THE EFFECTS OF SKILLED DIALOGUE SIMULATION COACHING

ON THE COLLABORATIVE VERBAL BEHAVIOR OF

BEHAVIOR ANALYSTS-IN-TRAINING

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Despite the evidence that supports the benefits of a holistic, collaborative approach to autism intervention, but there is little training to teach those skills to professionals. Behavior analysts working in applied settings will often partner with different individuals from very different backgrounds and disciplines. Skilled Dialogue has been recommended as an approach to conversations that values everyone's contributions in fostering compassionate, collaborative, and culturally responsive care to benefit the children served. The purpose of this study was to evaluate the effects of a training workshop to teach the concept and strategies of skilled dialogue to behavior analysts in training. The participants were taught and practiced using the six strategies of Skilled Dialogue: welcoming, allowing, sense-making, appreciating, joining, and harmonizing through use of instructions, rationales, activities, simulations, and feedback. The success of the training was evaluated using a multiple baseline design across training components. Audio and video responses to role-play scenarios were recorded, transcribed, and scored to measure the results of the training workshop on communication skills. The results suggested that the training workshop was an effective method to teaching future behavior analysts how to engage in the strategies and components of skilled dialogue, increasingly the likelihood of collaborative, and children centered communication and care.

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INTRODUCTION

Autism spectrum disorder (ASD) is a common, complex pediatric neurodevelopmental disorder that affects individuals differently and to varying degrees (American Psychiatric Association, 2013; Bowman, 2021; Lai et al., 2014). Autism is characterized by deficits in social communication and interactions as well as sensory challenges and repetitive and limited interests. Many individuals with ASD have comorbid conditions such as anxiety, seizures,

ADHD, depression, or gastrointestinal issues, and more (Cawthorpe, 2017; Doshi-Velez & Kohane 2014; Matson & Nebel-Schwalm, 2007; Matson & Williams, 2013). The cause of autism is not completely understood, but research suggests that a combination of genetic and environmental factors may be involved (Centers for Disease Control, 2019a & 2019b). Due to the different facets and the comorbid nature of autism, it requires an individualized, collaborative, multidisciplinary approach to treatment. To be most effective and socially valid, treatment should be personalized and tailored to the individual's strengths, challenges, and goals. This is best accomplished through a comprehensive and multidisciplinary approach (Cascio et al., 2016; Dillenberger, 2011; Howard et al., 2005; Strunk et al., 2017).

Collaboration

As members of multidisciplinary teams serving children with autism, behavior analysts will work with many different individuals from vastly different backgrounds and disciplines. In addition to families and parents, this may include professionals such as teachers, occupational and speech therapists, medical doctors, nutritionists, psychologists, and more (Cox, 2012). Yet, behavior analysts report little to no professional development on how to successfully work with professionals from outside the field (Kelly & Tincani, 2013). Many of them struggle to competently navigate conversations with individuals with different backgrounds, perspectives,

values, learning histories, and opinions (Kelly & Tincani, 2013).

Behavior analysts have "not always established or sustained collaborative and caring relationships" (Taylor et al., 2018). The authors describe several examples of poor relationship skills such as the behavior analyst not listening, seeming too busy, or unavailable. Such poor relationship skills have also been tied to a history of using jargon, manipulating others to agree with them, and by compromise rather than consensus (Critchfeild et al., 2017; Sands et al., 2008). As a field, there appears to be little effort to amend this. In fact behavior analysts also reported collaboration in their practice as a low priority (Kelly & Ticani, 2013). Failure to exercise these skills may have damaging effects on intervention, including poor outcomes for the client, burning bridges with colleagues in intervention and educational settings and lower satisfaction with behavior analysts (Swinford, 2020).

It is not uncommon for any allied professionals to encounter challenges in interprofessional collaboration with colleagues and other professionals. Even though there are many benefits, it is possible that the majority of behavior analysts that experience barriers have not received training, and have not developed the necessary skills to work with colleagues and other professionals in a collaborative manner (Brodhead, 2015; Hunt et al. 2003; Leblanc et al., 2012). This is a problem because behavior analysts working in applied settings can be a critical part of multidisciplinary teams that create and structure instructional programs for clients with ASD. As behavior analysts have entered the healthcare system, service models focused on collaboration have received increased attention in behavior analysis (Gasiewski et al., 2021; Holland, 2015; Orchard et al., 2020; Pomare et al., 2019; Slim, 2021; Vlcek et al., 2020). As mentioned earlier, autism requires a holistic approach to intervention and collaboration is the key to bringing those experts from different disciplines together in service to the child. Bringing them together not only provides a more comprehensive approach but it can create an enhanced

understanding of the individual child's needs and methods of intervention. That is, professionals from different disciplines can share their knowledge and expertise, leading to more effective intervention strategies, taking into account the varied needs of individuals with autism. Overall, collaboration among different disciplines may help to improve the quality of autism intervention and support for individuals with autism and their families. By working together, professionals can develop more effective strategies that address the complex and varied needs of individuals with autism (Taylor et al., 2018).

In fact, there is evidence that collaboration supports improved intervention outcomes. Interdisciplinary collaboration among team members has been shown to maximize client outcomes, create new solutions, and increase the sharing of knowledge and skills (Broadhead 2015; Bridges et al., 2011; Drinka et al., 1996). This can be through working together to determine client goals (Cook & Friend, 2010) or through acknowledging the strengths each person brings to the team (Dallmer, 2004). Collaboration can help professionals develop and implement more effective intervention strategies that are tailored to the specific needs of individuals with autism. This can lead to improved outcomes for individuals with autism, including improved social and communication skills, better academic performance, and increased independence. Hall (2005) suggests that interprofessional collaboration yields benefits for patients, such as better quality of life and for professionals, such as higher job satisfaction. Overall, clients who receive a collaborative approach to treatment may be more likely to have each of their individual needs met. On the flip side of that, evidence has shown that client treatment and outcomes can be negatively impacted by poor collaboration (Dillenburger et al., 2014, Gerenser & Koenig, 2019) Applied behavior analysts who lack the skills to be compassionate, collaborative, and culturally aware will probably provide less effective and socially relevant services (Bokyeong, 2022).

In an effort to provide context and a deeper understanding of the perspective of different professions, LaFrance et al. (2019) discussed four health professions that are likely to work together on improving functional outcomes for clients with autism (occupational therapy, speech therapy, psychology, and behavior analysis). They provided a description of each discipline's approach to treatment and where each has an overlap in knowledge and skills. Incorporating the information from their review suggests that greater collaboration is needed in order to create the best combination of interventions that work together for, not against each other if the best outcomes are to be achieved for every client. Relatedly, Lown et al. (2014) propose a framework for supporting a compassionate and collaborative approach by focusing on a family and personcentered basis for providing services. They highlight the need for compassion and collaboration in patient-centered care by showing that without it, patients can become undervalued, and their needs disregarded. However, the push for collaboration and patient-centered care goes beyond just joining multiple disciplines together to assist in providing a solution to a patient's needs. Much research in the field points to a need for training in collaborative communication skills (Fong et al., 2013 & 2017; Hall, 2005; Neuringer, 1991).

Ethical Requirements

This are also ethical requirements for behavior analysts to engage in compassionate, collaborative, and culturally responsive care. The Behavior Analyst Certification Board (BACB) mandates ethical requirements for behavior analysts to collaborate with other professionals in their practice. These ethical requirements are outlined in the BACB Professional and Ethical Compliance Code for Behavior Analysts. According to code 3.01, "Behavior analysts act in the best interest of clients, taking appropriate steps to support clients' rights, maximize benefits, and do no harm." As behavior analysts, we have a responsibility to clients to improve outcomes

without causing any discomfort. This collaboration should be conducted in a respectful, professional manner and should prioritize the well-being of the client. For this reason, there is a need to train and support behavior analysts in developing skills to be successful and competent in navigating challenging interactions (LaFrance et al., 2019; Newhouse-Oisten et al., 2017). The BACB also states that behavior analysts should "collaborate with colleagues from their own and other professions in the best interests of clients" and "engage in professional activities in new areas from professionals competent in the new area" (BACB Ethics Code 2.10 & 1.05). In short, they should also seek to develop their own knowledge and skills through collaboration with other skilled professionals. Further ethical requirements related to collaboration include communication (e.g. 1.15, 2.08, & 2.11). For example, behavior analysts must communicate with other professionals involved in a client's care in a timely and respectful manner. They should share information relevant to the client's treatment, but only with appropriate consent from the client or their legal representative. Behavior analysts should also protect the confidentiality (2.03 & 2.04) of their clients' information, even when collaborating with other professionals. They should obtain appropriate consent before sharing any confidential information and should take steps to ensure that the information is secure. By following these ethical requirements, behavior analysts can collaborate effectively with other professionals to provide high-quality, ethical care to their clients. However, because autism is pervasive across many areas of functioning, many disciplines can be involved. Collaboration, shared purpose, and interconnectedness can be lost and differences in disciplinary perspective and expertise are likely and for this reason, conflict is likely.

Barriers to Collaboration

Within any collaboration, there will be differences regarding disciplines, expertise, and

cultural contexts. Experts in the field believe that increasing knowledge about experiences and positionality can play a key role in improving practitioners' cultural responsiveness, collaboration and better serving larger, more diverse populations (Alai-Rosales et al., 2022; Fong et al, 2017; Miller et al., 2019). Fong et al. (2017) and later Beaulieu et al. (2018) discuss that the field of Applied Behavior Analysis (ABA) is lacking in culturally relevant materials and training. The authors call for cultural understanding and diversity support training to be added to behavior-analytic learning experiences. Differences such as ethnicity, lifestyle, culture, and religion are reliable markers for challenges to communication, a key component of collaboration between any two individuals. Oftentimes when there are several sources of differences between people of different disciplines, it is more likely that communication challenges will occur (Barrera & Kramer, 2017).

In every collaborative interaction, each individual is a speaker and listener, serving as a discriminative stimulus for each other's responses (Skinner, 1957). Each has been shaped by an audience which that determines and reinforces a particular set of responses under different conditions. That is, different disciplinary and cultural audiences will produce different verbal repertoires. When that individual is engaging with a group that shares common goals, vocabulary skills, and reinforcers, a specific type of audience control is established and maintained. When the context of the audience changes and there are potential complications or differences regarding culture, goals, vocabulary, and/or reinforcers, there is higher potential for conflict.

Since audience control influences expectations and responses, it is important that behavior analysts try to understand both own and their collaborators context. This is accomplished through dialogues.

Skilled Dialogue

Obviously, it would be simpler to only collaborate with those who share the same values, opinions, and perspectives. However, it would be wrong to disregard what others have to offer even when their opinions appear contradictory. It is possible to honor your own values without disregarding others. One such approach to collaborative communication is through a comprehensive training program called Skilled Dialogue that teaches helping professions to provide compassionate, collaborative, and culturally responsive care (Barrera & Kramer, 2017; Reese, 2021; Bokyeong, 2022). Skilled Dialogue is a dialogic approach that can be applied to any interaction where there is a potential for conflict due to diverse perspectives, identities, and professions. The intent is to be respectful, reciprocal, and responsive during the collaboration. It requires people who are seeking to learn from and with each other rather than convince or advise each other. It focuses on teaching communication and collaboration in a way that leverages diversity's positive contributions to communication and collaboration (Barrera & Kramer, 2017). It is not only a problem-solving approach, it is a technological approach designed to set the stage for creating and choosing the best way to resolving problems and creating success for children and families.

Barrera & Kramer have written two books describing the details of Skilled Dialogue.

Table 1 provides a overview of the tenants of Skilled Dialogue consisting of two dispositions, three qualities, and six strategies. The two dispositions - choosing relationships over control and setting the stage for miracles are references to all unique and personal human dispositions.

According to Barrera and Kramer, dispositions describe our intent, and the *how* behind what we do. They are "internal tendencies, beliefs, and meanings that provide the source of an individual's thoughts, feelings, and actions" (Barrera & Kramer, 2017). They serve as contextual variables that give meanings to actions and words and probably flag particular contingencies of

reinforcement. In choosing relationships over control, priority is placed on leveraging "the power of the other" (Cloud, 2016) by using relationships, rather than domination to shape new shared beliefs and actions.

Table 1

Tenants of Skilled Dialogue

Dispositions:

Choosing Relationships over Control Setting the Stage for Miracles

<u>Qualities</u>	<u>Strategies</u>
RESPECT: Honor identity through acknowledgement of boundaries	Welcoming & Allowing
RECIPROCITY: Honor voices through affirmation of all equal persons.	Sense-Making & Appreciating
RESPONSIVENESS: Honor connection through linking differences.	Joining & Harmonizing

This process can shift the interaction from a transactional experience to a transformational experience, shifting the power imbalance to a more equal state (Attygale, 2017). The second disposition, Setting the Stage for Miracles, is an extension of the first that focuses on the power of the paradox and sharing of knowledge (Anderson, 2016). It involves an openness to different options by demonstrating a willingness to let go of a predetermined opinion and stay in the tension in hopes for "what is waiting to emerge" (Jaworski, 1996, pg. 182). What this alludes to is that miracles are an "outcome that could not have been predicted from existing data." (CADRE: The Center for Appropriate Dispute Resolution in Special Education Skilled Dialogue Webinar, 2018) This disposition is about setting the stage for that outcome to happen. It operationalizes the process and reproduces the conditions that create third ways (miracles).

Through this disposition, diverse perspectives are seen as complementary, and third ways are created without the need for compromise or forced choice. The reinforcers are found through exploring the other person's values and interests instead of executing one's own predetermined plan. The key to making miracles happen is that neither person is required to sacrifice. Setting the stage for miracles and choosing relationships over control find their concrete expressions in the Skilled Dialogue qualities and strategies discussed below. Both dispositions are necessary for the successful implementation of Skilled Dialogue.

The qualities of Skilled Dialogue that characterize desired interactions are respect, reciprocity, and responsiveness. When mutual respect & common understanding are realized, real and productive collaboration can occur (LaFrance, 2019). Respect establishes the context for the first two strategies: Welcoming and Allowing. This quality models the respect and openness we want in return while the strategies focus on honoring the identity of ourselves and the other person through acknowledgment of boundaries. Welcoming embodies this by expressing excitement and curiosity to meet and learn from the other person. It is a seemingly simple approach to communication that appreciates the other person as dignified and capable (Barrera & Kramer, 2017). Welcoming is expressed through statements (e.g., "I'm glad we are able to meet", "I'm looking forward to our conversation", and not "We are here to meet about X") and nonverbal behaviors that support the vocal statements like relaxed, positive body language, and giving full attention. The expression of Welcoming is dependent on the context of the interaction, and the social and cultural patterns of the people involved. Welcoming sets the stage for the rest of the strategies and is extended by Allowing. Similar to Welcoming, Allowing seems simple since it is characterized by listening without interrupting, judging, or defending your own views, but it can be difficult to realize that your interpretations are just constructs that

aren't always true. The goal is to express recognition of another's perspective being valid and worthy of being shared (e.g., "I see, could you tell me more?").

Building on Welcoming and Allowing is Sensemaking and Appreciating which aim to acknowledge the positive contributions of different perspectives. The purpose of these strategies is to establish reciprocity by seeing the world through another person's eyes. "The working hypothesis that seemingly related events may, on some level, be quite intimately related or associated is one of the more powerful tools available to people" (Childs, 1998, p.#).

Sensemaking is a way of using different contexts to understand how others' opinions and viewpoints make sense. Appreciating focuses on finding ways to appreciate those diverse opinions and viewpoints as something worthy within the context. True Sense-making and Appreciating have been accomplished when genuine reflection creates similar reactions (e.g., "I'd make the same choice if I was in your situation").

These strategies set the foundation for Joining and Harmonizing which foster inclusive outcomes through embodying responsiveness. Their goal is to create a brave, third space, where "contradictions become complementary" (Barrera & Kramer, 2017, p. 6) and contribute to a greater whole. Joining works to create an understanding between the speaker and listener that is representative of each diverse point of view. It is the prerequisite to mutual engagement that is required for the harmonizing of each perspective. Harmonizing requires us to create and consider solutions to problems that we could never imagine. "If we are creating the problems we have now, then we can create something different" (Barrera & Kramer, 2017; Senge, Scharmer, Jaworski, & Flowers, 2004 p. 47). In harmonizing, there is no space for compromise, only the creation of all-inclusive solutions. Together these final strategies create outcomes that are beyond the limitations of familiar experiences and expectations.

There have been two other evaluations of these skills and strategies that evolved out of

the University of North Texas Community & Social Justice Lab. In both, the procedures involved simulation scenarios to evaluate how people responded before, during, and after training in the Skilled Dialogue process. One study focused on conflict situations where there were differences in culture between families and behavior analysts (Reese, 2020). This was the initial study and was the first to develop a comprehensive training for behavior analysts to engage in collaborative, compassionate, and culturally responsive interactions people with different audience histories. The researchers developed a single-subject measurement system for assessing progress during training, provided a model for responding during the scenarios, and began to create a technology for future behavior analysts to approach collaboration. The results showed that the training was effective in increasing the targeted behavior for one participant. However, the measures were verbal statements that indicated each of the six strategies and there was low interobserver agreement ranging from 0%-100% with an average of 52% agreement.

The next study was conducted to improve the reliability and ease of measurement along with further developing the technology (Bokyeong, 2022). This study sought to replicate and extend Reese (2021) by examining the effects of Skilled Dialogue training on the verbal behavior of two participants in relation to their use of the six categories during simulations (i.e., welcoming, allowing, sense-making, appreciating, joining, and harmonizing). Bokyeong's study further refined the measurement system, operational definitions, target repertoires, and also added verbal episodes counts. The adjustments to intercoder training resulted in a demonstrated an increase in reliability produced by the adjustments. Intercoder agreement was 97.42% (range, 88.89% to 100%) for welcoming, 94.91% (range, 88.89% to 100%) for allowing, 94.54% (range, 87.50% to 100%) for sense-making, 98.46% (range, 91.67% to 100%) for appreciating, 98.98% (range, 94.12% to 100%) for joining, and 84.98% (range, 77.78% to 100%) for harmonizing (Bokyeong, 2022).

Both studies took place on Zoom during the COVID-19 pandemic with the training teaching only one individual at a time. With the world returning to some sense of normalcy, we had the opportunity to make the training more interactive with attenuated collaboration groups. Therefore, the current study sought to replicate and extend the work done by Reese (2021) and Bokyeong (2022). The measurement system and definitions were revised factor in the non-vocal behavior (affect/ body language). Furthermore, generality was assessed by conducting group training with four participants. Simulation scenarios were adjusted so that participants would role-play different perspectives sharing mutual and individual background knowledge pertaining to each situation. With the combined knowledge gained from Reese (2021) and Bokyeong (2022), the purpose of the current study was to evaluate the effects of an in person Skilled Dialogue training on the verbal behavior of four future behavior analysts with a focus on interdisciplinary collaboration, as related to the six strategies of Skilled Dialogue (welcoming, allowing, sense-making, appreciating, joining, and harmonizing).

METHODS

Recruitment, Participant Demographics, and Informed Consent

Recruitment

A flyer was sent via email to students in the Behavior Analysis master's program at the University of North Texas to recruit volunteer participants for the study. Four participants were selected based on the availability of their schedule. Participation was voluntary and the flyer stated that meals and snacks would be provided on the day of training as compensation. Participants contacted the principal investigator by filling out a Qualtrics survey with their available days and times. The principal investigator then selected the first four participants whose schedules aligned and coordinated with them via email.

Participant Demographics

Four students in the behavior analysis department participated in the study. All participants chose their own pseudonyms as part of the pre-training survey. The objective of the pre-training survey was to obtain demographic information, as well as questions about their values, skills, and perspectives. All participants were between the ages of 25-35 and work in applied settings. Participant demographics can be found in Table 2.

Table 2

Participant Demographics

Pseudonym	How would you describe yourself?	Is there a gender you identify with?	What is/are your current roles?
Alex	White	Female	Program Manager/RBT
Jean Grey	White	Female	Graduate Student/Behavior Tech
Samuel	White	Male	Consultant
Violet	White & Asian	Female	Registered Behavior Technician at an ABA service delivery center.

