Positive Behavior Supports and Multi-cultural Concerns

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Abstract
This article discusses Positive Behavior Support (PBS) strategies with P-12 students with disabilities who hail from various cultures. The effectiveness of PBS strategies is well documented in the professional literature (Mesibov et. al., 2002; Bondy & Frost, 2001; Tincani, 2004; Nelson et. al., 2004; Torgersen et. al., 1997). However, there is a paucity of research documenting effective strategies with students from diverse cultures.

Introduction
Whether rooted in Autism, emotional/behavioral disabilities, or cognitive disabilities behavioral problems among children are increasingly receiving attention among educators and child health practitioners in the 21st century. Positive Behavior Support (PBS) strategies are increasing in use as interventions for children with disabilities who engage in challenging behavior (Safran, 2006). Typically, PBS strategies include supporting children’s prosocial and socially competent behaviors while preventing maladaptive behaviors through individualized interventions (Powell, Dunlap, & Fox, 2006). Individualized interventions need to take into account the unique characteristics and contexts of each child, including culture, race and ethnicity, and religion. However, very little is known about the role of multicultural perspectives and issues that may need to be incorporated in successful PBS interventions. In fact, as early as 1996, Forehand and Kotchick stated that, “behavior therapists have traditionally stopped short of culture and ethnicity in their conceptualization of parenting behavior” (p. 189). Koegel, Symon, and Koegel (2002) recommended researchers consider cultural variables in future research. It has been theorized that consideration of cultural variables when developing a behavioral intervention would result in a program with “good contextual fit” (Santarelli, Koegel, Casas, & Koegel, 2001). In response to researchers’ suggestions, this article attempts to fill a gap in the literature by exploring the cultural contexts of PBS strategies.

Multicultural Perspectives in Treatment Issues
There is a stated need for research focusing on behavior therapists’ interventions based on multicultural foci for the treatment of children with disabilities. In its investigations of educational interventions for children with Autism, the National Research Council (2001) urged for research investigating the role of cultural diversity in the provision of services to children with autism. Multicultural issues have been seen to have a significant impact on the diagnosis and treatment of autism. Past research (Wilder, Dyches, Obiakor, & Algonznine, 2004) indicated that diagnostic labels play a significant role in diagnostic and treatment decisions for children from diverse cultural backgrounds. Minority families might be reluctant to acknowledge that their child’s atypical behaviors might be symptomatic of a cognitive or behavioral disability (Mandell & Novak, 2005).
For instance, among Latino families, the presence of cognitive or behavioral disabilities in a child may be seen by the family as a sign of divine retribution; alternately it might also be perceived as a path to a higher level of spirituality (Skinner, Bailey, Correa, & Rodriguez, 1999). Additionally, some cultures may not have a term for autism and its accompanying behavioral challenges (Wilder et al., 2004). Consequently, the identification of the etiology of problem behaviors is often challenging for families belonging to diverse cultural backgrounds.

Another issue worth mentioning is the fact that the characteristics accompanying cognitive or behavioral disabilities may vary in their significance among families of diverse cultures. Among European American families in the United States (U.S.), cognitive delays and speech difficulties appear to be more salient characteristics in requesting services (Coonrod & Stone, 2004). On the other hand, among minority families, social difficulties might be noticed more promptly. In a case study of Asian Indian American families, Daley (2004) found that social difficulties were more salient and distressing than other accompanying characteristics.

In addition to diagnostic barriers, access to services for families with children who have cognitive and/or behavioral disabilities varies by cultural background. Research conducted in the U.S. indicated disparities in use of services by cultural and ethnic background. Latinos are less likely to access services than European American families (U.S. Department of Health and Human Services, 2000) or African American families (Bailey, Skinner, Rodriguez, Gut, & Correa, 1999), who, in turn, are less likely to access services than European Americans (Wilder et al., 2004). Research with African American families having a child with a cognitive and/or behavioral disability suggests the greater importance of spirituality in coping with cognitive or behavioral disabilities, over mainstream interventions such as the use of professional help (Rogers-Dulan, 1998).

Additionally, minority families may prefer the use of non-mainstream treatments for children with cognitive or behavioral disabilities. For instance, Latino families have been found to be 6 times more likely to use traditional treatments (Levy, Mandell, Merhar, Ittenbach, & Pinto-Martin, 2003). Because of the many-dimensional effects exerted by cultural and ethnic diversity on families’ responses to their children with challenging behaviors, the integration of culture with research and behavioral interventions is a key issue (Mandell & Novak, 2005).

Less research exploring this issue has been conducted in Arab nations (E.g. Gaad, 2004). For instance, research conducted in the United Arab Emirates (UAE) explored societal perceptions of children with cognitive and behavioral disabilities in that culture. As in many other countries, the UAE was found to persist in several negative perceptions of children with disabilities (Alghazo, 2005; Gaad, 2004). While these perceptions gradually altered over generations, change in social and cultural beliefs is often nebulous and complicated. In addition, the researchers found that most respondents had negative perceptions of inclusion of children with cognitive and behavioral disabilities into mainstream education. Negative perceptions of inclusion may be related to lowered expectations of students with cognitive and behavioral disabilities for academic and social gains. The effect of society’s lowered expectations may lead to poor instruction for the students (Good, 1987). Anecdotal evidence indicates that children with disabilities might be perceived as weaker and more vulnerable in Islamic cultures (R. Almaru, personal communication, March 8, 2006). The limited research available suggests a negative perception of cognitive and behavioral disabilities among Arab Americans, which might have an impact on the diagnosis and access of services among families belonging to these cultures.

Additionally, existing interventions might be rooted in the cultural norm of dependence on the family as opposed to self-determination. It must be noted that research cautions against the
emphasis on independent functioning in intervention strategies among minorities with cognitive or behavioral disabilities, owing to deep-seated cultural values that emphasize connection to and dependence on the family among ethnic minorities. Chamberlain (2005) urges educators to set aside their own cultural value of autonomy in such instances. On the other hand, a focus on self-determination in the context of family interconnectedness might be a far more culturally relevant goal for children with cognitive and behavioral disabilities in Arab American and other ethnic minority families (Powers, 2005).

In addition to Arab cultural values, Islamic religious beliefs also play a crucial role in Arab American parents’ educational decisions for their children in general (Merry, 2005), and their possible preferred treatment and intervention strategies in particular. Consequently, a viable PBS intervention model must include not just cultural sensitivity, but also religious awareness to be effective among this population. For example, the use of pictures to serve as functional communication is well documented in the professional literature (Bondy & Frost, 2001; Mesibov et. al., 2002; Tincani, 2004). Because early Islam forbade graphic depictions of humans, this practice could be unacceptable to orthodox Muslims (Hoot et al., 2003). The depictions of human figures contained in photographs have been found to violate proscriptions against idolatry rooted in the ethos of Islamic beliefs. It is imperative that any PBS strategies created for children with behavioral difficulties mirror their linguistic, racial and ethnic and cultural contexts (Bernal & Sáez-Santiago, 2006).

Discussion

A significant contribution of this project is its input to a little- researched aspect of PBS, namely, multicultural and culture- specific interventions. A related issue is the need to acknowledge the wide variety of diversity that exists within cultures. Exploring PBS strategies in the context of such diversity needs to take into account this complexity. Research is sorely needed to advance the use of Positive Behavior Support Strategies within a multi-cultural context.
References


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