Culture and Behavior Analysis: Do Better, Do more

Elizabeth Hughes Fong PhD, MA, BCBA, LBS
Multicultural Alliance of Behavior Analysis Standards for Cultural Competence in Behavior Analysis

Elizabeth Hughes Fong and Sakurako Tanaka

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

Keywords
Multicultural, Ethics, Cultural Competence

disability, language, or socioeconomic status, in accordance with law.
The Standards for Cultural Competence in Behavior Analysts aims to provide a framework for Behavior Analysts to work within a heterogeneous population (see appendix a)

Definition: Culture
In Beyond Freedom and Dignity, Skinner offered a simple behaviorist definition of culture:
The social environment is what is called culture. It shapes and maintains the behavior of those who live in it. A given culture evolves as new practices arise, possibly for irrelevant reasons, and are selected by their contribution to the strength of the culture as it "competes" with the physical environment and with other cultures. (2002, p.143)
Considering Neurotypical Privilege
Liz Fong, Adjunct Faculty

Privilege has long been discussed in the academic literature in relation to gender, race, sex, economics, and social status, as well as across other domains. Early on, privilege was defined as unseen benefits given to a dominant culture, which may distribute its unseen power to future generations (McIntosh, 1992). While many different types of privilege have been discussed, one area that has received less attention is the idea of neurotypical privilege. Performing a literature review on the topic, in fact, yields very few published works on the topic. Instead, the majority of research results are blog posts, such as: a forum blog where individuals post about neurotypical privilege (http://neurotypicalprivilege.tumblr.com/) and a blog by “feminist aspie” where she discusses her frustrations with the neurotypical privilege (https://feministaspie.wordpress.com/2013/02/12/im-not-sick-a-rant-about-neurotypical-privilege/). Similarly, a comic by Deneweth (2015), described neurotypical privilege from the perspective of an individual with schizophrenia.

While the term neurotypical is often used by those in the Aspergers/Autism community, it is not limited to just those with autism. Individuals with anxiety, depression or other mental illness may also be considered neurodiverse and have a similar experience of oppression and minority status. One article by Salomon (2010) defines neurotypical privilege as “...a form of cognitive processing characteristic of peoples who have a neurotypical (non-autistic) brain structure, while at least implicitly finding other forms of cognitive processing to be inferior, such as those natural to autists and nonhuman animals. Neurotypicalism privileges vermal reasoning (i.e. reasoning that relies heavily on the brain’s vermis) over other ways of knowing, being, and experiencing...” (p. 46-47).

Another definition of neurotypical privilege on the blog titled “Checklist of Neurotypical Privilege: New Draft” (2009) is:
Neurotypical: (1) Having a type of neurology that is expected and/or favored by the society in which one lives. (i.e., having a “normal” or “typical” brain, and the typical sensory processing/body movements/facial expressions associated with a typical neurological system.

As Owren (2013) points out, there is a lack of understanding regarding how being neurodiverse may impact the neurodiverse individual experiences. Similar to White Privilege, those who experience neurotypical privilege may be trained not to recognize it (McIntosh, 1988). Therefore, neurotypical interventionists should be aware of the expectations that they may unknowingly have or hold for the neurodiverse. The blog “Checklist of Neurotypical Privilege: New Draft” (2009) lists 50 privileges that a neurotypical individual may have. While it is not evidence based, it does provide an interesting perspective not immediately considered by this (relatively) neurotypical author. I challenge you, the reader, to consider your own privilege and how it may impact your experience as a practitioner: http://aspergersquare8.blogspot.com/2009/08/checklist-of-neurotypical-privilege.html.

References
Developing the Cultural Awareness Skills of Behavior Analysts

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ABSTRACT

All individuals are a part of at least one culture. These cultural contingencies shape behavior, behavior that may or may not be acceptable or familiar to behavior analysts from another culture. To better serve individuals, assessments and interventions should be selected with a consideration of cultural factors, including cultural preferences and norms. The purpose of this paper is to provide suggestions to serve as a starting point for developing behavior analysts’ cultural awareness skills. We present strategies for understanding behavior analysts’ personal cultural values and contingencies and those of their clients, integrating cultural awareness practices into service delivery, supervision, and professional development, and becoming culturally aware in everyday practice.