Informed Consent

At the start of training participants received an informed consent form that outlined the study's purpose, procedures, risks, benefits, and other relevant details (Appendix B). The form contained all information that a participant would need to make an informed decision. Including the procedures for securing their personal information and data acquired during the study. It reminded them that their participation is entirely voluntary, no compensation other than food during the day of training would be provided and they have the right to withdraw at any time without penalty, as well as directions about withdrawal. This process was reiterated on the first day of training before training began. It also notified them that there would be a brief follow-up survey at the end of training and explained why it was necessary. After reading the information sheet, participants were asked to sign a consent form to confirm the participant's willingness to take part in the study and acknowledge that they have received and understood the information sheet. Finally, the participants were given contact information for the researcher should they have questions in the pre- or post- process.

Settings and Materials

As an extension of Reese (2021) and Bokyeong (2022), the study was a 7 hour in-person training in a University of North Texas conference room. The training was recorded using zoom's video recording and live-transcribed with an auto-transcription program called Otter.ai. Transcripts could be reviewed, adjusted, and saved from the zoom dashboard. A PowerPoint presentation was utilized to present the training materials, facilitate discussions, and activities, and display simulation scenario activities. The pre- and post-training surveys were created using an electronic survey collector program called Qualtrics and were adapted from Bokyeong (2022).

The data sheet (Appendix F) and coding protocol (Appendix G) were also adapted from Bokyeong (2022) with additions made to the training for interobserver agreement. Microsoft word was used for the intercoder training, the coding protocol, and the intercoder training presentation (Appendix H) was in Google slides but converted to PowerPoint. Both were originally created by the previous researcher but edits and adjustments were made to definitions, examples, nonexamples and overall rules of the coding protocol. Sample dialogues were created by applied experience of principal investigator, advisor, and through interviewing professionals in the speech, OT, behavior analysis, and education fields.

Simulation Scenarios

Learning is a process that takes place in a participation framework (Lave & Wenger, 1991). Based on the idea that learning is about increased access to performance, we used clinical simulation scenarios to maximize learning through simulated performance. This decreases the chance for harm to clients while learners practice and discuss skills. The simulation scenarios were created based on real-life interactions described by current experts in the field when interviewed the student investigator. The scenarios shared mutual information about the client but also each participant was given a card with varying background information seen only by one of the participants in the conversation. Appendix A includes all the scenario perspective cards. The perspective cards served as a way to create opposing vantage points, experiences, and goals so that each participants got the opportunity to practice conversing when different perspectives are at play. In two of the role plays, feedback was given to each person and participants shared their feedback with each other. The goal of the simulation scenarios was to shape responding as training progressed. No feedback was given during pre- or post-assessment. Simulations were video and audio recorded, and data was scored from recordings.

Data Collection and Measures

Scenarios were recorded and transcribed with Otter.ai. The transcripts were revisited to fix any mistakes made by Otter.ai's auto transcription. Once mistakes were fixed, transcriptions were transferred to the datasheet. The data sheet includes each scenario, each participant's responses, and boxes to check for each of the six categories of Skilled Dialogue and their definitions. In total, seven checkboxes were present on the datasheet to include a 'other' category. The checkboxes on the data sheet indicated what category or categories each verbal episode belonged to. Each participants verbal responses were scored using the measurement code included in Appendix H. The measurement code established by Bokyeong (2022) was modified and used to score each verbal episode. The definitions for each category were adapted from the two previous studies Reese (2021) and Bokyeong (2022) who adapted them from Barrera and Kramer (2012). A summary of the definitions with examples and nonexamples are included in Table 3. The first part of the definition gives the purpose of the concept, the second part describes the critical features, and the third part includes examples and nonexamples. All three of these parts make up the operational definition for each of the six measures. The instructional design of the definitions and measures was to teach a concept by using a rationale, rule, and the stimulus conditions under which a response would occur, while still identifying indicators that are able to be measured by other observers though there is the possibility that these indicators vary across people and cultures.

Each of the participants responses were broken down into separate verbal episodes and remained in conversational order to keep the context intact. The rationale behind choosing to separate conversations into verbal episodes because we needed to account for both speaker and listener behavior, and to completely account for verbal behavior, we need both (Skinner, 1957).

Table 3
Summary of Measures

Measure	Definition	Exam ple	Non-example
Welcoming	- Expressing openness of both the other person(s) and/or the opportunity to interact with him or her. This includes greeting/salutation statements, general pleasantries, questions about the well-being of the other person, and statements that express the desire to work with the other person.	"Hello, I'm so glad for this opportunity to work together/get to know you." "How are you?" "I'm so glad you could make it"	"Thanks for coming, we should probably get started right away." "Now that you are here, we can get started on what we discussed"
Allowing	- Releasing their own "stories"/sharing sides, interpretations, asking someone to tell and listening without imposing their own judgments, beliefs, and values. Asking more about feelings/experience This includes statements or questions that solicit more information about the beliefs, values, or the behavior of the other person.	"Tell me more." "What do you think?" "How do you feel about that?" "I want to hear about what is going on." "What does this mean to you?" "Why did you use that approach?"	"I don't think we should do that. I have a better idea. "What do you think about the ideas that I discussed with you before?" "I'll just tell you what we're going to do." "What doesmean?"
Sense- making	- Actively seeking how the other's views, behaviors, professional approaches, rationales and values make sense within their given context. This includes statements or questions that clarify and/or paraphrase what the other person shared that demonstrates understanding, application to the problem scenario, and acknowledge their behavior and emotions.	"Let me see if I understand, are you saying?" "That makes sense that you did that in that situation." "Correct me if I'm wrong." " What does mean?"	"I don't understand why you would think that is acceptable" " Here is what I think about what you said." "Your approach does not help." "Why did you decide that would be best?"
Appreciating	- Expressing recognition that there is always something of value that can be learned from the other person, no matter how diverse he or she may be or how much they may disagree with him or her This includes statements that express gratitude toward or the importance of the other person and what they are sharing. This may also include statements that express the learning opportunities that the other person provides.	"I'm really impressed with how much effort you put into this situation." "I've never thought of it that way: that's something new I learned today." "Thank you for sharing that with me." "I'm glad we are talking now." "You are a good resource"	"I don't think that that is helping the situation." "Can you see how your behavior might be adding to the situation?" "I think you've helped enough." "I can do it on my own." "I already knew that"
Joining	- Expressing recognition that all interactions are co-constructed, and all behaviors are linked—that no situation or behavior is independent of their own. This includes statements that express the relation between themselves and the other person and how the behavior of the other may reflect their own. This may include statements about how both individuals share the same goal, rephrasing problems from 'I/You' to 'We/Our'.	"You know, I think I might do the same thing in your shoes." "It's clear to me that we're both very concerned about this situation." "Neither of us want to happen." "We both want to see him succeed." "I think we are on the same page."	"Well, I don't think that is what is happening." "I don't know how you didn't notice." "I would never do that." "I want to help solve your problem." "You should try this."
Harmonizing	- Prompting inclusive options by leveraging strengths of the diverse perspectives towards a common goal without eliminating or devaluing another. This includes statements or questions that express willingness to seek and accept a new solution that integrates and combines the perspective and the needs of the key people involved directly or indirectly.	"I'm thinking that so far we've only talked about two choices. I wonder if there's a third choice?" "Let's keep exploring what we can do to integrate the strengths of both perspectives."	"I don't think we'll ever agree." "I understand that you want him to learn those skills, but right now there are more important things we need to focus on." "I'll do whatever you want." "Let's do what I suggested"
Other	- All other verbal behavior that is not included in 6 categories (Welcoming, Allowing, Sensemaking, Appreciating, Joining, Harmonizing)	"I like that idea." "I understand" "Let's have a meeting." "I see, I see." "I'll let you know" "Okay, okay gotcha"	"Thank you for coming" "Let's meet and figure something out" "What do you think?" "I'll try to put it all together to make sure I understand." "Can you tell me more?"

Verbal episodes were determined by changes in speaker, topic, or ideas, this process was done by the student researcher. The criteria for determining the verbal episodes were determined in order to define conversational units of measurement. We used changes in speaker because it was easily observable and changes in topic, content, or idea so that verbal episodes were able to be broken up into small pieces that are able to be scored simply. Each verbal episode was scored and totaled on the data sheet. Participants' responses were the only ones being scored, no matter what position they played in the interaction.

Intercoder Agreement

The modified measurement code established by Bokyeong (2022) was modified and used to score each verbal episode. The definitions for each category were adapted from the two previous studies Reese (2021) and Bokyeong (2022) who adapted them from Barrera and Kramer (2012). Adjustments were made to the examples, non-examples, and definitions established by the previous researcher to improve discriminations. Further discriminations were taught through additional rules that were added to the scoring protocol to improve Intercoder Agreement (ex: "Thank you/Thanks" was always scored as appreciating, "I understand" before or after reinstating what was said is scored as sensemaking, further collaborating, proposing and/or accepting an inclusive solution is scored as Harmonizing).

Table 4

Average Intercoder Agreement Totals

	Violet	Samuel	Jean Grey	Alex
Baseline	94% (93-100%)	96% (95-100%)	91% (73-100%)	88% (74-95%)
Respect	96% (88-100%)	96% (90-100%)	95% (92-100%)	98% (95-100%)
Reciprocity	94% (92-100%)	98% (94-100%)	100% (100%)	95% (92-100%)
Responsiveness	99% (91-100%)	98% (93-100%)	98% (96-100%)	100% (100%)
Post	97% (88-100%)	93% (83-100%)	98% (96-100%)	96% (88-100%)

Intercoder agreement can be seen in Table 4. Intercoder agreement was calculated by dividing the number of agreements by the total of agreements and disagreements multiplied by 100. Agreement occurred when both coders agreed that the response did or did not occur in each of the seven categories. In each of the conditions, the last scenario was designated to be scored for intercoder agreement.

Procedures

General Procedure

Participants received the Skilled Dialogue training at an all-day in-person group training. A summary of the training can be found in Table 5. The first workshop was led by Ashlee, the investigator of the original Skilled Dialogue study (Reese, 2021), and the participant was Sonya who recorded her own data during the training. Then there was Amy, the investigator who led the second Skilled Dialogue workshop with their participant, Riley (Bokyeong, 2022). The current study was an all-day workshop that lasted about 7 hours with several breaks throughout the training. The pre-training survey was sent out before training began and was estimated to take 15 minutes. The pre-training assessment took around 30 min and was done first in order to establish a baseline of the participant's skills. Then the trainer and participants took 30 min to do introductions, discuss their positionality and what they bring into the interactions. The training lasted about 5 hours including breaks, overview, background, components of Skilled Dialogue, role plays, feedback, discussions, activities, and reflections. The last hour was used to do the post-training assessment and reflect on participants' experiences of training. The complete training PowerPoint can be found in Appendix C.

Table 5

Training Workshop Summary

Training Steps	Rationales	Summary of Procedures
Step 1: Pre-Training Survey	To obtain participant demographics as well as why they value when communicating with others	The participant accessed and filled out an electronic survey using the link provided via email
Step 2: Pre-Assessment	To assess the participants skills prior to receiving training	The participants engaged in three role plays. No feedback was provided.
Step 3: Introductions & Icebreaker	An opportunity for participants to introduce themselves and talk about their positionality. The icebreaker activity was to practice reframing beliefs, values, assumptions, or schemas we use to attribute certain meanings to certain things.	The participants took turns sharing and then worked together on an activity before discussing it as a group.
Step 4: Background & Meaning	To discuss five important themes to consider when striving for compassionate, collaborative, and culturally responsive communication	The trainer described each theme and prompted the participant to share their thoughts if they wanted to.
Step 5: Overview of Skilled Dialogue & Necessary Dispositions	To discuss what is Skilled Dialogue, why use Skilled Dialogue, and the necessary disposition to engage in Skilled Dialogue	The trainer described what Skilled Dialogue is, its benefits, its components, and the two dispositions.
Step 6: Respect - Welcoming & Allowing: Explanations	To teach participants to use welcoming and allowing to engage in respectful conversation	The trainer described Respect as one of the three qualities of Skilled Dialogue, explained how to use welcoming and allowing in dialogues with examples for each
Step 7: Respect - Welcoming & Allowing: Role Play, Activity & Reflection	To provide practice opportunities and get feedback on apply the skills learned	The participants engaged in three role plays and got feedback from peers and trainer. Reflections followed.
Step 8: Reciprocity – Sense-making & Appreciating: Explanations	To teach participants to use sense-making and appreciating to engage in reciprocal conversation	The trainer described Reciprocity and explained how to use sense- making and appreciating in dialogues with examples
Step 10: Reciprocity – Sense-making & Appreciating: Role Play, Activity & Reflection	To provide practice opportunities to apply the skills learned	The participant engaged in an activity, two role plays, reflection followed the role play.
Step 11: Responsiveness – Joining & Harmonizing: Explanations	To teach participants to use joining and harmonizing to engage in responsive conversation	The trainer describes Responsiveness and explained how to use joining and harmonizing in dialogue, how to understand context, perspective, and conditionality
Step 13: Responsiveness – Joining & Harmonizing: Role Play, Activity & Reflection	To provide practice opportunities to apply the skills learned	The participant engaged in an activity, two role plays, reflection followed the role play.
Step 14: Post Assessment	To allow participants to reflect and demonstrate the use of all six strategies	The participants engaged in three role plays. No feedback was provided.
Step 15: Post-Training Survey	To obtain participant reports on the satisfaction, quality. and the impact of the training	The participant accessed and filled out an electronic survey using the link provided via email

Chart adapted from Bokyeong (2022)

The training procedures for the current study were derived from behavioral skills training (BST) and the teaching interaction procedure (TIP). Both teaching procedures have shown to be an effective way of teaching skills. Behavioral skills training (BST) is an evidence-based approach commonly used to train adults by using instructions, modeling, practice, and feedback (Miltenberger, 2012). For example, Hassan et al. (2017) used BST to train caregivers to implement social skills intervention for children with autism. The teaching interaction procedure (TIP) shares the same features as BST but also involves the inclusion of rationales (Green, 2019). Green et al. (2019) used the TIP as a procedure to effectively teach three staff the skills needed to implement a program to teach social skills. The present study incorporated procedural elements from these two teaching procedures (TIP and BST) to identify and explain the concept of Skilled Dialogue, give rationales, provide examples of each component and multiple opportunities to practice and receive feedback.

The training workshop was divided into three sections: a pre-training assessment, Skilled Dialogue training, and a post-training assessment. Each section of training added layers of information from the previous sections in order to shape responding by building new skills onto the previous ones.

Pre-Training Survey

Before the workshop began, the participants were given a pre-training survey that included ten questions focused on participants' demographics, preferred pseudonyms, and the important values they hold when interacting with other professionals. The pre-training survey questions can be found in Appendix D and a preview of the results can be found in Table 6. The purpose of the survey was to learn more about the participants and what they value in conversations. This survey was adapted from the one used in previous workshops and was sent

out to participants before the day of the workshop. Once the participants completed the pretraining survey and pre-assessment, the group did introductions and shared what values they hold to given their positionality with different ethnic, academic, social, and personal backgrounds.

Table 6

Pre-Training Survey

What pseudonym would you like go by for the duration of the training?

Is there a gender that you identify with? If so, please list it below.

How old are you?

Which ethnicity/ethnicities do you identify with?

What is/ are your current professional role(s)?

What values do you currently possess that you believe influence the decisions you make?

What skills do you think are necessary when communicating with the individuals who have a perspective that is different from your own?

What kind of situations do you find the most difficult when communicating with families, colleagues, or other professionals?

What kinds of situations do you find the easiest when communicating with families, colleagues, or other professionals?

List and describe techniques that you find to be useful when communicating with families, colleagues, and other professionals.

Pre-training Assessment

A pre-training assessment was done to establish a baseline level of the responses prior to training. The assessment included three scenarios (Table 7) that displayed the information that formed the basis for the role plays.

Table 7

Pre-Training Role-Play Scenarios

Instructions: You will read the scenario then practice role-playing together. One partner will respond as the BCBA and the other will act as the Teacher, Speech Language Pathologist (SLP), or the Occupational Therapist (OT).

Scenario 1

The situation is that Thomas is a 7-year-old boy diagnosed with Autism. He receives ABA full-time in a clinic and also does OT and speech sessions throughout the week. Thomas has limited communication skills and often has a hard time communicating his needs. He is

	typically a happy kid but during Thomas's OT sessions, he often cries and appears to be experiencing lots of discomfort during activities. He has been doing OT for a month now and cries majority of the session. He always calms down once OT is over and he is able to leave the area.
Scenario 2	Demarcus is an 8-year-old boy diagnosed with Autism and ADHD. He attends school full time in a general education classroom in his community. The teacher and BCBA are meeting before the next steps are taken in an ARD IEP meeting (Admission, Review, and Dismissal for Individual Education Plans) where the committee will discuss a proposal to remove Demarcus from his current classroom. This is because the teacher feels he is disruptive (ripping up materials, taking materials from other students), lacks comprehension, and reading skills, and is not at the same level as his classmates.
Scenario 3	This scenario is about Joshua, a 3-year-old boy diagnosed with autism. He receives ABA services full-time at a center in his community. He engages in severe echolalia, echoing nearly everything said in his presence, and rarely engages in other verbal operants like mands, tacts, and intraverbals. Joshua receives speech services throughout the week at an outpatient speech center. There is a conflict about the intervention plans for Joshua's echolalia interfering with his right to habilitation and effective treatment, and the desires of the parents.

Each person was given a card that had different varying information on the circumstances affecting the client's situation and their relation to the situation. The three role plays took place consecutively and no feedback was provided in between or after.

Training Workshop

Once all baseline tests and introductions were completed, training began with a group icebreaker activity that challenged participants to find a connection between words that were seemingly unrelated. After this activity, training began with a description of the five themes to consider when striving for compassionate, collaborative, and culturally responsive communication and the rationale behind why they are important.

The themes are families, collaboration, learning, loving, and culture. For families, it is important to remember that we are part of their network of support and that every decision we make for their child affects their entire life. Parents are the meaning and context experts and need our help and support. If for no other reason, the ethics code states that the client and stakeholders must be involved (BACB Ethics Code, 2.09). For collaboration, it is beneficial that behavior

analysts collaborate with every individual who supports the client, "Behavior analysts collaborate with colleagues from their own and other professions in the best interest of clients and stakeholders" (BACB Ethics Code, 2.10). The ethics code also requires continual learning and involvement in a community of practice, "Behavior analysts actively engage in professional development activities to maintain and further their professional competence" (BACB Ethics Code, 1.06). Effective practice requires openness to listen, learn, and change by committing to engage in reflective practice. (Hanson & Lynch, 2013, p.7). The foundation for effective practice is based on keeping love at the center of interactions in ways that show compassion for shared suffering and happiness in the well-being of others. Love is the driving force that keeps us moving forward with compassion and care (Pritchett et al., 2021). Finally, culture is reflected in all that we think and do. It evolves over time giving meaning & structure to our life. "In embracing the diversity of human beings, we will find a surer way to be happy" (Gladwell, 2006). Through embracing diversity and practicing cultural humility, "lifelong commitment to self-evaluation and critique, to redressing the power imbalances" and "developing mutually beneficial and non-paternalistic partnerships" (Tervalon & Murray-Garcia, 1998, p. 117) behavior analysts should "actively engage in professional development activities to acquire knowledge and skills related to cultural responsiveness and diversity." (BACB Ethics Code, 1.07).

Skilled Dialogue Training

Next, the trainer went through an introduction and overview of Skilled Dialogue and its 6 components as described by Barrera and Kramer (2017). Skilled Dialogue was explained as "a dialogic approach to communication and collaboration that leverages diversity's contribution to positive communication and collaboration." (Barrera & Kramer, 2017, pg. 24). The trainer

emphasized that Skilled Dialogue uses differences and diversity in contradicting interactions to find new ways to collaborate and communicate those results in unique solutions. The trainer then spoke about the two dispositions, three qualities, and six strategies of Skilled Dialogue. The two dispositions are "Choosing Relationship over Control" and "Setting the Stage for Miracles". It was explained that a disposition determines how we do what we do, how we behave under certain conditions (stimulus and reinforcer control), and what is the intent of one's actions.

Following the explanation of dispositions, the trainer and participants discussed "Choosing Relationships over Control" as prioritizing relationships with others over one's own agenda. Next, the second disposition "Setting the stage for Miracles" was explained as openness to creative options other than the ones you provide. It was explained that when the stage is set for miracles, "an outcome that could not have been predicted from existing data" (Barrera & Kramer, 2017), new third ways are found that could not have existed without the use of the previous strategies, and still do not involve forced choices that require either party to compromise their values.

