing for enough time to allow participants to ask more questions and answering novel questions that the participant asked but were not scripted. Thus, in some cases, participants might have been able to meet the rubric criteria for a higher score if they were in a meeting with a family member who could expand on their values and cultural norms more fluently.

Overall, despite the initial investigation demonstrating minimal effectiveness of using self-evaluation to evaluate and improve interpersonal skills relating to a culturally responsive approach, the current study's preliminary data highlights the need for more researchers to focus their efforts on expanding this research. Future research should continue to investigate how to train future practitioners to apply a culturally responsive approach during service. It is equally important to evaluate methods for how practitioners who currently provide service can ensure that they continue using skills that align with a culturally responsive approach.

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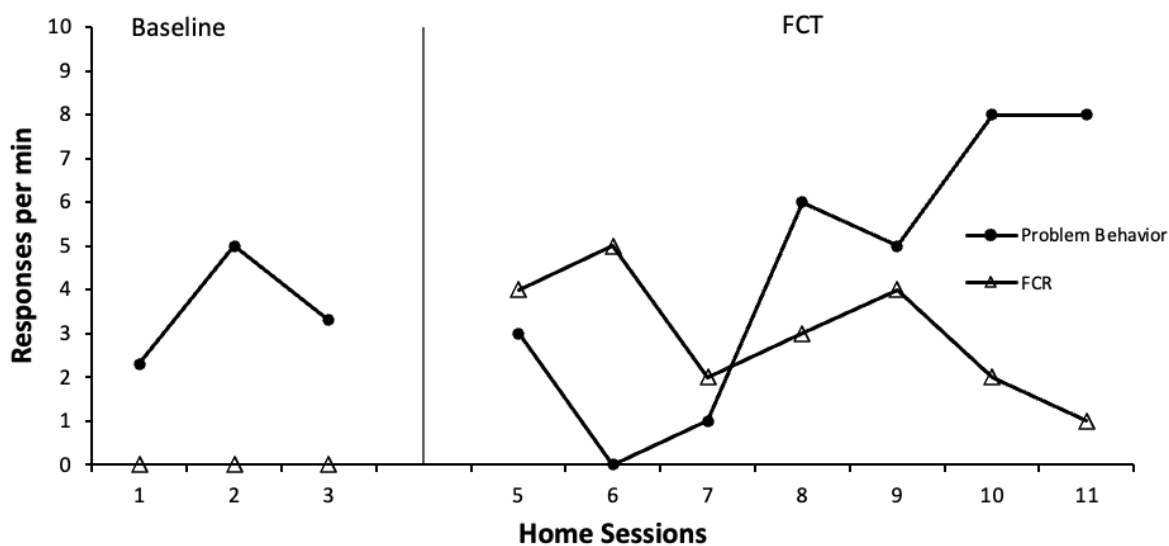
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## Appendix A: Example Client Profile and Task Description for Participants

### Scenario 1: Manny

You are Manny's board-certified behavior analyst, and you will be meeting with Manny's parent to give them an update on how Manny is progressing with FCT. The data is depicted below. The meeting with the parent will last a maximum of 15 minutes.

Manny is an 8-year-old diagnosed with autism spectrum disorder. Manny historically engaged in aggression to escape demands; functional communication training (FCT) was used to teach Manny the functional communication response (FCR) "break please." Manny's family members were recently trained to implement FCT at home. Manny's aggression was placed on extinction during FCT implementation.



## **Appendix B: Example Confederate Written Instructions**

### **Scenario 1: Manny (Information Provided to Participants)**

You are Manny’s board-certified behavior analyst, and you will be meeting with Manny’s parent to give them an update on how Manny is progressing with FCT. The meeting with the parent will last a maximum of 15 minutes.

Manny is an 8-year-old diagnosed with autism spectrum disorder. Manny historically engaged in aggression to escape demands; functional communication training (FCT) was used to teach Manny the functional communication response (FCR) “break please.” Manny’s family members were recently trained to implement FCT at home. Manny’s aggression was placed on extinction during FCT implementation.

### **Scenario 1: Manny (Confederate)**

#### **Before role-play begins:**

- Before we begin recording, I am going to change your participant name.
- Remind the participant that the entire session will be recorded and hit the record button.
- Let the participant know that you will cut the role-play off at a maximum of 15 minutes.
- Inform them that if they think the conversation is concluded before 15 minutes that is fine and that they can incorporate a farewell greeting into the roleplay.
- Let them know that the role-play will begin now.