Keywords: Culture - Cultural awareness - Applied behavior analysis - Diversity

Skinner (1953) defined culture as variables “arranged by other people” (p. 419). That is, humans control contingencies of reinforcement and punishment that affect the behavior and learned reinforcers and punishers of a person or a group of people. Culture may be further defined as “the extent to which a group of individuals engage in overt and verbal behavior reflecting shared behavioral learning histories, serving to differentiate the group from other groups, and predicting how individuals within the group act in specific setting conditions” (Sugai et al. 2012, p. 200). Distinguishable stimuli and response classes that occur in cultures include race, socioeconomic class, age, religion, sexual orientation, ethnicity, disability, nationality, and geographic context (Sugai et al. 2012). An individual’s unique set of distinguishable stimuli and response classes are collectively referred to as an individual’s cultural identity. One benefit of determining cultural identity is it can allow behavior analysts to develop an awareness of a client’s personal cultural values, preferences (i.e., learned reinforcers), characteristics, and circumstances (contingencies at the third level of selection; Skinner 1981). There are possible benefits for society, too, such as to better guide assessment and intervention practices. By acknowledging the importance of culture, behavior analysts can help achieve socially meaningful goals such as reducing disparities in access to services and improving the quality of services for diverse populations in behavioral health systems (U.S. Department of Health and Human Services 2001). Culturally aware behavior analysts should understand their own cultural values, preferences, characteristics, and circumstances and seek to learn about those of their clients. That is, behavior analysts should be aware about their own personal biases and how they compare to and may affect their relationship with their client. This awareness of both self and clients may be important because, as Spring (2007) suggests, evidence-based services require a combination of clinical expertise and knowledge of the client’s preferences and learning histories. Behaviorally, cultural awareness may be defined as...
Increasing Cultural Understanding and Diversity in Applied Behavior Analysis

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In recent years, the demands for behavior analysis to serve consumers with diverse cultural backgrounds have significantly increased. The field is in great need of culturally competent behavior analysts who can integrate appropriate cultural considerations into their programs. The field of behavior analysis can address this growing need by fostering cultural competency in professional training through increasing relevant training opportunities and the development of culture- and diversity-relevant educational curricula and materials, and by supporting efforts to increase the number of ethnically and racially diverse behavior-analytic workforces in academic and professional settings. Together, we can promote cultural awareness and cultural competencies in professional behavior-analytic training. However, there are challenges for training culturally diverse professionals, especially during the academic training phase, which include language barriers, negative perceptions about cultures that are different from one’s own, microaggressions in work and academic settings, lack of mentoring opportunities, adverse campus climates, and tokenism. Some potential ways to address such challenges include the development of culture- and diversity-related curricula, mentoring opportunities, and greater support for minority and culturally diverse students and faculty. The purpose of this commentary was to increase awareness about the importance of cultural understanding and competency, as well as a diverse workforce in the field of behavior analysis, a necessary step to better serve those consumers from multicultural backgrounds.

Keywords: behavior analysis, diversity, multiculturalism

Today’s behavior analysts serve consumers from increasingly diverse ethnic, racial, and socioeconomic backgrounds, and this trend will likely continue as the field expands. To better serve consumers from different cultures, including historically marginalized ethnic and racial populations in the United States, the field of applied behavior analysis (ABA) needs to recognize the cultural diversity of consumers and critically examine the role of culture in effective treatment design, practice, and delivery. Cultural competency is no longer an option but a necessity for serving an increasingly multicultural background of consumers. Behavior analysts need to be aware of how their own cultural values and beliefs or the lack of understanding of their consumers’ cultures can negatively impact treatment and service delivery. To this end, we believe good starting points are the promotion of cultural understanding and skills in behavior-analytic education and training and of supporting diversity in the ABA workforce. To-
Sociocultural Perspective on Autism Intervention