Respect

The next part of training is where majority of the time was spent and involved discussing and practicing all three qualities and six strategies of Skilled Dialogue. The trainer started out by describing Respect by giving examples, definitions, and goals for the first two components: 'welcoming' and 'allowing'. Respect was described as honoring one's identity as a representative of multiple social and cultural communities. Respect can be shown through welcoming the other person and the opportunity to interact with them (e.g. I'm so glad we get to meet) as well as allowing space for the other person to share their perspective (e.g. Could you tell me more?). An activity to practice Respect through welcoming and allowing was facilitated

by the trainer giving the participants time to warm up throughout the role plays. This activity was an adjusted version of the role plays where sets of dyads are formed and each one takes a turn role-playing and rating the degree to which they believe each person allowed the other to express themselves without interrupting or defending their own views. Participants were given two chances to apply the strategies with each other through role plays in this section. Two scenarios were done in the activity format where participants formed dyads to enact simulation scenarios. Feedback was given to each person and participants shared their feedback with each other together in discussion. The third scenario was done with separately with feedback given only by each participant's dyad partner. The simulation scenarios for this section can be found in Table 8. Similar to Reese (2020) and Bokyeong (2022), reflection and discussions followed the activity and role plays.

Table 8

Welcoming & Allowing Simulation Scenarios

the BCBA	Instructions: You will read the scenario then practice role-playing together. One partner will respond as the BCBA and the other will act as the Teacher, Speech Language Pathologist (SLP), or the Occupational Therapist (OT).		
Scenario Scenario Scenario Amelia is a 4-year-old client diagnosed with autism. She is in a gen-ed classroom at a publi school in her community. She struggles to make friends at school. When it is time for recess Amelia often hides or runs away from peers who try to interact with her. The school princip has assigned a BCBA to help with Amelia's struggles.			
Scenario 2	Eliana is a shy 5-year-old girl diagnosed with autism and has a minor speech delay. She has been attending an ABA center full time for the last year. An opportunity has opened up for Eliana to begin speech services. She recently did her assessment and scored lower than what is typically expected.		
Scenario 3 Jeffery is an 8-year-old boy who is diagnosed with Autism and ADHD. Jeffrey attends ABA full-time and receives occupational therapy throughout the week. Recently he is having trouble sitting still and is fidgeting so much that he can't complete the tasks given him. Because of this he just got a new sensory diet implemented by his Occupational Therapist.			

Reciprocity

The next section covered reciprocity, with examples, definitions, and goals for

'sensemaking' and 'appreciating'. The trainer described Reciprocity as honoring the value and validity of the other person's viewpoint. This can be achieved by showing how the other person's perspective makes sense in their given context (e.g., I can see why you would think that given your circumstance), by appreciating what the other person shared and the learning opportunities they provide (e.g., Thank you for sharing, I never thought of it that way).

Table 9
Sensemaking & Appreciating Activity Prompts

Instructio	Instructions: Get into two groups and reflect on the following statements	
Group 1	"Extinction is a punishment procedure that can often produce adverse side effects and can be misunderstood as 'ignoring the child', can you come up with 3 situations where using extinction would be useful?"	
Group 2	"Arriving late to an appointment can be helpful in making time for unexpected tasks, can you think of at least 3 other situations in which arriving late would make sense?"	

Table 10
Sensemaking & Appreciating Simulation Scenarios

the BCBA	Instructions: You will read the scenario then practice role-playing together. One partner will respond as the BCBA and the other will act as the Teacher, Speech Language Pathologist (SLP), or the Occupational Therapist (OT).		
Scenario 1	Raya is a 6-year-old child with a diagnosis of moderate autism spectrum disorder. She attends ABA in a clinic full time and does OT sessions throughout the week. Her parents report she has difficulty sustaining attention and that she presents with impulsivity, along with speech and fine motor delays. Her mother emails you and the OT to share that one of their goals is to get Raya to feed herself independently and that she would like that to be something you both work on		
Scenario 2	Andrew is a 5-year-old boy who is diagnosed with ADHD and has recently received autism diagnosis. He is enrolled in a gen-ed kindergarten public school classroom with 25 other students. Andrew has recently started yelling at seemingly random times. Typically, they are short, loud outbursts that are disruptive to the classroom. His yelling often escalates into a tantrum. The school has a BCBA on staff for behavioral support and administration has requested the BCBA come to the classroom to help.		

Following the lecture part of the training, an activity adapted from Barrera and Kramer (2017) was facilitated by the trainer where dyads were formed again and asked to reflect on two

statements and then reframe them in ways that made more sense to them. The groups brainstormed how situations that are often seen in a negative way can be appreciated. Participants were instructed to be mindful of the strategies they used to reframe and use them when faced with contradicting opinions. The activity prompts can be found in Table 9. Following the activity, the groups were given the opportunity to practice applying their strategies through more role plays (Table 10). A time for discussion and reflection always followed the role play after each scenario.

Responsiveness

The training continued with a description of Responsiveness as honoring the connection among all behaviors, perspectives, and beliefs. It can be achieved through expressing a connection with the other person (joining: e.g., I've had something similar happen to me too) and by prompting inclusive solutions that leverage the strengths of all perspectives (harmonizing; e.g., Let's keep trying to integrate the strengths of our perspectives). An activity followed the review of definitions, examples, and goals for 'joining' and 'harmonizing' that simulated a escape room type task where each partner had different clues to help complete the task. The dyads had to work together with their varying knowledge and information to solve the puzzle. Following the activity, two more simulation scenarios were presented (Table 11) in the same style used during the previous sections. Sets of dyads were formed and one set of dyads got to observe and score the interaction while the other role plays the scenario. Once the role play is over, they rate the degree to which they believe each person allowed the other to express themselves without interrupting or defending their own views before rotating with the other set of dyads. Feedback was given by the participants and the trainer following each scenario so that participants had the opportunity to build on the techniques being trained. A final time for

discussion and reflection concluded the training portion of the workshop.

Table 11

Joining & Harmonizing Simulation Scenarios

the BCBA	uctions: You will read the scenario then practice role-playing together. One partner will respond as BCBA and the other will act as the Teacher, Speech Language Pathologist (SLP), or the Occupational apist (OT).	
Scenario 1	Lennox is a 6-year-old boy who has an autism diagnosis and is currently enrolled in public school part-time and ABA part-time. Lennox's teacher says that he is very disruptive and when he is not provided with one-on-one support he will yell, throw papers/pencils, and slap peers to get teachers attention.	
Scenario 2	Sophia is a 4-year-old girl with an autism diagnosis that receives speech therapy services twice a week and full time ABA at a clinic in her community. The RBT's only required her to use two to three words when requesting things, but in speech she is required to speak in full sentences. Recently this has been evoking tantrums and escape-maintained behaviors when the speech therapist pulls out the cards that she has tact in full sentences.	

Post Training Simulation Scenarios

The training was evaluated through post-training simulation scenarios that were facilitated in the same way as in pre-training. The assessment included three scenarios (Table 12) that displayed the information forming the basis for the role plays. As in all the role plays, both participants were given a card that had different information on the circumstances affecting the client's situation. The three role plays took place consecutively and no feedback was provided in between. Simulations were video and audio recorded, and data was collected from recordings.

Post -Training Simulation Scenarios

Table 12

	Instructions: You will read the scenario then practice role-playing together. One partner will respond as the BCBA and the other will act as the Teacher, Speech Language Pathologist (SLP), or the Occupational Therapist (OT).	
	Scenario 1	Colton is a 4-year-old boy with an autism diagnosis. He attends kindergarten at a school in his community. He is in a full classroom and the school as provided the teacher with a para to help lighten to load. Recently the school had a new playground built and shortly after it was built, Colton started eloping from his classroom to go to the playground. However, this only happens when the para in the classroom is not there. This is a problem because when the para

	is gone the teacher cannot leave the entire class to go chase Colton and bring him back to class. The school offered for the BCBA to come help and the teacher agreed.
Scenario 2	Samantha is a 6yr old girl diagnosed with autism and significant motor delays. She receives ABA and occupational therapy at the same center she has been attending for 6 months. Samantha's parents have not received an update about her progress since she started. They have sent many emails asking for an update but got nothing in return.
Scenario 3	Judah is a 6yr old male client who is diagnosed with autism and apraxia; a motor speech disorder that makes it difficult to speak. He receives part-time ABA services in home and sees an apraxia specialist for speech sessions. Both the SLP and the BCBA are working on communication goals for Judah. There are concerns about whether Judah should use an augmentative alternative communication device, sign language, or vocal echoics as his main form of communication. There has also been tension on which sounds, and words are most beneficial for him to learn. The speech pathologist and BCBA are meeting to work out their concerns.

Post Training Survey

At the end of the workshop, the participants filled out a post-training survey (Table 13). Participants completed the adapted version of the survey from Reese (2021) and Bokyeong (2022) which included seven questions related to participant satisfaction, reflection, and feedback. A summary of the results from the post-training survey are shown in Table 14. The post-training survey was aimed at determining participants' perspectives on the quality and usefulness of the training workshop. Their anonymous responses showed that all participants were extremely satisfied with the training and extremely likely to implement what they learned. All participants that participated in the post survey concluded that they were satisfied with the training and reported that they believe they became more fluent in having dialogues. 100% of post-training survey participants reported that they would be extremely likely to implement Skilled Dialogue in future interactions with others. However, 100% also reported that they "somewhat likely" understood and utilized the 6 strategies of Skilled Dialogue. Participants highlighted learning perspective taking skills, ways to find value in others' opinions, importance of considering positionality, and being willing to hear an opposing narrative and appreciating the other perspective. All results from the post-training survey can be found in Appendix E.

Table 13

Post-Training Survey

How	caticfied	ara	VOIL	xxzith	tha	training?
HUW	sausmeu	arc	vou	willi	uic	uamme:

If comfortable doing so, list any benefits you think the training provided.

Do you feel like you became more or less fluent in having dialogues during the training? How so? What factors contributed to that change?

If you feel comfortable doing so, list and describe the skills to enhance communication between people of divese backgrounds and life experiences.

If comfortable doing so, describe how you think the training could be improved. Was there anything else you wish was covered? Was there anything you wish you could have spent more time on?

How likely are you to implement components of Skilled dialogue when interacting with others?

How well do you think you understood and utilized the 6 strategies of Skilled Dialogue?

Table 14
Summary of Participant Post-Training Survey Responses

Question	Response		
How satisfied are you with the training?	"Extremely Satisfied to Somewhat Satisfied"		
If comfortable doing so, list any benefits you think the training provided:	"be more aware of the language I use" "training helped me better understand how to use skilled dialogue to effectively, compassionately, and efficiently communicate" "it has given me tools to communicate with others in my personal life, whether to be to friends, coworkers, supervisors, etc."		
Do you feel that you became more or less fluent in having dialogues during the training? How so? What factors contributed to the change?	"I became more fluent." "The dialogues were where the learning actually happened." "the factors that contributed to this change were receiving examples of what correct dialogue would be, as well as receiving feedback on my dialogue during that one roleplay scenario."		
If comfortable, describe skills learned that will enhance communication between people of diverse backgrounds/ experiences:	"Engage in perspective taking." "Curiosity vs certainty ""collaboration over competition"" "my idea is better than your idea" to "we are both experts - what can we both bring to the table that best for this client?"" "importance of considering positionality in any conversation" "third ways" "how to better perspective take in conversation."		
If comfortable doing so, describe how you think the training could be improved. Was there anything else that you wish was covered? Was there anything you wanted to spent more time on?	"I am better equipped to have meaningful, impactful, compassionate conversations" "would have been really beneficial to receive more examples and non-examples of the target behaviors" "would have been helpful to see someone modeling skilled dialogue ""would have maybe done a better job if the training was not as long or it was split up!" "Could the role plays have also involved three or more people? The larger the party, the more diversity in perspectives"		

Question	Response		
How likely are you to implement components of Skilled Dialogue in your interactions with others?	"Extremely Likely"		
How well do you think you understood & utilized the 6 strategies of Skilled Dialogue?	"Somewhat Agree"		

Experimental Design

A multiple baseline design experiment was used to evaluate the effectiveness across strategy components: respect (welcoming & allowing), reciprocity (sense-making & appreciating), and responsiveness (joining & harmonizing) for each participant. In total there were three conditions. Each condition added layers of information from the previous sections in order to shape the responses in situations and build onto established skills. Each condition included 2-3 simulation scenarios (3 in pre-assessment, 2 in welcoming and allowing, 2 in appreciating & sensemaking, 2 in joining & harmonizing, 3 in post-assessment) for a total of 12 scenarios. Each of the six strategies were measured throughout the conditions in order to measure the changes in verbal response frequencies as new strategies were introduced in training.

RESULTS

Figure 1 displays a graph of the multiple baseline across training components for both dyads, all participants. This figure shows the number of welcoming, allowing, sense-making, appreciating, joining, and harmonizing statements that occurred before and after each skill was taught during each scenario by dyad. During the pre-training probes (simulation scenarios)

Samuel and Alex (Dyad 1) showed an increase in correct responding. Samuel emitted 1 welcoming response in each scenario and an average of 2 allowing responses but following the training on those strategies he was up to 5 welcoming and allowing responses. Alex had moderate rates of responding for welcoming and high rates of allowing in the pre-training probes and those remained consist throughout the training and post-assessment probes. Violet and Jean Grey (Dyad 2) showed an increase from their responding in baseline. For welcoming and allowing, Jean Grey's responding was variable but overall showed an increase while Violet showed a clear increase from pre-training probes to the post training probes. In baseline, three responses was highest number of allowing responses she demonstrated but following training she more than doubled that number, reaching seven correct responses.

During the pre-training assessment, Samuel and Alex (Dyad 1) showed low levels of sensemaking and appreciating (between 0-2 responses), but both significantly increased before those components were directly taught. This could be due to the beginning of the training portion; participants are given an overall introduction to each of the 6 strategies and perhaps just by the names 'sensemaking' and 'appreciating' the participants were able to incorporate their own version of those components into the conversation before being formally taught about what they are. Violet was emitting three or less sensemaking and appreciating statements in the pretraining assessment but those increase to four sensemaking and eight appreciating responses

following that portion of training. Jean Grey's responding is again, overall variable but showing a slight increase from pre-training to post-training.

Joining was increasing for both participants in Dyad 1 during the pre-assessment and occurred at higher rates as the training continued. In Samuel's first probe, there was no instances of joining, but following training joining was up to eight responses. For Alex, one instance of joining occurred in their first pre-training probe and got up to eight by the last post-training probe. Jean Grey's joining and harmonizing responses remained relatively steady throughout the pre- and post- while their partner Violet showed a clear increase starting with one instance of joining and finishing with five. Both participants in Dyad 1 harmonizing responses were nearly zero in the pre-assessment and increases to up to two regularly occurring instances of harmonizing. Harmonizing increased for all participants.

Figure 2 is an overall view of the components of Skilled Dialogue (e.g, Respect through Welcoming & Allowing, Reciprocity through Sensemaking & Appreciating, and Responsiveness through Joining and Harmonizing.) This graph depicts the overall increasing trend for all participants. Samuel and Alex had relatively higher rates of correct responding in the phases before training, but still showed an overall improvement. Initially Dyad 2 had lower overall rates of responding but responding gradually increased as training continued. Violet's data is a clearer illustration of the increasing trend while Jean Grey's data does not suggest as clear of a trend and involves a more detailed analysis to see the increase in responding. Figure 3 shows a breakdown of responding per scenario. This graph was included for a further analysis on why certain scenarios evoked more responding than others. In the pre-assessment all participant's showed low rates of responding and an increase in the post-assessment, apart from Alex's welcoming responses which started and remained high throughout the training.

Figure 1

Number of Verbal Responses across Trained Skilled Dialogue Strategies for Each Dyad

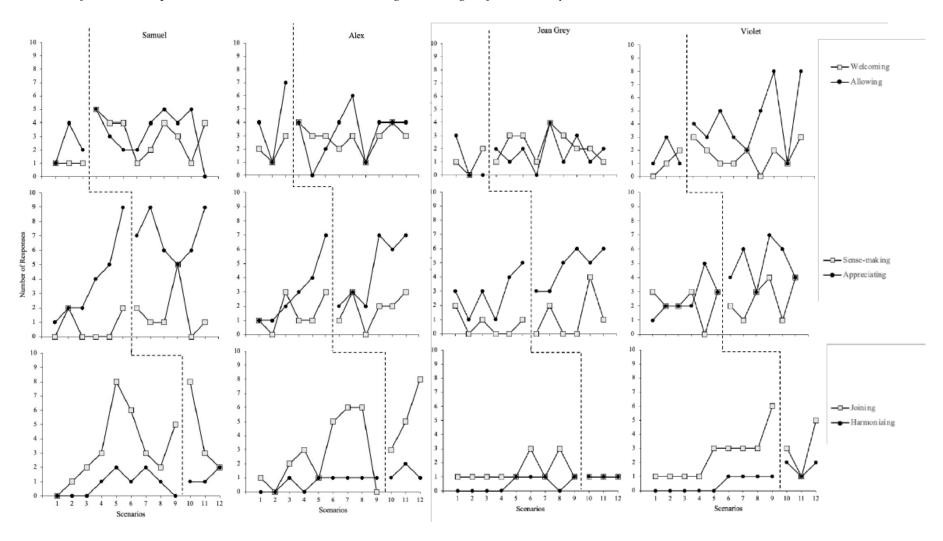


Figure 2

Number of Verbal Responses Across Trained Skilled Dialogue Components for Each Dyad

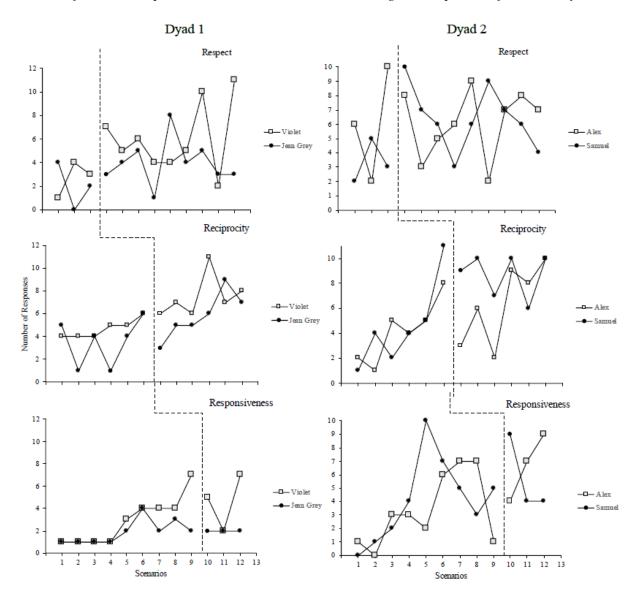
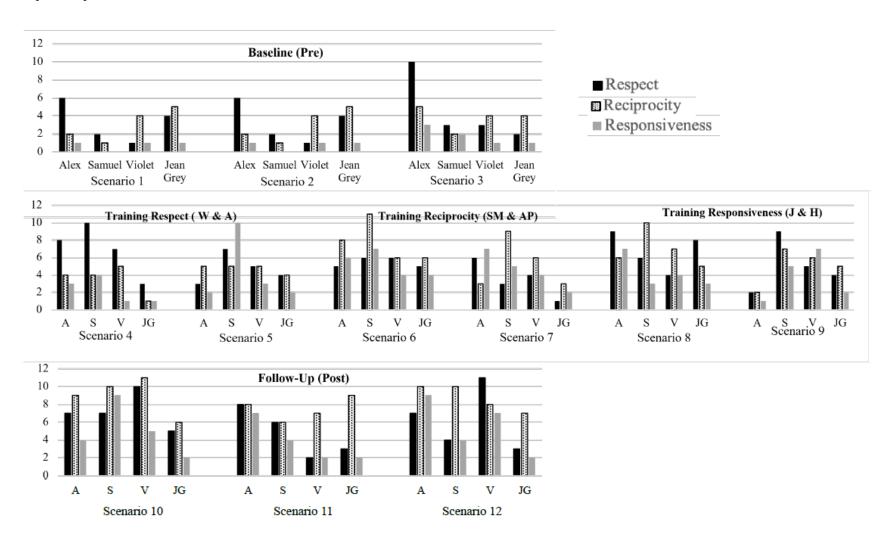


Figure 3

Responses per Scenario



Overall, all participants appropriate responding increased, showing that Skilled Dialogue Training was an effective method for increasing targeted verbal responses. All participants showed low to moderate levels of correct responding in baseline condition, but appropriate responding increased as the layers of training continued. Overall, the Skilled Dialogue training workshop was an effective method of increasing collaborative communication skills. Each category of responses increased and maintained throughout the duration of the workshop though all participants graphs show variability.