#### **Introductions: (within 1-2 min)**

When the participant starts the meeting, the confederate will be friendly and take the participant's lead (e.g., answering a generic answer about how their day is going and how it is going with Manny).

- If the participant asks about your pronouns, then answer honestly
- If the participant does not ask about your pronouns, then interrupt them and let them know that you prefer “they/them” now.
- Bring up that Manny’s grandma is involved in his life. If the participant asks whether they want to join future meetings, then say yes and stay friendly.
- Mention Grandma does not understand English well.
- If the participant asks what language Grandma speaks, then answer by saying Spanish.
- If the participant makes accommodations, be agreeable and continue to answer questions.
- If the participant asks about including Grandma in training, then just state that you can go through how the program is going first and then come back to the conversation about Grandma training.

**Purpose of the meeting: (2-10 min)**

The participant most likely will indicate that they will be reviewing Manny's progress with FCT.

- If the participant asks about your preferred modality of providing progress monitoring, state visuals (e.g., pictures of graphs or flow charts) are helpful when combined with explanations.
- If the participant jumps into progress monitoring without asking about preferences, then causally ask whether they always give progress updates using that modality (e.g., How do you typically provide progress monitoring updates).
- If the participant does not move on to discuss the progress report, ask "So how is the program going."

**Progress Report (10-15 min)**

The participant will describe progress.

- If the participant asks about how you think the program is going, then answer by saying that you have not found it very helpful. Describe that you feel that Manny's behaviours occur because he is feeling sad and that's why he does not want to do his chores.
- If the participant does not ask about your thoughts on how the program is going, then at some point interrupt and say that you have not found it very helpful. Describe that you feel that Manny's behaviours occur because he is feeling sad and that's why he does not want to do his chores.
- Stay friendly in response to the participant. If the participant insists that the function of the behavior is escaping demands, then agree and do not argue back.
- If the participant asks you to describe what "sad" is, then describe that Manny is not engaged and looks sad because he is not smiling.
- At some point, mention that the results might not be showing success because Manny's grandma is actually the main implementer at home and she does not know English well.
- If the participant brings up training Grandma, then answer questions and be agreeable to any suggestions to help with language.
- Mention that you could not implement it as much as you thought because you are busy managing so many things at a time.
- If the participant offers solutions and/or empathy, then continue answering questions and be friendly.

**After role-play ends:**

- Indicate the role-play is over either due to the participant indicating a conclusion or the 15-minute maximum being reached

**Phase specific:**

- **Baseline** → Inform the participant to fill out the form and send it to the primary researcher once it is complete.
- **Self-evaluation phase** → Inform the participant that you will turn your camera and mic off and put on a 3-minute timer. Inform the participant to take the time to self-reflect and write notes on their role-play. Let the participants know when the timer is over and ask them to email their filled-out form to the primary researcher once it is complete.
- **Self-evaluation + Video phase** → Inform the participant that you will turn your camera and mic off and put on a 3-minute timer. Inform the participant to take the time to self-reflect and write notes on their role-play. Let the participants know that the primary researcher will send them the link to their recorded video. Let them know that once it is sent, they will have 48 hours to watch the video and send the primary researcher the form.
- **Self-evaluation + Video phase + Feedback** → Inform the participant that you will turn your camera and mic off and put on a 3-minute timer. Inform the participant to take the time to self-reflect and write notes on their role-play. Let the participants know that the primary researcher will send them the link to their recorded video. Let them know that once it is sent, they will have 48 hours to watch the video and send the primary researcher the form. Additionally, tell them that the primary researcher will set up a meeting with them to review feedback.
- **At the end, stop the meeting/recording.**

### **Appendix C: Self-Evaluation Description**

The self-evaluation in this study is scoring interpersonal skills but specifically, we are focusing on skills related to cultural responsiveness during family interactions. Therefore, when you're scoring yourself on the checklist, think about whether you're engaging in skills that align with a culturally responsive approach.

#### **Definition of culturally responsive teaching by Gay (2002):**

“Using the cultural characteristics, experiences, and perspectives of ethnically diverse students as conduits for teaching them more effectively” (p. 106).