Elizabeth Hughes Fong and Helen Lee

Additional information is available at the end of the chapter

http://dx.doi.org/10.5772/65965

Abstract

The landscape of the population in the United States is diversifying, as are the individuals who have a diagnosis of autism spectrum disorder. Autism spectrum disorder now affects one of out every 68 children. Although the diagnostic criteria do not differ, there are differences in time of diagnosis, treatment and acceptability of the diagnosis in various cultures, which is important for clinicians to understand. One approach to autism intervention is applied behavior analysis (ABA), which seeks to intervene on socially significant behavior. In addition, to using an approach such as ABA, which emphasizes social significance, individuals may also use a cultural broker. The cultural broker can help to bridge the gap between parties and promote more effective treatment experience and thus help to ensure a more culturally sensitive approach to intervention.

Keywords: autism spectrum disorder, cultural competence, applied behavior analysis, cultural broker, social validity, culture
Episode 104 - Culturally-Competent Assessment w/ Dr. Elizabeth Hughes-Fong

NOVEMBER 13, 2019 IN PODCAST

If you thought behavior assessment was hard, how much harder does it get when you add in the challenges of working with individuals from a different cultural background? We pose the question to special guest Dr. Liz Hughes-Fong and find out just how much more we have to learn about improving our cultural competence.
Two coders were trained to be reliable (100%) prior to coding articles. The preliminary results indicate that formal social validity measures and cultural awareness skills of behavior analysts. There is an increasing trend from 2014 to 2016. The graph represents the frequency of formal social validity assessments conducted from 1968 to 2016. The assessments and interventions must reflect the individual's cultural preferences and norms. This can improve the quality of services and the significance of the overlooked problem brings us closer to improving it.

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Total Social Validity Trends

Percentage of Articles

Year

Are the goals socially significant
Are the goals appropriate for the procedures?
Is there social importance of the effects?
What’s Your Privilege?

- I can relax in the comfort of my own home #BothanJean and #AtianaJefferson
- I can ask for help after being in a car crash #JoanthanFerrell and ReinshaMcBride
- I can have a cell phone #StephonClark
- I can leave a part to get to safety #JordanEdwards
- I can play loud music #JordanDavis
- I can sleep #AiyanaJones
- I can walk from the corner store #MikeBrown
- I can play cops and robbers #TamirRice
- I can go to church #Charleston9
- I can walk home with Skittles #TrayvonMartin
- I can hold a hair brush while leaving my own bachelor party #SeanBell
- I can party on New Years #OAcarGrant
- I can get a normal traffic ticket #SandraBland

- I can lawfully carry a weapon #PhilandoCastile
- I can breakdown on a public road with car problems #CoreyJones
- I can shop at Walmart #JohnCrawford
- I can have a disabled vehicle *TerrenceCrutcher
- I can read a book in my own car #KeithScott
- I can be a 10 year old walking with our Grandfather #CliffordGlover
- I can decorate for a party #ClaudeReese
- I can ask a cop a question #RandyEvans
- I can cash a check in peace #YvonneSmallworod
- I can talk out my wallet #AmadouDiallo
- I can run #WalterScott
- I can breathe #EricGarner
- I can live #FreddyGrey
- I can be arrested without the fear of being murdered #GeorgeFloyd
Checklist of Neurotypical Privilege

Safety

1. I have never been told, because of my neurology, that I am incapable of feeling pain.

2. If I have a medical problem, I do not worry that my doctor will dismiss it as part of my neurotypicality.

3. When attempting to purchase health insurance, I know that I will not be rejected because I am NT.

4. If I am bullied or abused, people will not assume that my neurology means I am at least partially to blame, or that the abuse would stop if I tried harder to behave like someone else.