DISCUSSION

In the present study, four behavior analysts in training were taught to utilize the six strategies of Skilled Dialogue by laying a foundation of respect, reciprocity, and responsiveness. The purpose was to evaluate the effects of Skilled Dialogue training with a focus on interdisciplinary collaboration on participants' verbal behavior as related to the six strategies of Skilled Dialogue (welcoming, allowing, sense-making, appreciating, joining, and harmonizing). Skilled Dialogue was used because it is an existing and respected program to teach compassionate, collaborative, and culturally responsive care by focusing on positive contributions to communication and collaboration (Barrera & Kramer, 2017; Bokyeong, 2022; Reese, 2021). Additionally, it teaches how to deeply honor differences and hold multiple perspectives while still moving along with aligned action to find a third way.

This study aimed to replicate professional scenarios where speakers and listeners have different experiences and audience control, resulting in different perspectives and behaviors. Our goal with the study and the previous studies was to work to understand verbal behavior to the extent that we can predict the occurrence of specific instances, and eventually produce or control such behavior by altering the conditions in which it occurs (Skinner, 1957). Consequently, teaching the participants how to better interact by being better speakers and listeners and respond to a different audience in a way that benefits the child.

A multiple baseline across training components was used to illustrate the effects of the Skilled Dialogue training procedure on verbal behavior. The design in previous studies only allowed for one-on-one training. In the current study, we trained four participants together to allow for more efficient and synergic communication. As recommended by previous studies, the four participants learned the 6 strategies of Skilled Dialogue within a day-long training period.

The participants were identified as having little to no previous experience in Skilled Dialogue, but no participants were eliminated or selected based on the presence or absence of any preliminary skills. Thus, there is no likelihood that the skill acquisition was due to participant selection procedures. The results of the study indicated that all participants improved to some degree in their use of all six strategies of Skilled Dialogue and adds experimental data to support the more widespread use of Skilled Dialogue as an effective strategy to teach collaborative communication.

Strengths and Contributions

Within and the beyond the science of behavior analysis, research and practice might advance from these findings. In research, Skilled Dialogue can help researchers to conduct more ethical, inclusive, and impactful research, and can facilitate the translation of research findings into real-world applications and solutions. In practice, the benefits of using Skilled Dialogue are numerous, first implementing Skilled Dialogue will improve collaboration by enabling team members to work together in a more effective and productive way. When professionals can communicate clearly and openly, they are better equipped to share ideas, problem-solve, and make decisions collaboratively. Second, it will reduce conflicts that arise when professionals have different ideas or opinions about how to approach a particular issue by promoting a respectful and empathetic exchange of ideas. When professionals are able to listen to each other and understand each other's perspectives, they are more likely to find common ground and reach a consensus. Finally, enhanced learning is a huge benefit of Skilled dialogue and can be a valuable learning experience for professionals, enabling them to gain new insights and knowledge from each other. This study aimed to foster an enhanced learning environment by use simulation scenarios that were derived from real-life clinical experience. The use of these

simulations provided participants with an opportunity to learn, practice, and apply the skills in safe applied-like setting. One participant reported that these portions of the training were where the "learning really happened". When professionals engage in open and honest dialogue, they can share their expertise and learn from others in a collaborative and supportive environment. Overall, using Skilled Dialogue can help practitioners to build strong relationships with other professionals, promote collaboration, and achieve positive outcomes for their clients or patients.

Through this examination of Skilled Dialogue, our findings contributed to the literature by improving a process to create miracles. In previous studies, only one vantage point was presented, hindering participants from truly engaging in joining and harmonizing. One of the recommendations discussed in Bokyeong (2022) was having more conflicting scenarios by giving separate information about the client to each participant during the simulation scenarios. In this present study, addition to the simulations added a layer of conflict by creating different viewpoints, cross-disciplinary stances, and background knowledge that simulated real-life scenarios. This gave participants more opportunities to engage in all the targeted skills and provide more responses. The implementation of two different vantage points that needed to be harmonized set up participants to use all strategies and skills of Skilled Dialogue in order to come up with third ways. In addition, we encouraged participants to continue with the scenarios until they were completed to avoid the zero rates of responding described in the previous study.

The findings of this study contribute to the preparation of using simulations to teach Skilled Dialogue. This is an important contribution because it furthers the research methodology. The current study also addresses several issues from previous studies pertaining to variability, inter-observer agreement, design, participant responding, nonverbal behavior, generality, and more. First, we addressed Bokyeong's (2022) recommendation to increase the number of

participants for efficiency and synergic effect by doing a group training with four participants. We also included an activity in the simulation scenarios for participants to give each other feedback on whether or not what was communicated was received according to how the person intended it to be (e.g., the BCBA intending to engage in welcoming and allowing and making the SLP actually feel welcomed and heard). Additionally, since this was the first study conducted in person, we were able to use the video recordings to observe nonverbal cues that are critical for compassionate, collaborative and culturally responsive care, like eye contact, body posture, proximity, and used it as a reference before scoring videos but did not explicitly define or measure. Future studies could benefit from defining specific affect measures and scoring those as well.

Perhaps one of the most noticeable contributions this study made was improvements to the measurement code and interobserver agreement. The criteria for verbal episodes were refined by adding a sub-criteria that specified instances of change in the subject, that included specifics about the scope of a subject change. We also refined the measurement code by adding and adjusting the examples and nonexamples, changing the 'None' category to 'Other' in order to include appropriate statements that were made by the participants but did not fall into one of the six categories. We improved the criteria for Joining by allowing an expression of same goals and rephrasing problems from 'you/your' problem to 'we/our' problem. Harmonizing was also adjusted to include the suggestions and openness to different solutions, and invitation for further collaboration rather than just creating and deciding on a perfect solution. These adjustments as well as further adjustments to the observer training that included further discriminations about context and special situations, caused the interobserver agreement to range from an average of 88% to 100% compared to previous studies where the range was 85% to 99% (Bokyeong, 2022)

and 0% to 100% (Reese, 2021). By making these changes, we saw a significant behavior change in the results from adjustments made to the IOA training than that of the Skilled Dialogue training since all participants showed high variability in their use of the targeted skills.

Limitations and Future Research

Though some variability is to be expected, a deeper dive into the percentage of talking vs listening, the clinical experience of the participant's, the progression and practice throughout training, trainer input and participation, and the coding system could provide further refinement of the methods. For instance, in some scenarios responding appeared to be lower for one participant due to them spending more time listening (allowing) than talking. In scenario nine, Alex had a total of fifteen verbal episodes while Samuel has twenty-seven, due to the nature of the scenario being appropriate to allow more listening to occur than speaking. It also seemed that anecdotally, participants behaved different when they played the role of the behavior analysts versus the alternate discipline role (SLP, OT, Teacher). Not only could certain scenarios be adjusted to create more opportunities for all six strategies to be utilized and to start with a BCBA to BCBA in conversation, but the code would benefit from being adjusted to account for more listener behavior and possibly analyze the percentages of total vocalizations. Future studies would benefit by adjusting the measurement system to include more listener behavior but also include an added measures for the listener to score and count interactions themselves. This way, after the interaction, the speaker and listeners could score whether what was said was received as it was intended to. This could also be done by having additional 'judges' watching and scoring the interactions.

The role of the trainer may also be an area to further analyze. In previous studies, the trainer was the partner in the simulation scenarios possibly guiding conversation in a way that

would create opportunities for participants to use all six skills. In the current study, the role of the trainer changed to not being one of the participants engaging in the dialogue, to shifting to give feedback to the participants. First, the trainer not being part of the simulations, did not allow for contrived opportunities for participants to implement all skills. In addition, the participants were behavior analysts in training and sometimes had limited knowledge from clinical experience to contribute to the conversation, making conversations short, hence creating fewer verbal episodes and less to score. Also with their being only one trainer, Dyads were not able to receive feedback every time because the simulations were happening in different rooms synchronously and the trainer could not be in both places at once. Future studies might find it useful to practice all together and get group feedback from trainer and participants because also anecdotally, it seemed that some participants were self-conscious being observed to get feedback and doing it as a group may alleviate some of the pressure.

Another reason for the variability could be due to the sequence of the training. After the pretraining assessment scenarios are done, participants are given an overview what the 6 strategies of Skilled Dialogue are before getting explanations and examples/nonexamples of each section. After the overview, Dyad 1 showed increased responding in sensemaking and appreciating before that portion was directly taught. This could be due to the fact that learning the labels could have functioned as an instruction before being formally taught and practiced. Additionally, in future studies it might be better to teach and explain all skills and then have participants practice them all together in context rather than pulling them apart and making them contextually incongruent. Doing this would not only improve the sequence of training but also the instructional design. For example, instead of doing a multiple baseline across training components, in future studies it might be better to train the six strategies in context starting with

low conflict before increasing to more complex situations in order to shape participant responding and practice while doing a series of probes throughout. This way, it could be a multiple baseline design across levels of conflict.

Frequency of verbal statement was the primary measure in this study. This might be problematic for several reasons. First there are no aims for understanding what frequencies are desirable. Second, it does not take into account the quality nor the effect on the listener.

Measures judge ratings (as mentioned earlier), self-evaluations and physiological measures (such as heart rate and galvanic skin response) are additional variables that could be examined in future studies.

Skilled Dialogue was specifically developed to take into account different disciplinary backgrounds, perceptions of disciplines, positionality, and perception of how you perceive your own discipline versus how others do. However, the current study only focused on collaboration across disciplines and how differences in knowledge and approach can be barriers to collaboration. We highlighted different disciplines seeing a child doing different things and having different goals. This is only part of the problems with collaboration, there are many other aspects of positionality to consider. Future research might start with BCBA-to-BCBA collaboration before moving to other interdisciplinary collaboration and then could address power dynamics and biases due to age, gender, race, language, accent.

Gender identity and inclusiveness is gaining more attention (Capriotti & Donaldson, 2021; Conine et al., 2021; Leland & Stockwell, 2019; Morris et al., 2021). It is evident that behavior analysis needs to move towards reinforcing behaviors that promote justice, gender equality, and support (Baires and Koch, 2020). Future research could benefit from focusing on differences in gender and seeing how the dynamic changes when the interaction between

different genders in relation to power imbalances. Power imbalances affect interactions, especially in colonial relationships that tend to be controlled by the service provider and create the potential for exploitation (Fawcett, 1991; Pritchett et al., 202). Anecdotally, we can report that some of these demographic differences, such as gender and ethnicity were present during training and may have affected the interaction, but that was not the focus of the present study, and we did not measure or control for them explicitly. Both of these would be interesting variables to explore in future studies.

Finally, future studies would benefit from acting on the participant feedback to break up the training into shorter periods for more days rather than a full day of training. This would help with participant fatigue as well as the trainer feeling rushed to get through the training in one day and participants missing out on meaningful discussions and feedback opportunities.

Implication and Conclusion

In conclusion, the present study demonstrated the efficacy of the Skilled Dialogue

Training procedure with 4 adult participants through the implementation of respect through
welcoming & allowing, reciprocity through sensemaking and appreciating, and responsiveness
through joining and harmonizing which decreases conflict and increases client-centered
collaboration. The study results showed that all four participants improved their use of the six
Skilled Dialogue strategies. This study provides evidence to support previous experiments (i.e.,
Bokyeong, 2022 & Reese, 2021) and continues to improve the instructional design, training
procedure, and system of evaluation. Not only does this single subject analysis continue the
evaluation of the teaching procedures and measurement system but it adds experimental data to
support the more widespread use of Skilled Dialogue. As in previous studies, the participants
reported satisfaction and a high likelihood to implement the training, meaning the results of the

training workshop could potentially generalize and maintain over time. Together these findings support the use of Skilled Dialogue by providing additional data on operationalizing and teaching a Skilled Dialogue skillset. We encourage the evaluation of Skilled Dialogue and the continued pursuit of finding mutually respectful solutions to contradictory problems.

APPENDIX A SCENARIO PERSPECTIVE CARDS

THOMAS

Pre-Test Scenario 1 - OT Card

Thomas is a 7yr old boy diagnosed with Autism. He receives ABA in a clinic full time and does OT and speech sessions throughout the week. Thomas has limited communication skills and often has a hard time communicating his needs. He is typically a happy kid but during Thomas's OT sessions, he often cries and appears to be experiencing lats of discomfort during activities. He has been doing OT for a month now and cries majority of the session. He always calms down once OT is over and he is able to leave OT.

You are Thomas's Occupational Therapist and are relatively new to working with Thomas. You realize that Thomas does cry a lot during your sessions and despite your best efforts to caim him down, he continues to cry. You've had previous clients who have cried when you presented work to them, but they were just trying to get out of doing work. In the past, you've just continued to work through it until the crying finally stops and after that everything has worked out. You suspect that is what Thomas is doing, You figure it will just be best to keep working through until the crying stops. Also you have a long waitlist and Thomas's has been on it for awhile. If he does not stop the crying, you'll have to move forward with another client until thomas is ready. But you do not want to do that because Thomas's mom was not very patient while he was on the waiting list. However, you are starting to wonder if Thomas really must not want to do the work at all, because all of your other clients did not cry this long. You are started the set of the work at all, because all of your other clients did not cry this long. You are started the set of the work at all, because the set of the set of the crying set of the set

The BCBA has asked to meet with you about Thomas's behavior in OT and you are nervous because you do not know what to say or how to manage it.

- · Thomas is a new client
- · You are still getting used to working with him
- You have tried everything to get him to stop crying
- You have seen previous clients use crying as an escape
- You cannot bill insurance for OT when he is not doing any OT
- You really need Thomas to get it together so you do not have to replace him with a new client until Thomas is ready
- You keep trying to push him because you do not want to discharge him and out him back on the waiting list.
- . If he gets put back on the waiting list mom will be upset with you

THOMAS

Pre-Test Scenario 1 - BCBA Card

Thomas is a 7yr old boy diagnosed with Autism. He receives ABA in a clinic full time and does OT and speech sessions throughout the week. Thomas has limited communication skills and often has a hard time communicating his needs. He is typically a hoppy kid but during Thomas's OT sessions, he often cries and appears to be experiencing lots of discomfort during activities. He has been doing OT for a month now and cries majority of the session. He always colms down once OT is over and he is able to leave OT area.

You are Thomas's BCBA who has seen him do many sessions at the table, working on all kinds of different targets. After getting to know Thomas for some time, you know that not many things upset him but when he does get upset, he is usually trying to communicate something. When you see Thomas upset in OT you get a little worried that the occupational therapist is not being responsive to what Thomas is communicating. You do not want to interrupt his session with the occupational therapist since Thomas only gets limited time with them already, but you also don't like to see Thomas upset for that long.

You arrange a meeting with the OT about Thomas's behavior during OT

- · You have been his BCBA for awhile
- · He is usually a happy kid
- When he does cry, he is usually trying to tell you something and you are not understanding
- . It is concerning to you that Thomas cries during OT
- . You do not know the OT very well and don't want to step on her toes

DEMARCUS

Pre-Test Scenario 2 - Teacher Card

Demarcus is a 8-year-old boy diagnosed with Autism and ADHD. He attends school full time in a general education classroom in his community. The teacher and BCBA are meeting <u>before</u> the next steps are taken in an ARD IEP meeting (Admission, Review, and Dismissal for Individual Education Plans) where the committee will discuss a proposal to remove Demarcus from his current classroom. This is because the teacher feels he is disruptive (ripping up materials, taking materials from other students), lacks comprehension, and reading skills, and is not at the same level as his classmates.

Demarcus is a student in your second-grade class. He often is disruptive and needs lots of extra help when it is time to start reading readiness activities and doing independent work. It is not unusual for Demarcus to scream, play with/crumple his paper, and recently has even started bothering other students. You have a hard time keeping him on task since you have 20 other students in your class. You also have two other children in the classroom with disruptive behavior and Demarcus tends to be the one to set them off. It is a very stressful situation to just manage the boy's behavior but in addition there is pressure on you from the administration to teach all your students to read before testing begins in third grade.

The BCBA has asked to meet with you about Demarcus progress in class and you aren't sure what to expect.

- Demarcus is a student in your class.
- Below grade level and needs lots of extra help
- Disruptive: screams, crumples paper, and bothers other students.
- · You have 20 other students in your class.
- · Two other children with disruptive behavior, Demarcus sets them off
- · Administration pressuring you to teach reading before testing

DEMARCUS

Pre-Test Scenario 2 - BCBA Card

Demarcus is a 8-year-old boy diagnosed with Autism and ADHD. He attends school full time in a general education classroom in his community. The teacher and BCBA are meeting_before.the next steps are taken in an ARD IEP meeting (Admission, Review, and Dismissal for Individual Education Plans) where the committee will discuss a proposal to remove Demarcus from his current classroom This is because the teacher feels he is disruptive (ripping up materials, taking materials from other students), lacks comprehension, and reading skills, and is not at the same level as his classmates.

You are Demarcus' BCBA and through working with him at home, you've observed that with the home RBTs (Registered Behavior Technicians) Demarcus can read on-level books, answer comprehension questions, and complete worksheets for independent work. He sometimes has trouble sitting during these activities and the RBTs give him frequent breaks following earning tokens. You, nor the RBTs have observed material destruction or screaming. You have not observed in the classroom, but there is pressure on you to fix the situation from the mother who has reported that the teacher is unfair and doesn't accommodate to Demarcus' needs.

You set up a meeting with the teacher because mom wants you fix the problem with the teacher.

- You working with him at home
- Demarcus can read, answer questions, & do worksheets
- · Sometimes has trouble sitting
- RBTs give him frequent breaks following earning tokens.
- Never have seen material destruction or screaming.
- · You have not observed in the classroom,
- Pressure from the mom
- Teacher is unfair and doesn't accommodate to Demarcus' needs.

JOSHUA

Pre-Test Scenario 3 - BCBA Card

Joshua is a 3-year-old boy diagnosed with autism. He engages in severe echolalia, echoing nearly everything said in his presence, and rarely engages in other verbal operants like mands, tacts, and intraverbals. Joshua receives speech services throughout the week at an outpatient speech center. There has been an upset about intervention plans for Joshua's echolalia interfering with his right to habilitation and effective treatment, and the desires of the parents.

You are Joshua's BCBA and have you written interventions to reduce (not eliminate) echolalia and increase functional language. You think this will be a great goal for him and are excited about how much he will progress in other areas with increased functional communication. You have met with Joshua's parents, and they have never explicitly stated that they would like to decrease his echolalia as a goal but have just accepted it as something Josh does, and they don't think it will ever change. They have made comments about how it can be embarrassing when he repeats things he shouldn't or sometimes he won't be quiet when they need him to be.

His outpatient speech therapist has asked to talk to you about your intervention goals for Joshua, she does not like that you are working on reducing his echolalia.

- · Your interventions are to reduce echolalia and increase functional language.
- · You did not specifically ask parents about working on this goal/
- SLP asked to talk to you about your goals for joshua
- SLP mentioned they do not like that you are working on reducing his echolalia, you have no
 idea why. You think it is a great idea.

JOSHUA

Pre-Test Scenario 3 - SLP Card

Joshua is a 3-year-old boy diagnosed with autism. He engages in severe echolalia, echoing nearly everything said in his presence, and rarely engages in other verbal operants like mands, tacts, and intraverbals. Joshua receives speech services throughout the week at an outpatient speech center. There has been an upset about intervention plans for Joshua's echolalia interfering with his right to habilitation and effective treatment, and the desires of the parents.

You are the SLP. You do not know much about ABA except for what you've read online from the perspective of the autistic advocates who went through ABA. Joshua has been a client of yours for a long time and when you hear that the BCBA is trying to reduce his echolalia you think "that they have no right to change the way he talks because that is how he expresses himself. To you, if feels like the BCBA is using ABA to force him to change himself" You plan on expressing this to the BCBA in your meeting.