#### **Being culturally responsive is important for multiple reasons such as:**

- Helps provide service that is socially valid and significant for the client and the client's family
- Helps build rapport with family
- Increases treatment integrity
- Increases buy-in from stakeholders
- Promotes service that is feasible for individuals with diverse backgrounds
- Makes ABA more acceptable to a greater audience of individuals that would benefit from services
- Promotes inclusivity

#### **Reference**

Gay, G. (2002). Preparing for culturally responsive teaching. *Journal of Teacher Education*, 53(2), 106–116. <https://doi.org/10.1177/0022487102053002003>

### Appendix D: Confederate Fidelity Checklist

**Date of observation:** \_\_\_\_\_

**Observer name:** \_\_\_\_\_

**Role-play #:** \_\_\_\_\_

**Participant:** \_\_\_\_\_

**Directions:** Checkmark yes/no to indicate whether the task was completed during the confederate's role-play. Calculate the score by dividing the number of tasks completed by the total number of tasks required x 100.

Confederate Tasks	Yes	No
1. The confederate sets up the session correctly		
2. The confederate takes the participants lead during introductions		
3. The confederate incorporates the correct responding scripted in written instructions for "introductions"		
4. The confederate engages in the correct responding scripted in written instructions for "purpose of meeting"		
5. The confederate engages in the correct responding scripted in written instructions for "progress report"		
6. The confederate remained friendly and cooperative throughout the entire role-play		
7. The confederate answered the participant's questions throughout the role-play		
8. The confederate ends the session with the correct instructions based on participant current phase in the study		
Total number of yes	/8	
Percentage of completed tasks/total tasks	%	



## Appendix E: Institutional Review Board Approval Letter



INSTITUTIONAL REVIEW BOARD (IRB)  
720 4th Avenue South AS 101, St. Cloud, MN 56301-4498

September 21, 2023

Jolinpreet Dhami  
jolinpreet.dhami@go.stcloudstate.edu

Faculty Mentor: Odessa Luna

The Institutional Review Board has reviewed your protocol to conduct research involving human subjects.

**Project Title:** Using a Treatment Package with Self-Evaluation to Increase Skills Related to Cultural Responsiveness During Interactions with Families

**Your project has been:** Approved

**IRB PROTOCOL DETERMINATION:** Expedited

**SCSU IRB#:** 53433803

**1st Year Approval:** 9-21-2023

**1st Year Expiration:** 9-20-2024

**2nd Year Approval:**

**2nd Year Expiration:**

**3rd Year Approval:**

**3rd Year Expiration:**

Please read through the following important information concerning IRB projects .

- The principal investigator assumes the responsibilities for the protection of participants in this project. Any adverse events must be reported to the IRB as soon as possible (ex. research related injuries, harmful outcomes, significant withdrawal of subject population, etc.).
- The principal investigator must seek approval for any changes to the study (ex. research design, consent process, survey/interview instruments, funding source, etc) by completing an IRB Modification/Revision request form: [https://webportalapp.com/webform/irb\\_modification\\_request\\_form](https://webportalapp.com/webform/irb_modification_request_form)
- The IRB reserves the right to review the research at any time.
- Expedited and full board review projects are up for annual renewal (1 year from your approval date, or on the expiration date listed on the approval stamp) and the principal investigator is required to report the status of the project prior to the expiration date by completing one of the following:
  - Continuing Review Form: Request to extend the project as either subject recruitment/enrollment continues or data collection continues and the project has not concluded. [https://webportalapp.com/webform/irb\\_continuing\\_review\\_form](https://webportalapp.com/webform/irb_continuing_review_form)
  - Final Report Form: Indicate project completion as data collection is complete (data analysis may continue). You will receive an email reminder approximately one month in advance of the expiration date. [https://webportalapp.com/webform/irb\\_final\\_report](https://webportalapp.com/webform/irb_final_report)

*NOTE: if a report form is not submitted timely, the protocol will be closed and a new submission will be required.*
- Approved consent form(s) and recruitment document(s) display the formal SCSU IRB stamp which is indication of official approval and lists expiration dates. These are the forms to be used during the project study. If arenewal is requested and approved, new consent forms will be officially stamped and reflect the new approval and expiration dates.

Feel free to contact the IRB for assistance at 320-308-4932 or email [ResearchNow@stcloudstate.edu](mailto:ResearchNow@stcloudstate.edu) and reference the SCSU IRB number when corresponding for expedited response. Additional information can be found on the IRB website <https://www.stcloudstate.edu/irb/default.aspx>.

Sincerely,

**IRB Chair:**

William Collis-Prather

Program Director

Applied Clinical Research

**IRB Institutional Official:**

Dr. Claudia Tomany

Associate Provost for Research

Dean of Graduate Studies