5. I can assume that police officers will not become alarmed at my natural body language and find it necessary to subdue me in advance of any wrongdoing.

6. I do not have to carry a special card or bracelet with me to explain my natural body movements or the sounds I naturally make.

7. I am not considered more dangerous and more likely to commit a crime because of my neurology.

8. People of my neurology are not generally considered burdensome to our families or to tax-payers.

9. Nobody will murder me because of my neurology.

10. If I am murdered, my murderer will not be let off because my murder was deemed “an act of mercy,” or given a light sentence because of the stress caused by interacting with me.

11. I do not have to fear that important decisions about my life will be made by others who are considered more qualified based on their neurology.

12. I am not expected to accept seclusion rooms, restraints, or neuro-enhancing drugs as conditions of my educational experience.

Checklist of Neurotypical Privilege

13. For a child of my neurotype, everyday teaching of the skills they will need to live in this society is called education or parenting—not therapy, treatment, or intervention.

14. If someone of my neurology can do something well, I will not be punished for being unable to do the same thing well or at all.

15. People do not constantly tell me that I need to work on the things which I am very bad at, at the expense of things which I am good at and enjoy doing.

16. People who have power over my education will probably not decide that, instead of receiving the academic education most of my peers receive, it would be best for me if my time in school were spent learning non-academic “skills.”

17. I can reveal my neurology to my boss and coworkers without fear of losing my job.

18. I can ask for technical or social support on the job without being seen as a troublemaker or charity case.

19. People do not automatically assume that the best place for me to live is an institution.

20. The majority of people who make the laws of my nation share my neurology.

21. The services that I need to survive not only already exist, but even if I use those services on a 24-hour basis, I will still be considered independent.

22. When I need help performing a particular task, I can ask for help without having to produce documentation to prove I actually need help with it. The help will most often be provided in a manner I can understand, and will not be considered an inconvenience or an act of pity.

23. No one sees my neurology as being in need of elimination or cure.

24. If I am visibly upset, people generally assume something must have upset me, and will generally try to help me.

25. People do not suggest that groups that are made for the benefit of people of my neurological type be led and ruled by people of a different neurological type, because mine is seen as inherently incapable.

26. I have never had to take a single test that determines, for my entire lifetime, whether I get to communicate.

Checklist of Neurotypical Privilege
Relationships

27. My family, friends, and significant others are not told that I am incapable of relating to other human beings.

28. If I am an adult, I can be a sexual being without the assumption that any partner attracted to me must be a predator or pedophile.

29. I am never told that I should not have children lest I pass on the genes that cause them to share my neurological type.

30. No one speculates about whether I am competent to raise children based solely on my neurology.

31. People do not assume that living in the same household as me is inherently “tragic” or “devastating,” or that my family, friends and partner will need a support group to deal with living with me.

32. I will not be asked to leave a public place, or to change where I live, because people are uncomfortable with my neurotypical behaviors.

33. If I am unhappy, people do not automatically assume my unhappiness is the result of me being who I am.

34. My opinions on social mores and societal issues are not dismissed based on my neurology or on the assumption that I am incapable of understanding how these things work. Likewise, my gender identity and sexual orientation are not discounted because of my neurology.

Checklist of Neurotypical Privilege

Respect

35. I expect people to presume intellect and competence with me.

36. If I fail, most will encourage me by telling me that I will ultimately succeed.

37. If I fail to understand autistic people, this is attributed to a deficit inherent in autistic people rather than in me.

38. If I have a particular talent or ability, I can demonstrate that talent without being called an “idiot savant” or my talent being called a “splinter skill” or some other demeaning word.

39. The definitions of rude and irritating conduct were developed by and for people with my neurology.

40. I am not praised for acting less neurotypical or punished for acting more neurotypical.

41. I am not expected to alter or suppress my natural ways of moving, interacting, or expressing emotion in most circumstances.