You arranged a meeting to talk with the BCBA about their intervention goals for Joshua, You do not like that they working on reducing his echolalia.

- . You do not know much about ABA
- · You've read from the perspective of the autistic advocates who went through ABA.
- · Joshua long time client of yours who you have developed a good relatioshsip with.
- You think the BCBA is overstepping and has "no right to change the way he talks because that is how he expresses himself."

You arranged a meeting to talk with the BCBA about their intervention goals for Joshua, You do not like that they working on reducing his echolalia.

JEFFREY

Welcoming & Allowing - OT Card

Jeffery is an 8-year-old boy who is diagnosed with Autism and ADHD. Jeffrey attends ABA full-time and receives occupational therapy throughout the week. Recently he is having trouble sitting still and is fidgeting so much that he can't complete the tasks given him. Because of this he just got a new sensory diet implemented by his Occupational Therapist.

You are the occupational therapist at the clinic Jeffrey attends. During your session with Jeffrey this morning you notice that he is having trouble sitting still and is fidgeting so much that he can't complete the tasks you're giving him. In your experience and training, the way the combat fidgeting and wiggling is through sensory input. You have seen sensory diets with increased postural support, weighted vest and ankle weights help clients in the past. Before implementing one for Jeffrey, you reference your OT textbook where it talks about sensory diets then decide what will be appropriate for Jeffrey. Once you find the right weights you out them on Jeffrey and he finishes OT without any more interrupting fidgets. You tell his RBT to continue the sensory diet for the rest of the week and send a schedule and a log for the rest of the RBT's to read, implement, and monitor changes. You make notes about these changes in his client folder

The BCBA has asked to meet with you regarding his sensory diet and you realize you never told them about it. You figure it is not a big deal since it isn't hurting him by doing it.

- Jeffrey is having trouble sitting still and is fidgeting so much that he can't complete tasks
- · You do you research to find the right sensory diet for him
- You inform Jeffrey's team about the sensory diet and how to implement it
- You forgot to talk to BCBA

JEFFREY

Welcoming & Allowing - BCBA Card

Jeffery is an 8-year-old boy who is diagnosed with Autism and ADHD. Jeffrey attends ABA full-time and receives occupational therapy throughout the week. Recently he is having trouble sitting still and is fidgeting so much that he can't complete the tasks given him. Because of this he just got a new sensory diet implemented by his Occupational Therapist.

You are Jeffrey's BCBA and when you are in supervision with Jeffrey and notice him wearing the vest/ankle weights. The RBT fells you that the OT provided the weights during his OT session that morning, along with a schedule for Jeffery to wear them regularly. You did not realize that his fidgeting had gotten this disruptive.

In your training, the intervention for fidgeting would be offering Jefferey the option to stand, reinforcing sitting in smaller increments, or modeling a calm body with least to most prompting You do not have a problem with a sensory diet being implemented but as Jeffery's BCBA, you wish the OT would have talked with you before implementing it. You have never spoke with the OT before and do not want them to feel like you are questioning their judgement, but you do want to discuss the details of the sensory diet with the OT before implementing it on a regular basis.

You create a meeting to talk with the OT about the new sensory diet

- You did not realize that his fidgeting had gotten this disruptive.
- You have different training than the OT.
- You have never spoke with the OT before and do not want them to feel like you are
 questioning their judgement

FLIANA

Welcoming & Allowing - SLP Card

Eliana is a shy 5-year-old girl diagnosed with autism and has a minor speech delay. She has been attending an ABA center full time for the last year. An opportunity has opened up for Eliana to begin speech services. She recently did her assessment and scored lower than what is typically expected.

You are Eiliana's new speech therapist and have seen her in passing throughout the center but never spent any time with her. You know that Eliana has been on the waiting list for a long time and that her BCBA has been working on some communication targets. Her BCBA has been with her for years and you know she has an oddly close relationship with the family, and you've heard from RBT's that they wonder if their relationship clouds her reality about Eliana's abilities.

When you did Eliana's assessment you thought she was a very smart child when she talked, however she did not talk much. She did lots of pointing and was very shy when you tried talking to her. Though you do think she is probably more capable than what she demonstrated, you score her based on the skills she exhibited during the eval. You figured it was probably better that way because the center director has been pressuring you about keeping up with billable hours since the center lost so many clients recently.

You arranged a meeting with the BCBA to update her about Eiliana's speech assessment.

- · You are new to working with Eliana.
- · Her BCBA and the family are really close.
- · You've heard the BCBA may have unrealistic expectations.
- She was shy during the assessment but you scored her accurate to the skills she demonstrated.
- · It also helps the centers billing problems because you are able to see her more,

ELIANA

Welcoming & Allowing - BCBA Card

Eliana is a shy 5-year-old girl diagnosed with autism and has a minor speech delay. She has been attending an ABA center full time for the last year. An opportunity has opened up for Eliana to begin speech services. She recently did her assessment and scored lower than what is typically expected.

You have been her BCBA for years and are very close with her family. She has never been able to qualify for Speech services because the speech dept has always had a long waltilist. Recently the main speech therapist quit and lots of clients left with her. With all the clients leaving, it means that Eliana can get speech services. After her eval with the speech therapy assistant, you notice that she scored very low on her speech eval and think it is incorrect because you know how advanced her language skills are. You've been with her a long time and have seen her use a full sentence when communicating. It would be awful to see her get held back.

Also, you overhear the other SLP talking about how the center director is upset about the lack of billable hours. Because of this, you suspect that the speech therapist might have scored her lower than she belongs to get more hours to bill. You have never really talked to the speech therapist and don't know much about her. What do you do?

You have a meeting with the SLP next week and are unsure about what to do.

- · You have been her BCBA for years and are very close with her family.
- · She scored lower than you think she should have on her speech eval.
- · You've heard her speak in full sentences.
- · You don't want her to get held back
- Because of what you heard, you wonder if the SLP scored her low on purpose.

AMELIA

Welcoming & Allowing - Teacher Card

Amelia is a 4-year-old client diagnosed with autism. She is in a gen-ed classroom at a public school in her community. She struggles to make friends at school. When it is time for recess Amelia often hides or runs away from peers who try to interact with her. The principal was at recess one day and noticed Amelia all alone, so you mention that she struggles to make friends but it's something you are helping her with.

You have been a teacher for over 20 years and have had many students that struggled to make friends. The principal of the school and asked the school's new BCBA to come observe your class and offer suggestions to help. It's not that you don't want help but you feel like you have it under control right now and the BCBA's that have come to your classroom in the past usually just sit back, watch, and take notes. Most of their suggestions don't work or are unrealistic to do with your other students. They often end up quitting before any real change happens. You don't see any reason this BCBA will be any different and wish that the principal would have asked your opinion first. So on the first day of observation, you let the BCBA know that you did not approve of them being in your classroom and that every BCBA you've ever had to work with have been extremely difficult.

The BCBA has asked to meet with you after school is over and you are not looking forward to it.

- You have way more experience than this new BCBA
- You have the situation with Amelia under control.
- You know how to do your job and don't need help.
- . BCBA'S you've worked with in the past have been unhelpful and a waste of time

AMELIA

Welcoming & Allowing - BCBA Card

Amelia is a 4-year-old client diagnosed with autism. She is in a gen-ed classroom at a public school in her community. She struggles to make friends at school. When it is time for recess Amelia often hides or runs away from peers who try to interact with her.

You are a BCBA who recently moved to the area and have experience working in early intervention clinics and are completely new to working in a school district. You are super excited to start in a new environment and get to know your new clients. Right now, you do not have many clients and are doing observations in classrooms on an as needed basis. On your first day of observation, the teacher lets you know that they do not approve of you being in the classroom and that every BCBA they have ever had to work with has been extremely difficult.

You set up a meeting to talk to the teacher after class about her issues with you. You are not sure what to expect from this.

- You are new to working in school districts
- You have been assigned to Amelia because she has trouble making friends.
- . Amelia's teacher made it very clear they do not want you in their classroom.
- It sounds like they have a bad history with BCBA's
- You're hoping they will give you a chance to do your job without having to involve upper administration.

RAYA

Sense Making & Appreciating - OT Card

Raya is a 4-year-old child with a diagnosis of moderate autism spectrum disorder. She attends ABA in a clinic full time and does OT sessions throughout the week. Her parents report she has difficulty sustaining attention and that she presents with impulsivity, along with speech and fine motor delays. Her mother emails you and the OT to share that one of their goals is to get Raya to feed herself independently and that she would like that to be something you both work on.

As an Occupational Therapist, you know that a child with cognitive impairments or unsatisfied sensory needs can impact attention and focus leading to safety concerns, decreased independence, or limited coordination and functional ability to self-feed. You have worked on independent feeding skills with tons of children but knowing that every child is drastically different with temperament, environment, likes/dislikes, sensory needs, cognitive level, and motor skill, you do your research on the myriad interventions that could work for Raya. You know that Raya will need good hand-eye coordination to scoop, poke, and cut food, and to bring utensils to the mouth without getting distracted. So, you tell her mother that you will start doing some hand-eye coordination agames with Raya.

You also know that extra time, a structured, quiet environment, food preferences, cue cards, and limited number of choices are going to be very important when going into meals. You share with the mother that you are prepared to provide preparatory sensory integration and sensorimator activities (i.e. heavy work, vestibular feedback activities on dynamic and/or suspended equipment) to help Raya accomplish her gools.

Her mother is so grateful that you both are confident Raya will be able to easily meet this goal but is concerned about using two different approaches because she does not want to confuse Raya. She has asked that you and the BCBA coordinate together on an approach to help Raya succeed.

You arrange a meeting with the BCBA to address the mothers concerns.

- · You do not have the same training as the BCBA
- You would like to use a different approach and have lots of experience in this area.
- You do not think the BCBA approach will get Raya to accomplish her goals.
- You've never worked together on a goal like this, especially with someone from a different discipline.

Sense Making & Appreciating - BCBA Card

Raya is a 4-year-old child with a diagnosis of moderate autism spectrum disorder. She attends ABA in a clinic full time and does OT sessions throughout the week. Her parents report she has difficulty sustaining attention and that she presents with impulsivity, along with speech and fine motor delays. Her mother emails you and the OT to share that one of their goals is to get Raya to feed herself independently and that she would like that to be something you both work on.

As a seasoned BCBA with a background in the principles of behavior. You have seen many different approaches to this skill including using positive reinforcement, shaping, & errorfess learning. All of these have work perfectly to teaching independent eating skills.

The OT responds to Raya's mom's email saying that they will use their time in OT to work on her motor skills around eating by using preparatory sensory integration, sensorimotor activities, adapted utensils and hand-eye coordination games. Even though the OT seems excited about the approaches, you do not see how that approach would get Raya to accomplish the goals her parents have set. You respond to the email and stating the approaches typically used in ABA to increase independent skills.

The mother is so grateful that you both are confident Raya will be able to easily meet this goal but is concerned about using two different approaches because she does not want to confuse Raya. She has asked that you and the OT coordinate together on an approach to help Raya succeed.

The OT set up a meeting with you to address the mothers concerns.

- · You do not have the same training as the OT
- You would like to use a different approach.
- You do not think the OT approach will get Raya to accomplish her goals.
- You've never worked together on a goal like this, especially with someone from a different discipline.

ANDREW

Sense Making & Appreciating - Teacher Card

Andrew is a 5-year-old boy who is diagnosed with ADHD and has recently received autism diagnosis. He is enrolled in a gen-ed public school classroom with 25 other students. Andrew has recently started yelling at seemingly random times. Typically, they are short, loud outbursts that are disruptive to the classroom. If his teacher does not acknowledge is yelling it often escalates into a tentrum. The school has a BCBA on staff for behavioral support and administration has requested the BCBA come to the classroom to help.

Before the BCBA's observation, they stop by your classroom to introduce themselves and ask you to take ABC data on the yelling. The BCBA also offers a few suggestions on how to handle the yelling until they have time to come to supervise, including ignoring him until he stops. You feel uncomfortable with ignoring the behavior as it often gets worse and becomes a larger disruption than it would have if you acknowledged him. There are 26 kids in your kindergarten class and Andrew is only one of the boys who are disruptive in your class so when he escalates it can get out of control.

You want to help the BCBA get a better picture of why the behavior is happening but the methods the BCBA assigned for taking data on Andrew's behavior seem unrealistic as you do not always have time to do it with an already full class. You are starting to feel burnt out and that the BCBA's recommendations are not relevant to your teaching goals. Because you have a full class to manage, you have not been implementing any of the strategies the BCBA recommended or taking data. You wish the BCBA took more time to understand the situation you are in.

The BCBA has arranged a meeting with you after school to talk about what is happening in class.

ANDREW

Sense Making & Appreciating - BCBA Card

Andrew is a 5-year-old boy who is diagnosed with ADHD and has recently received autism diagnosis. He is enrolled in a gen-ed public school classroom with 25 other students. Andrew has recently started yelling at seemingly random times. Typically, they are short, loud outburst that are disruptive to the classroom. If his teacher does not acknowledge is yelling it often escalates into a tantrum. The school has a BCBA on staff for behavioral support and administration has requested the BCBA come to the classroom to help.

You are the school district's BCBA hired to offer behavioral support to the teachers. You've heard from the administration about Andrew's disruptive behaviors but have not yet had a chance to directly supervise him. Currently you have an overly full coseload, and a student yelling is not a priority for you when you have other students who are aggressive and causing harm in their classrooms.

However, you do not want the teacher to feel unsupported, so on your way out one day you stop by Andrew's teacher's classroom to introduce yourself and ask his teacher to take ABC data on his yelling so you can have a better idea of what is going on from the teacher's perspective. It will also make your work a little easier if she gets some data written down. You also offer the teacher a few suggestions on how to handle the yelling that you think will work to decrease his behavior.

A few weeks later during your first supervision session, you notice that the teacher has not taken any ABC data and is not implementing any of the strategies you recommend. She often gets defensive when you try to ask why or how you can help.

You arrange a meeting with her one day after school to talk about the lack of data.

- You have 25 other kids in your class
- What the BCBA suggests is uncomfortable and has not worked yet.
- When Andrew escalates it often creates an escalation among the entire classroom
- You do not have the time or motivation to take data for the BCBA
- You wish the BCBA took more time to understand the situation you are in.
- You have an overfull caseload
- Yelling is not a priority for you.
- You can't help the teacher if they won't take data or follow your suggestions

LENNOX

Joining & Harmonizing - BCBA Card

Lennox is a 6-year-old boy who has an autism diagnosis and is currently enrolled in public school part-time and ABA part-time. Lennox's teacher says that he is very disruptive and when he is not provided with one-on-one support he will yell, throw papers/pencils, and slap peers to get teachers attention. A BCBA has been sent to your classroom and you need them to 'fix the problem' with Lennox since you have so many other students to care for.

You are the school appointed BCBA and have seen Lennox's classroom behavior. Unfortunately this is a problem in a few other classes and there is no where else Lennox can go.

The teacher has made it very clear that they have tried everything they know to help Lennox so he is now "your problem" and that they are desperate for you to fix it. Your first impression of Lennox is teacher is that they are not willing to put in any extra for Lennox to succeed in the class and though you agree that he might do better in another class, that is not an option right now. You also sense that the teacher is so stressed that she is not able to cope with doing anything more for Lennox. Both of you agree there is a problem that needs a solution.

The teacher set a meeting with you after school to talk about Lennox's future in the class.

- You do not appreciate the teachers attitude towards Lennox
- Referring to him as "a problem that needs to be fixed" is a problem to you.
- · All other classes are the school are full
- · You want to help relieve the teacher stress because you think Lennox might feed off of that
- You want to be mindful of the other students as well

LENNOX

Joining & Harmonizing - Teacher Card

Lennox is a 6-year-old boy who has an autism diagnosis and is currently enrolled in public school part-time and ABA part-time. Lennox's teacher says that he is very disruptive and when he is not provided with one-on-one support he will yell, throw papers/pencils, and slap peers to get teachers attention.A BCBA has been sent to your classroom and you need them to 'fix the problem' with

Lennox since you have so many other students to care for.
You are Lennox's teacher and have expressed to the BCBA that Lennox is very disruptive and is holding the rest of his class back because you spend so much time focused on him. When he is not provided with one-on-one support he will yell, throw papers/pencils, and slap peers to get teachers attention. You have a completely full classroom and do not have the time, knowledge or headspace to deal with Lennox.

In your opinion, Lennox was not ready to be in your class and his disruptive behavior is making the other students suffer and he is only here part time since he goes to ABA so it is often hard for him to follow classroom routines. It's hard for you to do anything extra for Lennox because you have 20 other kids you are supposed to be teaching. You often feel like you have to choose between keeping Lennox calm or teaching the rest of your students, usually you have no choice and have to spend most for your time with Lennox.

spend most of your time with Lennox.

In addition, the administration is expecting you to teach all the kids to read since state testing is coming up soon. You wish the administration would find a different classroom for him or provide you an aid to deal his challenging behavior. You and the BCBA agree there is a problem that needs

You arranged a meeting with the BCBA after school to talk about removing Lennox from your class.

- You have other kids in your class, Lennox is holding them back
- . Lennox does not have the correct skills to thrive in your classroom
- . You are hurting the other students by spending all your time with Lennox
- · You are supposed to be teaching all the kids to read so they pass state testing
- If your whole class fails, it would look bad on you and you could lose your job

SOPHIA

Joining & Harmonizing - SLP Card

Sophia is a 4-year-old girl with an autism diagnosis that receives speech therapy services twice a week and full time ABA at a clinic in her community. The RBT's only required her to use two to three words when requesting things, but in speech she is required to speak in full sentences. Recently this has been evoking tantrums and escape-maintained behaviors when the speech therapist pulls out the cards that she has tact in full sentences

You have a very full caseload and are needing to move clients off of your caseload in order to lighten your stress and workload. You have seen Sophia make good progress and wont her to keep up being a fast learner so even though during ABA she is only required to use two to three words when requesting things, in speech you require her to speak in full sentences. You have been working with Sophia for a long time and have been working your way up to full sentence mands for some time now, but she has recently begun engaging in tantrums and escape-maintained behaviors when you pull out the cards that she has tact in full sentences. Since the tantrums just recently started, you don't think it is a good enough reason to lower your expectations for Sophia. It is important to you that she keeps learning and making fast progress to move from your caseload.

 $\label{thm:continuous} The BCBA\ arranged\ a\ meeting\ with\ you\ to\ talk\ about\ Sophia's\ progress\ and\ behavior\ in\ speech.$

- Your caseload is overfull.
- · You need Sophia to progress quickly to get her off your caseload.
- She seems to try to be escaping from tasks by crying and whining
- You do not plan on reinforcing her behavior by letting her do something else

SOPHIA

Joining & Harmonizing - BCBA Card

Sophia is a 4-year-old girl with an autism diagnosis that receives speech therapy services twice a week and full time ABA at a clinic in her community. The RBT's only required her to use two to three words when requesting things, but in speech she is required to speak in full sentences. Recently this has been evoking tantrums and escape-maintained behaviors when the speech therapist pulls out the cards that she has tact in full sentences

You are Sophia's BCBA, currently your goals for her are to use two to three words when requesting things. But Sophia's RBT tells you that in speech she is required to use full sentence. You think that is a great goal for Sophia, but you have never seen her display that kind of repertoire. Then the RBT tells you that saying that this has been causing Sophia to have tantrums and you worry that the expectations during speech are too high. You really do not want the speech therapist to think you are questioning her but feel that a conversation should be had when your client is in distress.

You arranged a meeting with the SLP to talk about what is happening during speech. $\label{eq:speech}$

- You think the goals set for Sophia are ambitious
- You worry about Sophia being in such distress during speech
- You suspect that the SLP's expectations are too high

COLTON

Post -Test Scenario 1 - BCBA Card

Colton is a 4-year-old bay with an autism diagnosis. He attends kindergarten at a school in his community. He is in a full classroom and the school as provided the teacher with a para to help lighten to load. Recently the school had a new playground built and shortly after it was built. Colton started eloping from his classroom to go to the playground. However, this only happens when the para in the classroom is not there. This is a problem because when the para is gone the teacher cannot leave the entire class to go chase Colton and bring him back to class. The school offered for the BCBA to come help and the teacher agreed.