42. If I fail to alter or suppress my natural ways of moving, interacting, or expressing emotion, I do not fear public ridicule or exclusion because of this.

43. When prospective parents and others speak of wanting a “healthy child,” I know that they mean a child like me.

44. People don’t accuse me of grandiosity or derisively dismiss it if I suggest that some admirable historical figure might have been neurotypical.

45. It is considered good for people who are not like me to try to act more like me.

46. My natural movements and traits are not used by my peers to ridicule others of their neurological type, either jokingly or maliciously.

47. I am never told that the fact I have a certain cognitive skill means that I am lying when I say I lack another cognitive skill. Nor am I dismissed as incapable of things I truly can do because I lack certain cognitive skills.

48. I can discuss my interests at length without this being viewed as a “symptom.”

49. When I communicate, people do not gather in crowds around me and gawk.

50. My behaviors, abilities, and skill levels at age 2 or 3 are considered indicative of an immature phase of life that will pass naturally, not as representative of my prognosis for the rest of life.

Heterosexual Privilege

- Showing affection in public safely and comfortably, without fear of harassment or violence
- Openly talking about one’s partner and relationships to others without considering the consequences
- Benefiting from societal “normalcy”: the assumption that heterosexual individuals and relationships are valid, healthy and non-deviant
- Assuming that all people and relationships are heterosexual, unless otherwise known
- Not facing rejection from one’s family and friends because of one’s sexual orientation or gender identity
- Easily accessing positive role models and media images for one’s gender identity and sexual orientation
- Not being asked to speak on behalf of all heterosexuals
- Using gender specific pronouns when referring to one’s spouse or partner without discomfort or fear of reprisal
- Having automatic recognition of one’s spouse as next-of-kin in emergencies
- Easily selecting print or viewing materials in which heterosexuality is the predominantly reflected orientation
- Having families similar to one’s own represented in children’s literature
- Raising children without fear that they will be rejected or harassed by peers because of their parents’ sexual orientation or gender identities
- Receiving support and validation from a religious community
- Not risking being denied employment, housing or other services because of one’s sexual orientation or gender identity
- Not being seen as needing therapy to “cure” one’s sexual orientation or gender expression
- Marrying

https://www.ucalgary.ca/positivespace/node/38
Socioeconomic Privilege

1. I assume I will be able to meet my basic needs. I take having necessities for granted.
2. I buy what I need and want without worry. I can afford luxury items easily.
3. I do not fear being hungry or homeless.
4. I am free of the burden of debt.
5. I have the freedom to waste.
6. I can manage to know only people of similar class background by exclusively frequenting places where such people gather — neighborhoods, schools, clubs, workplaces, etc.
7. I evaluate others and recognize those of similar class background because I was taught to do that kind of evaluation.
8. I can avoid spending time with people whom I am trained or have learned to mistrust and who may have learned to mistrust my kind.
9. I can hide family secrets and family failures behind the doors of my home.
10. I am in control of how I spend my time.
11. I can be charitable or not as I choose.
12. I have the time, education, and opportunity to enhance my inner life and my personal growth, to go to therapy, retreats, and workshops as much as I like.
13. I can sleep all day and still make money.
14. I can often get things by being "charming," gracious, and restrained.
15. I can live where I choose and can move when and where I choose and expect that I will be welcomed there.
16. When I am in the company of people of high socioeconomic status in any social situation I have little discomfort.
17. In higher socioeconomic status communities I am trusted and not perceived as a threat.
18. I am believed to be innocent by the criminal justice system at least until proven guilty.
19. I have the opportunity to problem solve efficiently and quickly through access to powerbrokers.
20. I can buy items (art, antiques, rugs, jewelry, first designer clothing, cars, boats, multiple, houses, etc.) that imply wealth and status.
21. If I break or lose something I can replace it easily. I do not have to shop around for the best buy or wait for sales.

Socioeconomic Privilege

22. I do not have to worry about how emergencies will impact my spending requirements.
23. I can live a less stressful life because I can afford costly short cuts.
24. I can see myself as being above doing housework.
25. I anticipate that those whom I employ will consider me a "good customer" and give me preferential service; I can even feel entitled to such service.
26. Entertainment is easily available to me. I can take vacations when and where I want.
27. I can afford good medical and mental health care in a setting that will ensure my privacy.
28. I can anticipate my retirement years without financial anxiety.
29. I can give my children an inheritance so their road is easier than the road of others.
30. I could probably advance my career or social contacts’ careers by pulling strings.
31. I and others like me have the advantage of suitable clothing and manner when seeking employment.
32. I can choose to work or not to work, and for the most part not be criticized or attacked for that choice.
33. I can follow a career path that does not pay well.
34. I can get a loan/mortgage at a bank with little nuisance.
35. I usually have access to services provided by highly qualified service providers.
36. I can choose to make my privileged position as visible or invisible as I want, depending on the situation in which I find myself.
37. In a group of relative strangers, but fellow class members, certain assumptions about my/our background, financial position, education, network of friends/family, and behavior will be made.
38. I have a seat at the table to make, influence, have an impact on decisions, rules, policy.
39. I can be ignorant about money in general and my own finances in particular.
40. I can be unaware of the living/working conditions and financial hardships of others.
41. Because I can have an attitude of entitlement, I may have an attitude of contempt toward those who have not succeeded according to my definition of success.

Who Am I?

• Female
• Korean American
• Roman Catholic
• Middle Class
• Mother
• Professor
• BCBA/Behavior Analyst
• Daughter

• Adoptee
• Suburbanite
• Cisgender
• Her/She
• Neurotypical

WHO ARE YOU?
Here's an example of how white privilege sounds

You keep saying "It's horrible that an innocent black man was killed, but destroying property has to stop"

Try saying "It's horrible that property is being destroyed, but killing innocent black men has to stop"

You're prioritizing the wrong part.

The Rational Progressive 2 hrs · 🌐
I've seen a few friends, specifically white friends, who have expressed that they are taking a break from social media. Honestly, I had a similar urge today. But, to take a break from social media now is an exercise of privilege. Even though we might have the privilege to tune out or ‘switch the channel’—please don’t. If you are experiencing a mental health concern that requires you to step back, that’s one thing. But, if you are simply UNCOMFORTABLE or you’re finding news of George Floyd, protests, discussions of privilege and racism on your timeline to be ‘depressing’ or ‘disheartening’ or ‘exhausting,’ please do not disengage. We need to be uncomfortable. We need to be upset. We need to be angry. Do not wait for this to pass. Don’t let it pass. Stay Mad.

I rarely post on social media. But, I am here for support or to engage in conversation.
“People of color can’t fully express themselves and not be penalized for it”
Philly
More Philly
ALL Mothers were
Summoned when
George Floyd
called out
for his
Momma
George Floyd Was on Fentanyl, Medical Examiner Says, As Experts Dispute Cause of Death

BY DANIEL VILLARREAL ON 6/2/20 AT 12:30 AM EDT
Frustrated
Frustrated

• Why so long?
• Why
Happy
Happy

- Issues around privilege are finally being talked about
Concerned
Concerned

• White saviorism
• Safety
• Future
Talking Isn’t Enough
Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, 2017

Adopted by the APA Council of Representatives in August 2017

Summary

Since the initial version of the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2002) was released, there has been significant growth in research and theory regarding multicultural contexts. The guidelines were passed by the American Psychological Association (APA) Council of Representatives at the 2002 annual conference and were posted on the APA website. The attention given to these guidelines, including their publication in the American Psychologist (2003), speaks to the profession's recognition of the important role that diversity and multiculturalism plays, both in terms of how individuals and groups define themselves, and how they approach others within the United States and globally (APA, 2002).