You are the BCBA assigned to visit Colton in his classroom. On your first day of observations, you sit back to take ABC data and make notes about how the teacher runs the classroom. Even though the para was not there that day, Colton did not elope so once school dismisses, you ask the teacher the make note of what happens right before and right after he elopes. The teacher is very friendly and listens to your instructions. You make sure they don't have any questions before telling them that you'll be back next week. As far as you know the teacher will have some data for you next week and you should be able to give them better directions on what to do when Colton runs way.

You arranged time to meet with the teacher after class to talk about Colton's progress and look over the teacher's data. You are interested to see what the update is.

- · You have many other clients on your caseload
- Colton is new and you need to get data to see what is going on
- · You did not get to see Colton elope
- · He seems perfectly happy in the classroom
- The teacher seemed willing to help take data

COLTON

Post-Test Scenario 1 - Teacher Card

Colton is a 4-year-old boy with an autism diagnosis. He attends kindergarten at a school in his community. He is in a full classroom and the school as provided the teacher with a para to help lighten to load. Recently the school had a new playground built and shortly after it was built. Colton started eloping from his classroom to go to the playground. However, this only happens when the para in the classroom is not there. This is a problem because when the para is gone the teacher cannot leave the entire class to go chase Colton and bring him back to class. The school offered for the BCBA to come help and the teacher agreed.

You are Colton's teacher and have no idea what a BCBA is, you're just happy to have an extra set of hands in the classroom. On the BCBA's first day of observation, they just sat in the back of the classroom, took notes and did not help at all. You don't really understand why the administration told them to come if they aren't going to help. Then because Colton did not elope while the BCBA was there they asked you to write down what happens right before and right after the next time it happens – they gave you more work to do?? You don't want to be rude since this is your first time meeting the BCBA, but you doubt you will have time to make notes like they are asking you to with so many other kids in your class.

The BCBA has arranged time to meet with you after class to talk about your progress with Colton and look over the data you took. You are not looking forward to it.

- You have many other children in your classroom
- Colton stresses you out and you often have high anxiety on days the para is not able to come to class.
- When Colton elopes and the para is not there, Colton usually makes it pretty far
 before you are able to get someone to watch your class.
- You feel it makes you look bad as a teacher since sometimes the principle is the one
 who brings him back to your classroom.
- · You do not have time to take data with everything else going on
- · You think it was unreasonable for the BCBA to ask you to do their job

SAMANTHA

Post-Test Scenario 2 - OT Card

Samantha is a 6yr old girl diagnosed with autism and significant motor delays. She receives ABA and occupational therapy at the same center she has been attending for 6 months. Samantha's parents have not received an update about her progress since she started. They have sent many emails asking for an update but got nothing in return.

You are the occupational therapist at the clinic Samantha attends. There has only been sporadic communication with Samantha's parents. During your initial parent meeting with Samantha's parents, they were very demanding and even made a few comments that felt like microaggressions. They requested that Samantha not work with one of the speech therapists because she has an accent that they don't want Samantha to imitate. Samantha has been making great progress and so far, you have not needed to update her parents about anything. It is just easier for you if they do not have to be as involved. You plan to send her parents an update when it is time to complete the progress report for the insurer. You typically do not reach out to parents unless something is wrong anyways, so why would you give her parents any special treatments, especially when they are rude. You do not think you needed to reach out to Samantha's parents when everything is going so well.

The BCBA has asked to meet with you about Samantha's parents.

SAMANTHA

Post-Test Scenario 2 - BCBA Card

Samantha is a 6yr old girl diagnosed with autism and significant motor delays. She receives ABA and occupational therapy at the same center she has been attending for 6 months. Samantha's parents have not received an update about her progress since she started. They have sent many emails asking for an update but got nothing in return.

You are her BCBA and do regular parent meetings with Samantha's parents. They can be difficult to deal with sometimes and often want things done a certain way for Samantha. One afternoon Samantha's mom catches you in the parking lot asking you about Samantha's progress in OT, you tell her that from you know, Samantha is doing great, and you are seeing improvements in her motor skills. Now, her mother continues to contact you anytime she has questions about OT. She has even asked you to schedule meetings with the OT department for her. This is frustrating for you because you feel like they department should be doing their job to reach out to the mother without having to be told.

You arranged the meeting with the OT to talk to her about her negligence in communicating with the parents.

- · Samantha's parents are not easy to work with
- They requested that Samantha not work with one of the speech therapists because she has
 an accent that they don't want Samantha to imitate.
- Samantha has been making great progress, you have not needed to update her parents.
- It is just easier for you if they do not have to be as involved.
- You plan to update her parents when it is time to complete the progress report for the
- You do not think you needed to reach out to Samantha's parents when everything is going so well.
- Samantha's parents have not received an OT update about her progress since she started.
- · You think this is wrong, especially since they have asked for an update
- · You do regular parent meetings.
- They can be difficult to deal with and want things done a certain way
- Mom is using you to get info from OT
- You are busy and do not have time to be the secretary
- OT should be taking care of this without you.

TUDAH

Post-Test Scenario 3 - SLP Card

Judah is a 6yr old male client who is diagnosed with autism and apraxia; a motor speech disorder that makes it difficult to speak. He receives part-time ABA services in home and sees an apraxia specialist for speech sessions. You and the BCBA are working on communication goals for Judah. There are concerns about whether Judah should use an augmentative alternative communication device, sign language, or vocal echoics as his main form of communication. There has also been tension on which sounds, and words are most beneficial for him to learn. The speech pathologist and BCBA are meeting to work out their concerns.

You are Judah's speech pathologist; you work with Judah three times to improve his speech. You've been a speech therapist for 20 years and have a specialty in apraxia. Most of your clients with apraxia are never able to be without a communication device since apraxia makes it hard to make accurate mouth movements when trying to speak. You have shared this with Judah's family, and they are willing to do whatever you think is best and that will make him be the most independent he can be. Judah is relatively new to using a communication device and right now you are working on tacting common items on his device to get him more familiar with it. You are working tacting on colors, animals and household items and food. Your goal is to teaching Judah what the items are and where he can find them on his voice and that way, he will be able to ask for them if he wants them.

You arranged a meeting with the BCBA because Judah's mom has been pressuring you to do "whatever the BCBA is doing" because according to mom the BCBA is "actually making him talk"

- · You have a long history working with Judah
- · You've never heard him use an speech that is understandable
- You rarely have a client with Apraxia that is able to clearly communicate vocally
- Your goal right now is to teach Judah what the items are on this tablet and where
 he can find them and that way, he will be able to ask for them if he wants them.
- · He is making great progress

JUDAH

Post-Test Scenario 3 - BCBA Card

Judah is a 6yr old male client who is diagnosed with autism and apraxia; a mator speech disorder that makes it difficult to speak. He receives part-time ABA services in home and sees an apraxia specialist for speech sessions. Both you and the SLP are working on communication goals for Judah. There are concerns about whether Judah should use an augmentative alternative communication device, sign language, or vocal echoics as his main form of communication. There has also been tension on which sounds, and words are most beneficial for him to learn. The speech pathologist and BCBA are meeting to work out their

You are a new BCBA, and Judah has been your client for a little over a year. Before the AAC device was introduced Judah communicated mainly through vocal approximations and a bit of sign language his mother had taught him. The communication goals you are centered around manding. He has targets for vocal approximations or sign language signs for all his favorite foods, names of his family and friends, places he likes to go and things he likes to do. When he does not know how to sign for something he does a good job to point or making sounds to indicate what he wants. You are worried that when the AAC is being used Judah will lose that repertoire and he is regress in the progress he has made to at being independent without the device.

The SLP has arranged a meeting with you to talk about your processes with teaching Judah.

- Judah has only been your client for a little over a year.
- He was using vocal approximations and sign language before the AAC
- This was causing Judah is get upset when his therapist couldn't figure out what
 he was acting for.
- · The communication goals are centered around manding.
- You are worried that when only the AAC is being used, Judah will lose his skills to point, make a vocal approximations, and that he will be dependent on the device.
- · You do not like this because it could break, die, or get lost.

APPENDIX B INFORMED CONSENT FORM

Informed Consent for Studies with Adults

TITLE OF RESEARCH STUDY: The Effects Of Skilled Dialogue Simulation Coaching On The Collaborative Verbal Behavior Of Behavior Analysts-In-Training

RESEARCH TEAM: Maia Persinger, graduate student in the Department of Behavior Analysis, maiapersinger@my.unt.edu (PI). This study is part of a thesis being conducted under the supervision of Dr. Shahla Alai, Shahla.Alai@unt.edu

As a potential participant and a student in UNT's Behavioral Analysis Master's program, you might have a pre-existing relationship with one or more members of the research team. Your decision to participate in this study will not affect your academic standing or professional relationship with these individuals.

You are being asked to participate in a research study. Taking part in this study is voluntary. The investigators will explain the study to you and will answer any questions you might have. It is your choice whether you take part in this study. If you agree to participate and then choose to withdraw from the study, that is your right, and your decision will not be held against you.

You are being asked to take part in a research study to evaluate the effects of a workshop designed to teach harmonious communication between behavior analysts and professionals that we commonly work with. This study establishes a safe space for behavior analysts-in-training to have the opportunity to discuss, share, and practice techniques and approaches to harmonious, collaborative, and care-based communication with other professionals and the families they serve. The emphasis is on communication where both people feel heard and have input into the problem solving and solution process.

Your participation in this research study involves 1) Filling out a questionnaire about your ideas about important communication skills and values when communicating with as a behavior analyst 2) Participating in discussions, simulation scenarios, and activities about effective communication strategies; 3) Practicing and role playing communication strategies 4) Filling out a survey about your opinion of the training (which skills were the most difficult, the most beneficial, and how you would improve the training). More details will be provided in the next section.

You might want to participate in this study if you want to learn, share, and practice methods to communicate more effectively with other professionals or people from diverse backgrounds. Your participation may also help develop strategies for teaching behavior analysts-in-training about these skills. However, you might not want to participate in this study if you are uncomfortable with role playing or being recorded or feel that you have mastered these skills.

You may choose to participate in this research study if you are behavior analyst-in-training that will interact with professionals and parents as part of your clinical positions and have approximately six hours total time to devote to this project.

The reasonably foreseeable risks or discomforts to you, if you choose to take part, may include discomfort with roleplay scenarios and feedback from the facilitators about the use of strategies and/or discomfort with being recorded during the training. You can compare this to the possible benefit of sharing and learning new strategies that may make you more effective in your interactions in your work as a behavior analyst. You will not receive compensation for participation, but you will be offered lunch, dinner and snacks during the training workshop.

DETAILED INFORMATION ABOUT THIS RESEARCH STUDY: The following is more detailed information about this study, in addition to the information listed above.

PURPOSE OF THE STUDY: The purpose of this project is to study the effects of a communication workshop to prepare behavior analysts-in-training to have harmonious, collaborative, and care-based communication with other professionals and the other disciplines that behavior analysts commonly collaborate with in clinical settings.

TIME COMMITMENT: This will require no more than one hour for preparation and assessment activities, six hours for the workshop (presentations, discussion, and practice) and no more than one hour for post-assessment activities. All activities will be conducted in person.

STUDY PROCEDURES:

This is a sequence of the procedures you would experience as part of this study:

- 1. Prior to the training session you will be provided with a informed consent form. This will take approximately 10 minutes to read through and sign.
- 2. Prior to training you will also be provided with a link to a virtual survey. You will choose a pseudonym at this point and all data will be registered with this pseudonym.
- 3. The survey will include demographic questions and questions about what you think are important communication skills and values when communicating with people. This information will remain confidential (see below). The survey will take approximately 10 to 15 minutes to complete.
- 4. You will attend a 6hr session, during this session you will complete preassessments, training and post-assessments. You will have breaks and a catered lunch/dinner.
- 5. At the start of the training, you will form dyads and you will role-play one to three scenarios that describe potential conflicts between professionals. You will respond how you believe would be the way a behavior analyst should respond in each situation. This will be used to assess your communication strategies before we start the training workshop. This will take no more than 30 minutes.
- 6. During the workshop there will be training on strategies involved in skilled dialogue. The workshop will be conducted by the principal investigator.
- 7. The training workshop will last six hours, with breaks. The first portion will go over the general aspects of the skilled dialogue approach. This will take approximately one hour. After the overview, there will be three phases of training. Each phase will consist of features

that are a part of the skilled dialogue approach. After each training phase, you will have the opportunity to practice in role-play scenarios. You will also be invited to discuss additional strategies that you think could have applied to the scenario. Each phase will take approximately 1.5 hours. The last of the three training phases will involve an additional scenario that will take approximately 15 to 30 minutes.

- 8. Following training, you will be provided with a second virtual survey that asks questions about which skills you found the most difficult to apply, which skills you found the most beneficial, and how you would improve the workshop. This will take approximately 15 minutes.
- 9. The training will be recorded with audio and video recording. The audio-recording will be transcribed and scored for data-collection purposes and will be securely stored and then destroyed upon completion of the study. The recording as well as the transcriptions will only be shared with the research team and your identity remains confidential.
- 10. If at any point in time you feel uncomfortable with a scenario or survey question you have the option to skip the question or leave the study.

AUDIO/VIDEO/PHOTOGRAPHY: Participation in this study requires consent for video and audio recordings. The recordings will be kept with other electronic data in a secure UNT OneDrive account for the duration of the study and will be destroyed at the conclusion of the study. The video, audio, and transcripts will not be shared with anyone outside of the research team.

<u>I agree</u> to be audio AND video recorded during the research study.
I do not agree to be audio AND video recorded during the research study.

You may not participate in the study if you do not agree to be audio/video recorded.

Audio recording will be transcribed by using the third-party transcription service, Otter.ai. This study is subject to the privacy policies of this software as noted here: https://blog.otter.ai/privacy-policy/

POSSIBLE BENEFITS: Participation in this study may benefit you by your learning new strategies that may make you more effective in your interactions with professionals and families and in your work as a behavior analyst. It may also help other behavior analysts-in-training by showing effective workshop techniques for people in training.

POSSIBLE RISKS/DISCOMFORTS: This study may result in potential discomfort when participating in role plays that emulate possibly difficult situations that behavior analysts may encounter when communicating with professionals. You may also feel discomfort being recorded.

Recording through an online format involves risks to confidentiality similar to a person's everyday use of the internet and that there is always a risk of breach of confidentiality. We will do our best to minimize these risks by storing files in protected locations and using pseudonyms with all data presentations. However, if you do experience any discomfort, please inform the research team.

Remember that you have the right to withdraw any study procedures at any time without penalty and may do so by informing the research team.

If you experience excessive discomfort when completing the research activity, you may choose to stop participating at any time without penalty. The researchers will try to prevent any problem that could happen, but the study may involve risks to the participant, which are currently unforeseeable. UNT does not provide medical services, or financial assistance for emotional distress or injuries that might happen from participating in this research.

If you need to discuss your discomfort further, please contact a mental health provider, or you may contact the researcher who will refer you to appropriate services. If your need is urgent, helpful resources include Denton County MHMR crisis hotline at 1-800-762-0157; UNT Mental Health Emergency line at 940-565-2741; Family Violence Shelter of Denton County Crisis Line at 940-382-7273; National Suicide Prevention Hotline at 1-800-273-8255; UNT Survivor Advocate for students effected by Violence or Sexual Assault at 940-565-2648.

COMPENSATION: You will be provided with two meals and snacks for participating. No other compensation is given for participation in this project. If you choose not to participate in the workshop, you will not receive the workshop lunch.

There are no alternative activities offered for this study. However, you can choose to learn about Skilled Dialogue through reading and YouTube videos on this approach.

CONFIDENTIALITY: Efforts will be made by the research team to keep your personal information private, including research study and audio recordings and disclosure will be limited to people

who have a need to review this information. All paper and electronic data collected from this study will be stored in a secure location on the UNT campus and/or a secure UNT server for at least three (3) years past the end of this research on a password protected computer stored in the PI's secured UNT OneDrive account. Research records will be labeled with a pseudonym of your choice and the master key linking names with codes will be maintained in a separate and secure location. During the workshop you may label yourself using as a pseudonym of your choice.

Due to the nature of the recordings, this study is not completely anonymous. However, only the research team will have initial access to the audio recordings, and they will be destroyed once they are transcribed. The data collected and used for this study and information that you will provide cannot be linked to your identity.

Please be advised that although the researchers will take these steps to maintain confidentiality of the data, the nature of focus groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others.

The results of this study may be published and/or presented and will not name you as a participant. The data collected about you for this study may be used for future research studies that are not described in this consent form. If that occurs, an IRB will first evaluate the use of any information that is identifiable to you, and confidentiality protection would be maintained.

While absolute confidentiality cannot be guaranteed, the research team will make every effort to protect the confidentiality of your records, as described here and to the extent permitted by law. In

addition to the research team, the following entities may have access to your records, but only on a need-to-know basis: the U.S. Department of Health and Human Services, the FDA (federal regulating agencies), the reviewing IRB, and sponsors of the study.

This research uses a third party software called Zoom, Qualtrics, and Otter.ai. This is subject to the privacy policies of this software noted here: https://zoom.us/privacy and https://www.qualtrics.com/privacy-statement/; and https://www.qualtrics.com/privac

CONTACT INFORMATION FOR QUESTIONS ABOUT THE STUDY: If you have any questions about the study, you may contact Maia Persinger at maiapersinger@my.unt.edu or Dr. Shahla Alai at **Shahla.Alai@unt.edu** with any questions you have regarding your rights as a research subject, or complaints about the research may be directed to the Office of Research Integrity and Compliance at 940-565-4643, or by email at untirb@unt.edu.

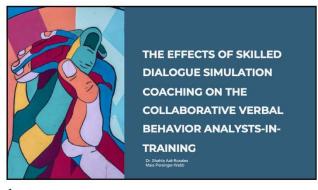
CONSENT:

- Your signature below indicates that you have read or have had read to you all of the above. You confirm that you have been told the possible benefits, risks, and/or discomforts of the study.
- You understand that you do not have to take part in this study and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits.
- You understand your rights as a research participant, and you voluntarily consent to participate in this study; you also understand that the study personnel may choose to stop your participation at any time.
- By signing, you are not waiving any of your legal rights.

Please sign below if you are at least 18 years of age and voluntarily agree to participate in this study.

Participant Name (Sign Here)	Date
*If you agree to participate, please provide a sig They will provide you with a copy to keep for yo	
For the Principal Investigator or Designo	ee:
I certify that I have reviewed the contents of this fo explained the possible benefits and the potential ris opinion that the participant understood the explanat	sks and/or discomforts of the study. It is my
Signature of Principal Investigator or Designee	Date

APPENDIX C SKILLED DIALOGUE TRAINING SLIDES



Purpose & Goals

2

4

- Create a safe place for professionals to have the opportunity to discuss, share, and practice techniques of a harmonious, collaborative, and care-based approach to communication with other professionals.
- Build mutually complementary relationships that honor difference.
- · Access and mind the strengths of differences
- Explore ways of creating mutually satisfying options without the need for compromise
- Apply the six Skilled Dialogue strategies in ways that generate respect (i.e., honor identity), reciprocity (i.e., honor voice) and responsiveness (i.e., honor connection)

PRE-TRAINING
Pre-assessment, introductions, Positionality and Icebreaker.

RATIONALES
Background, Meaning, Main Themes, & Problem

COMMUNICATION STRATEGIES DESCRIPTION & DISCUSSION
Dispositions, Qualities & Components of Skilled Dialogue

PRACTICE & ROLE PLAYS
Activities, Reflections, & Discussions

POST TRAINING SURVEY
& Post Assessment

PRE-ASSESSMENT

The purpose is to get a better understanding of how you communicate with other professionals in moments of conflict.

The next slides will show scenarios. Read the scenario then we will practice role playing. You should try to respond as you normally would.

3



Collaboration with BCBA & Occupational Therapist

Thomas is a T year old boy diagnosed with Autism. He receives ABA full-time in a clinic and also does OT and speech sessions throughout the week. Thomas has limited communication skills and often has a hard time communicating his needs. He is typically a happy kid but during Thomas's OT sessions, he often cries and appears to be experiencing lots of discomfort during activities. He has been doing OT for a month now and cries majority of the session. He always calms down once OT is over and he is able to leave the area.