These current Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, 2017 (PDF, 1MB) (i.e., Multicultural Guidelines) are conceptualized from a need to reconsider diversity and multicultural practice within professional psychology at a different period in time, with intersectionality as its primary purview. The 2017 version of the Multicultural Guidelines encourages psychologists to consider how knowledge and understanding of identity develops from and is disseminated within professional psychological practice. Endemic to this understanding is an approach that incorporates developmental and contextual antecedents of identity and how they can be acknowledged, addressed and embraced to engender more effective models of professional engagement. The 2017 Multicultural Guidelines incorporate broad reference group identities (e.g., Black/African American/Black American, White/White American, and Asian/Asian American/Pacific Islander) to acknowledge within-group differences and the role of self-definition in identity.

https://www.apa.org/about/policy/multicultural-guidelines
Introduction

Over time, the concepts related to culture have evolved. Today, there is a continuum of concepts and terminology that address cultural concerns and the implications on occupational therapy education and practice. Researchers and program developers in medical education face the challenge of implementing and evaluating curricula that teach health care students how to effectively and respectfully deliver care to increasingly diverse populations. Inherent in this challenge is clearly defining educational and training outcomes consistent with this imperative.

The traditional notion of competence as mastery of a theoretical body of knowledge and demonstrated application of skills may not be appropriate to the area of cultural sensitivity, cultural competence, and cultural proficiency. Cultural humility and cultural effectiveness are proposed as more suitable goals in multicultural education and application of attitudes and interactions during the clinical practice of occupational therapy (see Appendix A for definitions of these terms).

Ethical considerations dictate that cultural competence should be considered in activities such as hiring practices, teaching, evaluation, and supervision of staff and students. There is an equally important need for all occupational therapists and occupational therapy assistants to continually improve their level of cultural humility and to establish a mechanism for the evaluation of competence-based practice. Guided by the Occupational Therapy Code of Ethics (American Occupational Therapy Association [AOTA], 2015), occupational therapy practitioners should take a leadership role not only in disseminating knowledge about diverse client groups but also in actively advocating for fair, equitable, and culturally appropriate treatment of all clients served. This role should extend within and outside the profession. In the Principles and Standards of the Code, occupational therapy practitioners have a framework to guide their decisions when cultural conflicts arise.

https://www.aota.org/~/media/Corporate/Files/Practice/Ethics/Advisory/AOTA-CulturalCompetenceAdvisory-Author-correction-5-2-18.pdf
Multicultural Affairs and Resources

The Office of Multicultural Affairs (OMA) addresses cultural and linguistic diversity issues related to professionals and persons with communication disorders and differences. Contact the staff of OMA at multicultural@asha.org.

Developing Cultural Competence

- Self-Assessment for Cultural Competence

Practice Portal

Information pertaining to cultural and linguistic influences on services are infused throughout the clinical topics in ASHA's Practice Portal. Professional issues specifically relevant to diverse populations include

- Accent Modification
- Bilingual Service Delivery
- Collaborating With Interpreters, Translators, and Translators
- Cultural Competence

Projects on Multicultural Activities

- About the Grant
- 2020 Request for Proposals

Information for Students

- S.T.E.P. Mentoring
- Minority Student Leadership Program (MSLP)
- Academic Programs with a Multicultural Emphasis
- Academic Programs with a Bilingual Emphasis
- Historically Black Colleges/Universities (HBCUs)
- Hispanic Serving Institutions

https://www.asha.org/practice/multicultural/
Cultural Competence in Physical Therapy

“Cultural competence” is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.

Achieving cultural competence is a process, not an end point.

The importance of cultural competence in patient care is supported by APTA’s Operational Plan on Cultural Competence (.pdf), the vision for the profession and numerous other policies, guidelines, and strategic documents.

Achieving Cultural Competence
Cultural Competence and the Vision
Racial and Ethnic Health Disparities

Check out new video that captures thoughts from the field on this timely and important issue.

Courses

Online Course: Cultural Considerations for Clinical Decision Making in Diverse Populations

http://www.apta.org/CulturalCompetence/
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