Demarcus

Collaboration with BCBA & Teacher

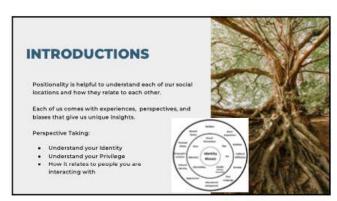
Demarcus is a 8-year-old boy diagnosed with Autism and ADHD. He attends school full time in a general education classroom in his community. The teacher and BCBA are meeting before the next steps are taken in an ARD IEP meeting (Admission, Review, and Dismissal for Individual Education Plans) where the committee will discuss a proposal to remove Demarcus from his current classroom. This is because the teacher feels he is disruptive (ripping up materials, taking materials from other students), lacks comprehension, and reading skills, and is not at the same level as his classmatch.



5 6

63





ICEBREAKER ACTIVITY

Pick any two pairs of words from the list below and come up with at least 5 ways in which they are alike.

Bird -Tractor Foot -Car Grief -Happiness Chaos -Order



9 10



- Help you to continuously reflect and adjust your own behavior throughout the interaction.
 - 1. Families

 - Learning
 Loving
 Collaboration
 - 5. Culture



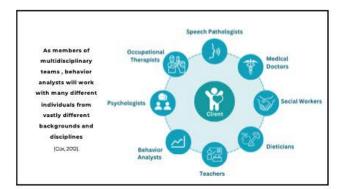


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8





13 14



Skilled Dialogue

- A dialogic approach to communication and collaboration that leverages diversity's positive contributions to communication and collaboration. (Barrera & Kramer, 2017).
 - Applied to Any Interaction
 - Honor Diversity
 - Commitment to Third Way
 - Include perceptions of Disciplines & Identities



15 16



What is a Disposition?

- Dispositions determine how we do what we do
 - How we generally act in certain conditions
 - o Centered around the intent of your actions (Reinforcers Matter)
- The stance we take when dealing with an issue
- Two Dispositions of Skilled Dialogue:
 - Choosing relationship over control
 - Setting the stage for a miracle

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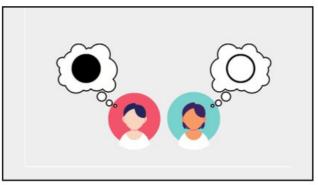
Setting the Stage for Miracles · Openness to different options: o Willingness to stay in the tension Letting go of predetermined narrative Seeing diverse perspectives that could be complimentary Finding a third way without forced choices.

20





21 22





Welcoming

- Expressing welcoming of both the other person(s) and the opportunity to interact with him or her.

 O Regardless of their difference
 O Recognizing them as capable & worthy of dignity.
- 2 Dimensions: Person & Opportunity
 - o "I'm so glad you could make it"
 - "Can't wait to see what we come up with together"

Goal is to communicate your interest in learning from & about the other person.





LET'S PRACTICE

28

The purpose is to get a better understanding of how you communicate in moments of conflict.

Allowing

- · Allowance of "voice time"
- Refraining from the use of 'buts'
- Uninterrupted listening
- Communicate Openness
- · "Setting the Stage"

Ex: I'm glad you told me that, I can see how you feel that way" NOT "I heard what you said and here's what I'm thinking"

25 26

QUESTIONS?

Activity

27

Role Plays with Observers:

Form groups of two, one group of two will be acting out the scenario. The other group of two will act as observers, taking notes throughout the scenario. Observers will rate the degree to which they believe each person allowed the other to express themselves without interrupting or defending their own views. You will share your rating & impressions with the will share your rating a impressions with the group doing the acting. Once scenario 1 is finished and feedback has been given, observers will rotate with role players and do scenario 2.



Amelia

Collaboration with BCBA & Teacher

Amelia is a 4-year-old client diagnosed with autism. She is in a gen-ed classroom at a public school in her community. She struggles to make friends at school. When it is time for recess Amelia often hides or runs away from peers who try to interact with her. The school principal has assigned a BCBA to help with Amelia's struggles.

29 30



Jeffery

Collaboration with BCBA & Occupational Therapist

Jeffery is an 8-year-old boy who is diagnosed with Autism and ADHD. Jeffrey attends ABA full-time and receives occupational therapy throughout the week. Recently he is having trouble sitting still and is fidgeting so much that he can't complete the tasks given him. Because of this he just got a new sensory diet implemented by his Occupational Therapist.

31 32



33 34

Leveraging the Power of the Other Reciprocity: Equalizing voices & contributions Seeing the world through another's eyes Willingness to Learn Two Strategies associated with Reciprocity: Sense Making Appreciating

Sense Making

- Effective practice requires openness to listening, learning, and changing while actively choosing to engage in reflective strategies (Hanson & Lynch 2013).
- Expressing interest in and curiosity about the other's views, behaviors, and values.
- Ex "Tell me more about that" I'd like to understand how this sounds to you.. Could you help me?"

Goal is to gather conceptual data about how the other person values, beliefs, and behavior make sense and how it could relate to your own.



35 36

Appreciating

- Expressing recognition that there is always something of value that can be learned from the other person.
 - No matter how diverse they may be or how much you dis/agree with them.
- · Appreciating the value it has for that person.
- Appreciating the value it has for you.
 - Expressed awareness of what can be learned.
 Ex "I never thought of it that way, that could be useful" "That person taught me something of value"
- Not agreeing it is correct thing to do.



"Insight, I believe, refers to that depths of understanding that comes by setting experiences, yours and mine, familiar and exotic, new and old, side by side, learning by letting them speak to one another"

Mary Catherine Bateson (1994 p. 14)

37 38

Activity: Appreciating & Sense Making

Get into two groups and reflect on the following statements:

Group 1: "Extinction is a punishment procedure that can often produce adverse side effects and can be misunderstood as "ignoring the child", can you come up with 3 situations where using extinction would be useful?"

Group 2: "Arriving late to an appointment can be helpful in making time for unexpected tasks, can you think of at least 3 other situations in which arriving late would make sense?"

Be mindful of the strategies you use to reframe situations in a positive light

LET'S PRACTICE

- The purpose is to get a better understanding of how you communicate in moments of conflict.
 - The next slide will show a scenario.
 Read the scenario then we will practice role playing. Utilize what you've learned throughout the interaction.



39 40

Raya

BCBA & Occupational Therapist

Raya is a 6-year-old child with a diagnosis of moderate autism spectrum disorder. She attends ABA in a clinic full time and does OT sessions throughout the week. Her parents report she has difficulty sustaining attention and that she presents with impulsivity, along with speech and fine motor delays. Her mother emails you and the OT to share that one of their goals is to get Raya to feed herself independently and that she would like that to be something you both work on.





Andrew

BCBA & Gen-Education Teacher

Andrew is a 5-year-old boy who is diagnosed with ADHD and has recently received autism diagnosis. He is enrolled in a gen-ed kindergarten public school classroom with 25 other students. Andrew has recently started yelling at seemingly random times. Typically, they are short, loud outbursts that are disruptive to the classroom. His yelling often escalates into a tantrum. The school has a BCBA on staff for behavioral support and administration has requested the BCBA come to the classroom to help.

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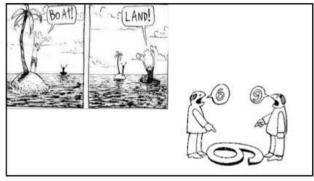
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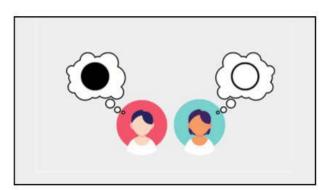






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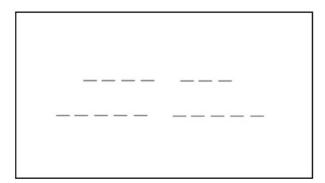


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A = ♥ J = ♥ S = ♥
B = ● K = ■ T = ★
C = ♥ L = ₱ U = ■
D = ● M = ● V = ≫
E = ▲ N = ▼ W = ■
F = ■ O = ■ X = ♥
G = ♥ P = ♥ Y = ♥
H = ♥ Q = ♥ Z = ■
I = ● R = ♥

57 58

FIND THE THIRD SPACE





conflict.





Lennox

Collaboration with BCBA & Gen-Education Teacher

Lennox is a 6-year-old boy who has an autism diagnosis and is currently enrolled in public school part-time and ABA part-time. Lennox's teacher says that he is very disruptive and when he is not provided with one-on-one support he will yell, throw papers/pencils, and slap peers to get teachers attention.

61 62



Sophia

BCBA & Speech Therapist

Sophia is a 4-year-old girl with an autism diagnosis that receives speech therapy services twice a week and full time ABA at a clinic in her community.

The RBT's only required her to use two to three words when requesting things, but in speech she is required to speak in full sentences.

Recently this has been evoking tantrums and escape-maintained behaviors when the speech therapist pulls out the cards that she has tact in full sentences

Discussion & Reflection

Do you believe that two contradictory things can both be true at the same time?



Integrate your own perspective and other's perspective so as to generate a larger "whole" inclusive of both.

63 64

POST- ASSESSMENT ROLE PLAYS



Colton

Collaboration with BCBA & Teacher

Colton is a 4-year-old boy with an autism diagnosis. He attends kindergarten at a school in his community. He is in a full classroom and the school as provided the teacher with a para to help lighten to load. Recently the school had a new playground built and shortly after it was built, Colton started eloping from his classroom to go to the playground. However, this only happens when the para in the classroom is not there. This is a problem because when the para is gone the teacher cannot leave the entire class to go chase Colton and bring him back to class. The school offered for the BCBA to come help and the teacher agreed.

65 66





Judah

Collaboration with BCBA & Occupational Therapist

Judah is a 6yr old male cilient who is diagnosed with autism and apraxia, a motor speech disorder that makes it difficult to speak. He receives part-time ABA services in home and sees an apraxia specialist for speech sessions. Both the SLP and the BCBA are working on communication goals for Judah. There are concerns about whether Judah should use an augmentative alternative communication device, sign language, or vocal echoics as his main form of communication. There has also been tension on which sounds, and words are most beneficial for him to learn. The speech pathologist and BCBA are meeting to work out their concerns.

67 68



I therefore recommend that you and the other side establish a 'brave space,' a learning environment that emboldens you to embrace [differences], take personal risks, and reconsider perspectives." (Shapiro, 2017)

69 70



APPENDIX D

PRE-TRAINING SURVEY



Instructions:. Thank you for participating in my thesis! To get started, complete the following questions. Be sure to submit this survey BEFORE the day of training. Do your best to fill in answers to every question. Survey answers will be used to for participant demographics and to better understand your baseline. Happy surveying!

What pseudonym would you like to go by for the duration of the training?
2. Is there a gender you identify with? If so, please list below
○ Male
○ Female
Other
3. How old are you?

4. How would you describe yourself? Please select all that apply.
White
Black or African American
American Indian or Alaska Native
Asian
Native Hawaiian or Pacific Islander
Other
5. Do you have an food allergies or diet preferences? (vegan, lactose intolerance, nuts etc.)
6. What is/are your current professional role(s)?
7. What values do you currently possess that you believe influence the decisions you make?

8. What skills do you think are necessary when communicating with individuals who have perspective that are diverse from your own?	
	//
9. What kind of situations do you find the most difficult when communicating with bosses, colleagues, or other professionals? What kind of situations do you find are easier?	
10. Describe the techniques that you find useful when communicating with colleagues, bosses, or other professionals?	
with colleagues, bosses, or other professionals:	//

APPENDIX E

POST-TRAINING SURVEY



Q1. How satisfied are you with the training?

	Extremely dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Extremely satisfied
How satisfied are you with the training?	0	0	0	0	0
Q2. If comfortable provided.	doing so, l	ist any ben	efits you th	ink the trair	ning
					//
Q3. Do you feel the during the training					
Q4. If comfortable enhance commun life experiences					

Q5. If comfortable doing so, describe how you think the training could be improved. Was there anything else that you wish was covered? Was there anything you wanted to spent more time on?							
					//		
Q6. How likely are	you to imp	olement co	mponents o	f Skilled Di	alogue in		
your interactions w	ith others?)					
	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat Likely	Extremely Likely		
How likely are you to implement components of Skilled Dialogue in your interactions with others?	0	0	0	0	0		
Q7. How well do you Skilled Dialogue?	ou think yo	understo	ood & utilize	d the 6 stra	itegies of		
	Extremely Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Extremely Disagree		
How well do you think you understood & utilized the 6 strategies of Skilled Dialogue?	0	0	0	0	0		
					-		

APPENDIX F POST SURVEY RESPONSES

Question	Response
How satisfied are you with the training?	 □ Somewhat Satisfied □ Extremely Satisfied □ Somewhat Satisfied
If comfortable doing so, list any benefits you think the training provided:	 □ The training allowed to be more aware of the language I use during moments of discomfort and be okay with paused during conversations to allow each person time to gather their thoughts and words. I also really appreciate and value the knowledge we were provided on what skilled dialogue is and it's importance. □ I think this training is valuable to anyone who works in a team of folks with different
	areas of expertise who are all focused on outcomes for one group or individual.
	☐ I think the training helped me better understand how to use skilled dialogue to effectively, compassionately, and efficiently communicate in a professional manner to stakeholders in ABA service delivery settings. I believe that - maybe to a less extent - it has given me tools to communicate with others in my personal life, whether to be to friends, coworkers, supervisors, etc.
Do you feel that you became more or less fluent in having dialogues during the training? How so?	☐ I became more fluent. I would say the example statements that were given during the training were very helpful to keep in mind during the role plays. Another factor that contributed was the discussions we would have in between the role plays! The training and discussions prompted us to think about context, our positionality, barriers, and our values that influence how we interact with each other.
What factors contributed to the change?	☐ The dialogues were where the learning actually happened. The instructions were great and the facilitator was very fluent in the material, but actually practicing those scenarios really made the actual skills stick for me much better than simply listening, taking notes, and asking questions.
	☐ I believe that I have become more fluent in having dialogues during the training. I think the factors that contributed to this change were receiving examples of what correct dialogue would be, as well as receiving feedback on my dialogue during that one role-play scenario.
If comfortable doing so, list and describe skills you learned that will enhance	☐ Engage in perspective taking. Curiosity vs certainty, and although not explicitly taught in the training, collaboration over competition, which the two go hand in hand. It is not a matter of who is right or wrong, but being willing to hear an opposing narrative and appreciating that other perspective.
communication between people of diverse backgrounds and life experiences:	For me, listening without a "but" in mind made it a lot easier to find value in what my partner was saying instead of pick apart what they were saying. It brought the focus from "my idea is better than your idea" to "we are both experts - what can we both bring to the table that best for this client?"
•	learned the importance of considering positionality in any conversation -received examples of the six components of skilled dialogue (e.g., welcoming, allowing,

If comfortable doing so, describe how you think the training could be improved. Was there anything else that you wish was covered? Was there anything you wanted to spent more time on?	I really enjoyed the training and do feel as though I am better equipped to have meaningful, impactful, compassionate conversations in my professional and personal life. There are a couple of things that I believe would have helped me further advance my career. One- I liked all the information I learned, but I think it would have been really beneficial to receive more examples and non-examples of the target behaviors during the training. You provided us with a couple, and also you brought out that diagram at the end of the study that provided all those examples/non-examples, but that would have been helpful to see as we went through each component of skilled dialogue. Additionally, I think it would have been helpful to see someone modeling skilled dialogue to us before we role-played. Lastly, I understand why the training had to be done all in one day, but I will say- by the halfway point of the day I was pretty burnt out and tired. I of course continued to try my best during the role-plays, but I think I would have maybe done a better job if the training was not as long or it was split up! I didn't realize how tired I would get from practicing these skills. The length of the training is necessary, and the facilitator did a great job of making it smooth and not rushing or lingering on any particular section. That said, in future iterations of this training that aren't experimental, there should be an intermission at some point. The role plays involved two people. Could the role plays have also involved three or more people? Is it more challenging to find a third-way/miracle when the party is larger? From my personal experience whenever I have been in a conflict, I would be in meetings with at least three or more people (hr, clinical director, or clinic manager, beba, or beba, parent, clinic director, or rbt(s), beba). The larger the party, the more diversity in perspectives. I do however think that these skills/skilled dialogue may helpful to ease or rid the uncomfortableness that the power dynamics some of t
How likely are	person's verbal behavior (from escalated to harmonious). Extremely Likely
you to implement components of Skilled Dialogue in your interactions with others?	Extremely Likely Extremely Likely
How well do you think you understood & utilized the 6 strategies of Skilled Dialogue?	Somewhat Agree Somewhat Agree Somewhat Agree

APPENDIX G

DATA SHEET EXAMPLE

Participants: 8	k	Initial:	Date:

	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizng	Other
Scenario 1			the SLP/Apraxia nunication for Jud		other partner is	the BCBA. The tw	o of you
Hi, Miss Riley, i'm Shanaya. I am Judah's BCBA							
and I just trying to call this meeting for us to be able to have a conversation about his communication.							
Oh, it's very good to meet you							
I have heard a lot from Stacey, Judah's Mom. She has lots of things good things to say about you, and kind of wants me to everything that you guys do							
So it's nice to meet you.							
Awesome. I know that I do not have the expertise that you have with apraxia and speech,							
He has been doing an amazing job with his manding goals,							
What is manding?							
I'm sorry, his requesting.							
Oh, okay yes. With his AAC device right?							
With the AAC device, but also with his vocal approximations and his sign language and gesturing and pointing.							
That is surprising, okay.							

Participants:	&		Initial:	Date:
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	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizng	Other
He has an awesome job with that but i'm worried that with the AAC device alone that he is going to lose the skills that he already has in his repertoire, with his um being able to request for the things that he wants with vocal approximation. The few words he does have as well as							
What are these approximations like? I mean, what do they sound like?							
I, you know, like because I I I've known him for you know, about 6 months, and I just like you know.							
I haven't heard him say anything like, you know, close to like water or toys, or anything like that.							
I just don't know what that means.							
So whenever we did our intake with him, and whenever we were goals for him for his request. So he took a lot of time to sit down and really listen and hear him as well as looking at the context.							
yeah well I do that too							

Participants:	&		Initial:	Date:
---------------	---	--	----------	-------

	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizng	Other
Yes, yeah and looking at the context of what he is doing, so some of the things that we I saw was whenever he's on the swing, and he wants to be pushed he'll make sound for me to push him. It will sound like push, like a very close sound to push like pu pu							
Yeah, yeah, I see. I'm just so, you know, I've I've been working with, you know people with with apraxia for you know, 20 years now across all age ranges.	0			0			
And you know I'm just really concerned, because, you know, if he's saying swa, wa or or something like that, like people, aren't gonna know what that is.	0			0			

APPENDIX H

CODING PROCOOL

Skilled Dialogue Component Scoring Protocol

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Overview

The purpose of this recording system is to track the number of responses that trainees make in each of the categories of skilled dialogues. Skilled Dialogue is a method for helping people have productive and collaborative interactions as professionals in the helping professions.

The categories of skilled dialogue to measure are: welcoming, allowing, sensemaking, appreciating, joining and harmonizing.

Recorders will respond to permanent product transcriptions of verbal episodes that take place before, during and after skilled dialogue training. Participants engage in simulation situations, and their responses during simulations are recorded and then transcribed. Recorders also can view video recordings of the simulation situations to inform context, dialect, and tone.

Verbal episode criteria was determined by the previous researcher, Amy Kim, and are separated by changes in content topic, subject, or ideas discussed (e.g., I really see your point (Shahla). Do you understand mine? (Shahla) and by changes in speakers (e.g., I really see your point (Amy) Thanks (Shahla).

The verbal episodes to be scored are in bolded font. Rotation of speakers will be depicted in changing colors. For example:

Hi Shahla, I'm here for our meeting.
It is so good to see you.
I am really happy we have this chance to talk. Me, too!

The recording task is to determine if each verbal episode meets the criteria for one or more types of skilled dialogue components.

Instructions

Materials

You will need the Data Sheet (transcript with verbal episodes and category options) and a pen and this recording protocol.

Process

- 1. Complete recorder training protocol with trainer and have at least 90% mastery on practice transcripts.
- 2. Obtain transcript for scoring. Be sure all pages are in your packet and sign and date each page.
- 3. Read through definitions before scoring on the data sheet. Brief definitions are at the top of each data sheet, but you are encouraged to refer back to this full protocol and to double check your scoring before you hand in the completed data sheet.
- 4. On the data sheet, participant responses are divided into verbal episodes. You will mark each episode as:
 - a. welcoming, allowing, sense-making, appreciating, joining, or harmonizing.
 - b. or some combination of these categories.
 - c. or as none of these categories
- 5. If unsure, refer back to the full definitions included in this protocol.
- 6. Double check your scoring before handing in the completed data sheet

Measure	Definition	Example	Non-example
Welcoming	- Expressing openness of both the other person(s) and/or the opportunity to interact with him or her. This includes greeting/salutation statements, general pleasantries, questions about the well-being of the other person, and statements that express the desire to work with the other person.	"Hello, I'm so glad for this opportunity to work together/get to know you." "How are you?" "I'm so glad you could make it"	"Thanks for coming, we should probably get started right away." "Now that you are here, we can get started on what we discussed"
Allowing	- Releasing their own "stories"/sharing sides, interpretations, asking someone to tell and listening without imposing their own judgments, beliefs,	"How do you feel about that?" you think about the ideas that I on."	on't think we should do that. I have a better idea. " and values. Asking more about discussed with you before?" just tell you what we're going to do." "Why did mean?"
Sense-making	- Actively seeking how the other's views, behaviors, professional approaches, rationales and values make sense within their given context. This includes statements or questions that clarify and/or paraphrase what the other person shared that demonstrates understanding, application to the problem scenario, and acknowledge their behavior and emotions.	"Let me see if I understand, are you saying?" "That makes sense that you did that in that situation." "Correct me if I'm wrong." " What does mean?"	"I don't understand why you would think that is acceptable" " Here is what I think about what you said." "Your approach does not help." "Why did you decide that would be best?"
Appreciating	much they may disagree with him or her "I've never thought of it that wa This includes statements that express gratitude toward or the importance of so other person and what they are sharing. This may also include "Thank you	ffort you put into this situation." "Ca ay: that's adding to the situation?' omething new I learned today." "I that or sharing that with me." "I can do it or	nink you've helped enough." the
Joining	- Expressing recognition that all interactions are co-constructed, and all behaviors are linked—that no situation or behavior is independent of their own. This includes statements that express the relation between themselves and the other person and how the behavior of the other may reflect their own. This may include statements about how both individuals share the same goal, rephrasing problems from 'I/You' to 'We/Our'.	"You know, I think I might do the same thing in your shoes." "It's clear to me that we're both very concerned about this situation." "Neither of us want to happen." "We both want to see him succeed." "I think we are on the same page."	"You should try this."
Harmonizing	- Prompting inclusive options by leveraging strengths of the diverse perspectives towards a common goal without eliminating or devaluing another This includes statements or questions that express willingness to seek and accept a new solution that integrates and combines the perspective and the needs of the key people involved directly or indirectly.	there's a third choice?" "Let's keep exploring what we can do to integrate the strengths of both perspectives."	"I don't think we'll ever agree." "I understand that you want him to learn those skills, but right now there are more important things we need to focus on." "I'll do whatever you want." "Let's do what I suggested"
Other	- All other verbal behavior that is not included in 6 categories (Welcoming, Allowing, Sensemaking, Appreciating, Joining, Harmonizing)	"I like that idea." "I understand" "Let's have a meeting." "I see, I see." "I'll let you know" "Okay, okay gotcha" "That would be good for him."	"Thank you for coming" "Let's meet and figure something out" "What do you think?" "I'll try to put it all together to make sure I understand." "Can you tell me more?"

Inclusion of Other

Lots of the verbal behavior you will be coding is important and necessary to conversation but that does not mean it will fall into one of the 6 categories. If a verbal episode does not meet any of the concepts defined in the 6 categories, it will be scored as 'other'.

Examples of this can be seen throughout sample data sheets.

Scoring Examples

1. Welcoming

a. Definition

Measure	Definition	Example	Non-example
	- Expressing openness of both the other person(s) and/or the opportunity	"Hello, I'm so glad for this	"Thanks for coming, we should
	to interact with him or her.	opportunity to work together/get to	probably get started right away."
Welcoming	This includes greeting/salutation statements, general pleasantries,	know you."	"Now that you are here, we can get
	questions about the well-being of the other person, and statements that	"How are you?"	started on what we discussed"
	express the desire to work with the other person.	"I'm so glad you could make it"	

Sample data sheet

						~ will pro	
	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizing	Other
I'm glad we have this opportunity.	\checkmark						
For the sake of time, let's get started right away.							~
How are you?	✓						

2. Allowing

a. Definition

Measure	Definition	Example	Non-example
Allowing	- Releasing their own "stories"/sharing sides, interpretations, asking someone to tell and listening without imposing their own judgments, beliefs, and values. Asking or sharing more about feelings/experience This includes statements or questions that solicit more information about the beliefs, values, or the behavior of the other person.	"Tell me more." "How do you feel about that?" "I want to hear about what is going on." "What does this mean to you?" "Why did you use that approach?" "What do you think?"	"I don't think we should do that. I have a better idea " "What do you think about the ideas that I discussed with you before" "I'll just tell you what we're going to do" "What does mean?"

b. Sample data sheet

	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizing	Other
What do you think?		~					
I would like to hear more about that.		\checkmark					
Hi, have you thought about my suggestion?							~

3. Sense-making

- a. Definition
- b. Sample Data Sheet

Measure	Definition	Example	Non-example
Sense-makin	- Actively seeking how the other's views, behaviors, professional approaches, rationales and values make sense within their given context. This includes statements or questions that clarify and/or paraphrase what the other person shared that demonstrates understanding, application to the problem scenario, and acknowledge their behavior and emotions.	"Let me see if I understand, are you saying?" "That makes sense that you did that in that situation." "Correct me if I'm wrong." "What does mean?"	"I don't understand why you would think that is acceptable" "Here is what I think about what you said." "Your approach does not help" "Why did you decide that would be best?"

	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizing	Other
So I am hearing that Does this sound right?			\checkmark				
Can you tell me more about why you did that?		✓					
What does that mean?			~				

a. Sample Data Sheet

2. Appreciating

a. Definition

Measure	Definition	Example	Non-example
Appreciating	- Expressing recognition that there is always something of value that can be learned from the other person, no matter how diverse he or she may be or how much they may disagree with him or her This includes statements that express gratitude toward or the importance of the other person and what they are sharing. This may also include statements that express the learning opportunities that the other person	"I'm really impressed with how much effort you put into this situation" "I've never thought of it that way: that's something new I learned today" "Thank you for sharing that with me" "I'm glad we are talking now"	"I don't think that that is helping the situation" "Can you see how your behavior might be adding to the situation" "I think you've helped enough" "I can do it on my own"
	provides.	"You are a good resource"	"I already knew that"

b. Sample data sheet

	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizing	Other
That makes sense why you did that.			~				
You have been an amazing resource for me.				\checkmark			
I'm glad you are bringing this up. I should keep it in mind for the future.				\checkmark			

3. Joining

a. Definition

Measure	Definition	Example	Non-example
Joining	- Expressing recognition that all interactions are co-constructed, and all behaviors are linked—that no situation or behavior is independent of their own. This includes statements that express the relation between themselves and the other person and how the behavior of the other may reflect their own. This may also include statements about how both individuals share the same goal, rephrasing problems from 'I/You' to 'We/Our'.	"You know, I think I might do the same thing in your shoes." "It's clear to me that we're both very concerned about this situation." "Neither of us want to happen" "We both want to see him succeed" "I think we are on the same page."	"Well, I don't think that is what is happening" "I don't know how you didn't notice" "I would never do that." "I want to help solve your problem." "You should try this."

b. Sample data sheet

	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizing	Other
That makes sense why you did that.			\checkmark				
You have been an amazing resource for me.				\checkmark			
I'm glad you are bringing this up. I should keep it in mind for the future.				\checkmark			

4. Harmonizing

a. Definition

Measure	Definition	Example	Non-example
	- Prompting inclusive options by leveraging strengths of the diverse	"I'm thinking that so far we've only	"I don't think we'll ever agree"
	perspectives towards a common goal without eliminating or devaluing	talked about two choices. I wonder if	"I understand that you want him to
	another	there's a third choice?"	learn those skills, but right now there
Harmonizing	This includes statements or questions that express willingness to seek and	"Let's keep exploring what we can do	are more important things we need to
200	accept a new solution that integrates and combines the perspective and	to integrate the strengths of both	focus on"
	the needs of the key people involved directly or indirectly.	perspectives."	"I'll do whatever you want."
			"Let's do what I suggested"

b. Sample data sheet

	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizing	Other
I'm not sure how we might be able to honor both our viewpoints, but I'm sure we can figure something out. Let's think about that and arrange to meet agian.						\checkmark	
Don't worry. I'll talk to the therapist and make sure she never does that again.							\checkmark
I think in this way, we can relieve both of our concerns and meet both needs. Would you like to try that?						$ \checkmark $	

5. Example of all six categories

	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizing	Other
Well, I am so glad we are having this opportunity to discuss your concern.	\checkmark						
I can definitely put myself in your shoes, or at least try the best I can.					\checkmark		
I can see that it is very difficult and that you are not wanting your child to be treated differently.							
I am sure you are doing your best to decide what is the best thing to do for him.				\checkmark			
Right now we have different ideas on how to best approach this, but I believe we can find a solution that include both of our opinions.						\checkmark	
What are your thoughts on that?		\checkmark					

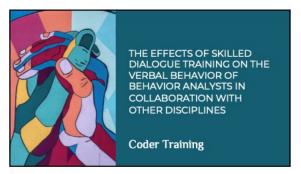
6. Examples of more than one category

	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizing	Other
I really appreciate you making time today.	✓			✓			
It makes sense how frustrating it can be because I have been in the same shoes.			\checkmark		~		
Do you think this solution reflect both of our perspectives?		~				\checkmark	

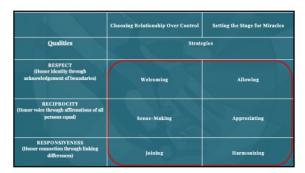
both of our perspectives? 7. Examples of other category

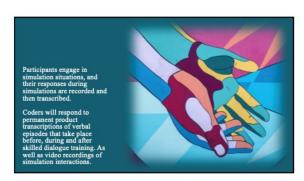
	Welcoming	Allowing	Sense-making	Appreciating	Joining	Harmonizing	Other
I would love to provide help.							~
I understand							~
I'll set up a meeting with the therapist so that we can discuss the future direction.							~

APPENDIX I OBSERVER TRAINING SLIDES









3 4

Verbal Episode

Verbal episodes have been determined by the primary researcher, and are separated 1) by changes in content topic or ideas discussed (a.g. I really see your point (Shahia). Do you undentand mine? (Shahia) and 2) by changes in speakers (e.g. I really see your point (Bhahia).

The verbal episodes to be scored are in bolded font and change in speaker will be indicated by a change in color. For example:

Army: "Hi Shahia, I'm here for our meeting"
Shahia: "It's so good to see you.

I am really happy we have this chance to talk"

Army: "Me, too!"

The coding task is to determine if each verbal episode meets the criteria for one or more types of skilled dialogue components.



Materials You will need: Data Sheet (transcript with verbal episodes and category options) A pen The recording protocol.

Process

1. Complete the coder training protocol with trainer and have at least 85% mastery on practice transcripts.
2. Obtain transcript for scoring. Be sure all pages are in your packet and sign and date each page.
3. Read through definitions before scoring on the data sheet. Brief definitions are at the top of each data sheet, but you are encouraged to refer back to the full protocol and to double check you're scoring before you hand in the completed data sheet.
4. On the data sheet, participant responses are divided into verbal episodes. You will mark each episode as:
a. welcoming, allowing, sense-making, appreciating, joining or harmonizing
b. or some combination of these categories.
c. or as none of these categories.
5. A set of dialogue may contain multiple categories but not contain all six categories.
6. If unsure, refer to the full definitions included in this protocol.
7. Double check you're scoring before handing in the completed data sheet.

7 8

Magazine	Defection	Example	Non-example
Weitersing	 Homeoung appearance of both the other presents a coulder the opportunity to interest with biles of her. The translate provincing addresses about the work being of the other person, and parameters than opposite the digital as work while the other translate. 	"Helds, frame glid for the appearance or work supplies by the second of	Transaction or sing, we should probably per stored right newsy." New that you are been we can get warrant on what we discussed."
Allering	 Definiting their own factors and interpretations and intering within temporary for own physicals, led with and whose Adding on sharing more about following representa- tions of the control of the control of the control of the control of the beings, restriction or the other time of the control of the control of the control of the control	"Tell me more." "How stayon find about that?" "I went to her about what is going wifus door this mean to yet." "The same other fire."	"I don't think we should do that I have a briter size." "When do you think about the kines the I discussed with you believ." "It just tell you what write going to do."
Somewhat .	 Activaly stacking how the others viscou, behaviour, professional agreeming retirection of our inversion owns or the time grows 00000. The translate alternation or quantities the sharp, making purposes and the order person almost him demonstrates interferencing application to the profession returned, and contentuality alone detection and considere. 	"Let me see it!! anderstend, me yets saping" "The makes some that yets tild then in the standard." "Correct me it! in wome," "Correct me it! in wome," "The day to regions why they would be taken."	"I don't endented why you would do it that is asseptible." There is what I chick should what you will." "Your approach does not help."
thin species	 Expressing compulsion that there is always conceibing efficient that can be learned from the other person, an antient their driven is or also may be not have much they may disappreced to be on the Third metable assessment that express personals the order or the supersonary of the other person and with they are always. This may also include abstracts that express the bearing approximation that the other precise provides. 	"The end progressed with how much affect you gut any this assence"." You never thought a list first way, durit southless you I barried mode," "Thank you for thanky that with me"."	"I don't disk that the table give assisted" "One you see here your behavior might be adding to the drambs." "I think you've belook exough?"
Intellig	 Experiency in experience and in instructions are an over training, and all behaviors are likely about an instruction in behavior in a dependent of that one. The sensets assumed when respons the instruction demonstrate and a color process and have the determine of the other are optical about one. The sensets assumed as the other training of the other are optical about one. The senset are developed and the other and the other are other and other and other are other assumed as a few of the other and other are of the other and other and other are of the other and other are of the other and other and other are of the other and other are other as of the other and other are of the other and other are other as of the other and other are other as of the other and other are other as other and other are other as ot	"You know, I think I might do the same thing in your about." "He clear to me that with both vory processed about this sharetor." "I do not wish a planting sharing." "I have with you." I have no and an illuminating of the same page."	Well, I don't think that a what is response; "Take I know how you dishit melous" I would never do that." I want to halp adducyon pacidens." "You should say this."
Harmsching	 Prompting to bears options by learning aroughs of the diverse paint and to such a continuous goal in their distracting of the architecture of expectation and arough a relational context in a condition than happenin and considered the prospective and the condition for prospect to extend aboutly or such only. 	"Provide living that so the nucleocody milital about two chalces. I woulder it theories a fand choice?" "Lat's keep replacing what we can do be imagened the strengths of both purspecials." "What do you think about soming up- what me parking the other."	"Little to the well over agone." Tradecorate they you want him to become them to be, but up it may be one more important things, we need to focus on." "If the winterer you want." "This has been been it is what I may be in the "."

Pefinition

- Expressing openness to both the other persons(s) and/or the coprocuracy to interact with him or the about the wolf-lenge of the other person. And retacement what express the desire to work with the other person.

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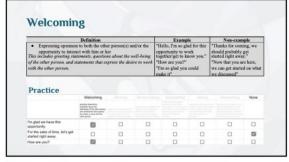
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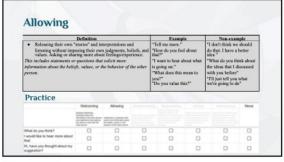
- The goal on how the goal of the other person.

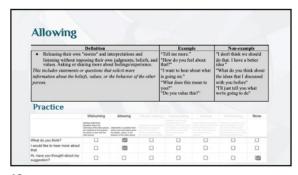
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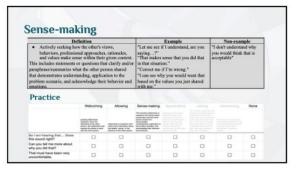
- The go

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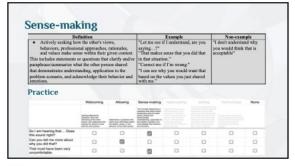


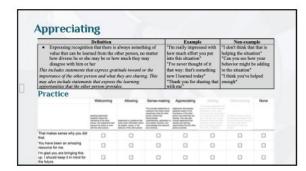




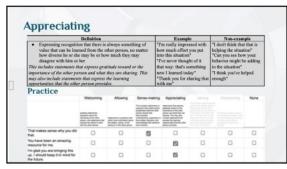


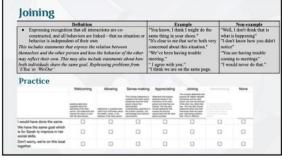
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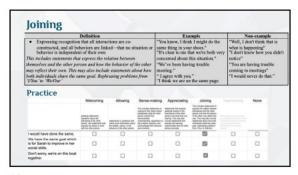




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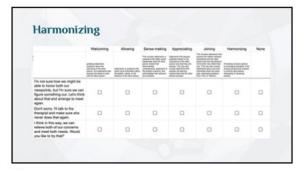




Befinition

Prompting inclusive options by leveraging strengths without climinating or devaluing market of the properties of the propertie

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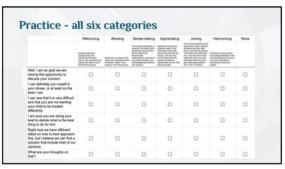
Practice

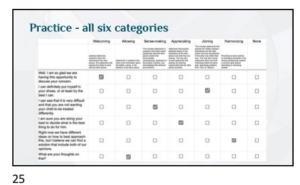
| Majoring | Allowing | Sense-making | Appropriate | Appropria

21 22

Practice - all six categories

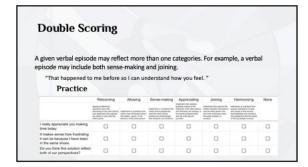
"Well, I am so glad we are having this opportunity to discuss your concern. I can definitely put myself in your shoes, or at least try the best I can. I can see that it is very difficult and that you are not wanting your child to be treated differently. I am sure you are doing your best to decide what is the best thing to do for him. Right now, we have different ideas on how to best approach this, but I believe we can find a solution that include both of our opinions. What are your thoughts on that?"





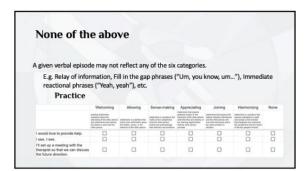
Additional Considerations 'None of the Above' Context Added Rules Best Practices

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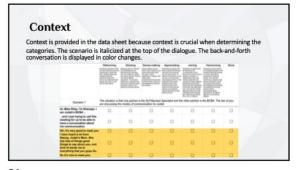


Double Scoring A given verbal episode may reflect more than one categories. For example, a verbal episode may include both sense-making and joining. "That happened to me before so I can understand how you feel." Practice 8 2 123 23

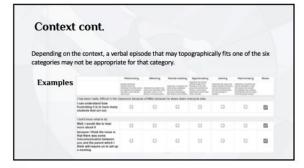
27 28



None of the above A given verbal episode may not reflect any of the six categories. E.g. Relay of information, Fill in the gap phrases ("Um, you know, um..."), Immediate reactional phrases ("Yeah, yeah, absolutely"), etc. Examples 88 00 00 0 в



31 32



Added Rules

When there is a disagreement, an additional rule will be added after coming to an agreement about how the episode should be classified. "Golden Phrases"

Current Rules:

"Thank you/Thanks" is always scored as Appreciating unless determined to be sarcastic or rude.

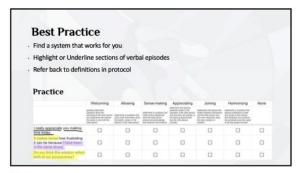
"I understand" before or after reinstating what was said is scored as Sensemaking.

Proposing and/or Accepting an inclusive solution is scored as Harmonizing

Scheduling observation/another meeting — Welcoming & Joining

I'm sorry/apologies — Appreciating

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Best Practice Find a system that works for you Highlight or Underline sections of verbal episodes Refer back to definitions in protocol Practice 2 2 12 0 12

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