



CULTURALLY RESPONSIVE ABA PRACTICES WITH SOMALI CLIENTS

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TABLE OF CONTENTS

DISCLAIMER	03
A NOTE TO YOU	04
WHY THIS GUIDE MATTERS	05
CORE CULTURAL VALUES	06
LANGUAGE & COMMUNICATION	07
PERCEPTION OF AUTISM AND DEVELOPMENTAL DISABILITIES	08
FAMILY DYNAMICS	08
PARENT TRAINING & COLLABORATION	10
SOCIALLY SIGNIFICANT GOALS	11
TRAUMA & REFUGEE EXPERIENCE	11
SERVICE BARRIERS & ACCESSIBILITY	12
ADAPTING ABA STRATEGIES	13
COMMUNITY ENGAGEMENT	13
CASE VIGNETTES	14
HELPFUL RESOURCES	15
REFERENCE LIST	18

DISCLAIMER

This guide is intended to provide general guidance to ABA professionals on culturally responsive practices when working with Somali clients and their families. While every effort has been made to ensure cultural accuracy and relevance, the Somali community is not monolithic—cultural beliefs, values, and experiences can vary widely based on region, language, religion, personal history, and acculturation.

This resource is not a substitute for direct community engagement, ongoing cultural humility, or individualized client assessment. Practitioners are encouraged to use this guide as a foundation while continuing to seek out firsthand learning opportunities, consultation, and collaboration with Somali individuals and cultural brokers.

A NOTE TO YOU

Dear Practitioner,

Welcome, and thank you for your commitment to culturally responsive care. Working with Somali clients and their families requires not only clinical expertise but also cultural humility, curiosity, and deep respect. This guide was created to support professionals like you, those seeking to bridge the gap between evidence-based practice and culturally meaningful care.

Whether you are just beginning to work with Somali families/individuals or looking to strengthen your cultural responsiveness, this guide offers practical strategies, key insights, and respectful considerations to help you engage with Somali clients in ways that honour their values, history, and lived experiences.



WHY THIS GUIDE MATTERS

Cultural competence is not optional in ABA practice, it is essential. Meaningful relationships, family trust, and positive behavioural outcomes all depend on a practitioner's ability to understand and respond to the unique cultural contexts of their clients. For behaviour analysts, this isn't just best practice—it's an ethical obligation.

According to the Ethics Code for Behavior Analysts (BACB, 2022), Standard 1.07, professionals are required to actively engage in ongoing learning and professional development related to cultural responsiveness and diversity. By aligning our work with these ethical standards, we demonstrate respect for our clients' lived experiences, reduce the risk of bias, and strengthen the overall quality and effectiveness of care.



CORE CULTURAL VALUES

Somali culture places a strong emphasis on family cohesion, communal support, and shared values (Abdi, 2007). Deep respect for elders and religious leaders is a cornerstone of social interactions. Faith, particularly Islam, plays a central role in daily life and decision-making for many Somali families (Pew Research Center, 2012). Values such as perseverance, dignity, and resilience in the face of adversity are deeply held and often reflected in family narratives and child-rearing practices.

However, it is important not to make assumptions about any individual family's beliefs or practices. Not all Somali families may identify strongly with religious traditions, and practitioners should remain open, nonjudgmental, and respectful of each family's unique worldview. Creating a space where families feel accepted and understood, regardless of their faith alignment, helps build trust and fosters more meaningful collaboration.





LANGUAGE & COMMUNICATION

The primary language spoken by most Somali families is Somali, though some individuals may also speak Arabic, Swahili, or English, depending on their migration history and education (Bigelow, 2010). Literacy rates in Somali or English may vary significantly, especially among older adults or recent arrivals, so practitioners should not assume fluency based solely on conversational skills (Ellis et al., 2010).

Whenever possible, practitioners should use trained professional interpreters when language barriers exist. It is not appropriate to rely on children or other family members to serve as interpreters, particularly in clinical or sensitive contexts, as this may place undue emotional burden on them and compromise the accuracy and privacy of communication (Tribe & Thompson, 2009). Working with interpreters who understand both behavioural terminology and cultural context is essential for effective service delivery.

Some Somali individuals may prefer a respectful or indirect communication style, particularly when discussing sensitive or personal topics. This can reflect cultural norms around deference to elders and a desire to maintain harmony in social interactions (Bigelow, 2010). However, communication preferences vary, so practitioners should approach each family with openness and seek to understand their preferred way of engaging. Additionally, culturally responsive strategies such as storytelling (sheeko) or the use of visual supports (e.g., pictures, gestures, social stories) can help enhance understanding, particularly for families unfamiliar with clinical or behavioral terminology (Bigelow, 2010; Said, 2018).

PERCEPTION OF AUTISM AND DEVELOPMENTAL DISABILITIES

Autism and other developmental conditions may be misunderstood or stigmatized within some Somali communities (Ellis et al., 2010; Bakare et al., 2014). It is common for families to interpret symptoms through a spiritual lens, sometimes viewing them as a test from God or the result of supernatural causes (Bakare et al., 2014). This perspective can contribute to hesitancy, denial, or delays in accepting a formal diagnosis and seeking intervention (Shaw et al., 2013).

Practitioners should approach these beliefs with respect and cultural humility, recognizing that a family's worldview deeply shapes how they perceive developmental differences. Providing clear, compassionate education about autism and ABA can help bridge understanding without dismissing spiritual or cultural perspectives (Kaushik et al., 2018). Building trust may require “pairing” first with the family—establishing a respectful and supportive relationship—before fully engaging with the child or young adult. Emphasizing that the goal of intervention is to improve quality of life, while acknowledging that outcomes cannot be guaranteed, can boost families' confidence and openness to collaboration.

FAMILY DYNAMICS

Somali families may often operate within a hierarchical and collectivist family structure (Boyle & Ali, 2009; Carroll, 2004). Decision-making authority may be typically held by fathers, mothers or elders. While mothers are usually the primary caregivers, they may defer major decisions—particularly those involving health, finances, or formal services—to male family members or the broader extended family network. This dynamic can influence how and when decisions about ABA services are made.

Practitioners should take time to understand the family's internal structure and involve extended family members where appropriate. It is not uncommon for aunts, uncles, or grandparents to be closely involved in caregiving or decision-making, especially in multigenerational households (Carroll, 2004). Being flexible and inclusive in how parent or caregiver training is delivered can strengthen family engagement and ensure consistency across environments. For example, providing culturally responsive training sessions that include multiple caregivers can help reinforce strategies at home and build family-wide understanding of ABA principles. Ultimately, respecting the family hierarchy while maintaining open communication with all caregivers promotes trust and long-term collaboration.



RELIGION & DAILY LIFE

For many Somali families, Islam is a deeply rooted part of daily life, shaping values, routines, and decision-making. Understanding and respecting Islamic practices is essential for culturally responsive ABA services. Daily prayers, performed five times a day, are a significant part of the routine. The midday (Dhuhr) and sunset (Maghrib) prayers may overlap with typical therapy hours, so practitioners should work collaboratively with families to schedule sessions in ways that accommodate prayer times (Pew Research Center, 2012). During Ramadan, observant Muslims fast from dawn to sunset, refraining from food, drink, and sometimes medication. This can impact energy levels and the effectiveness of edible reinforcers. In such cases, practitioners should consider modifying reinforcement strategies—such as using non-food rewards—and adjusting session timing or intensity as needed (Ali, 2008).

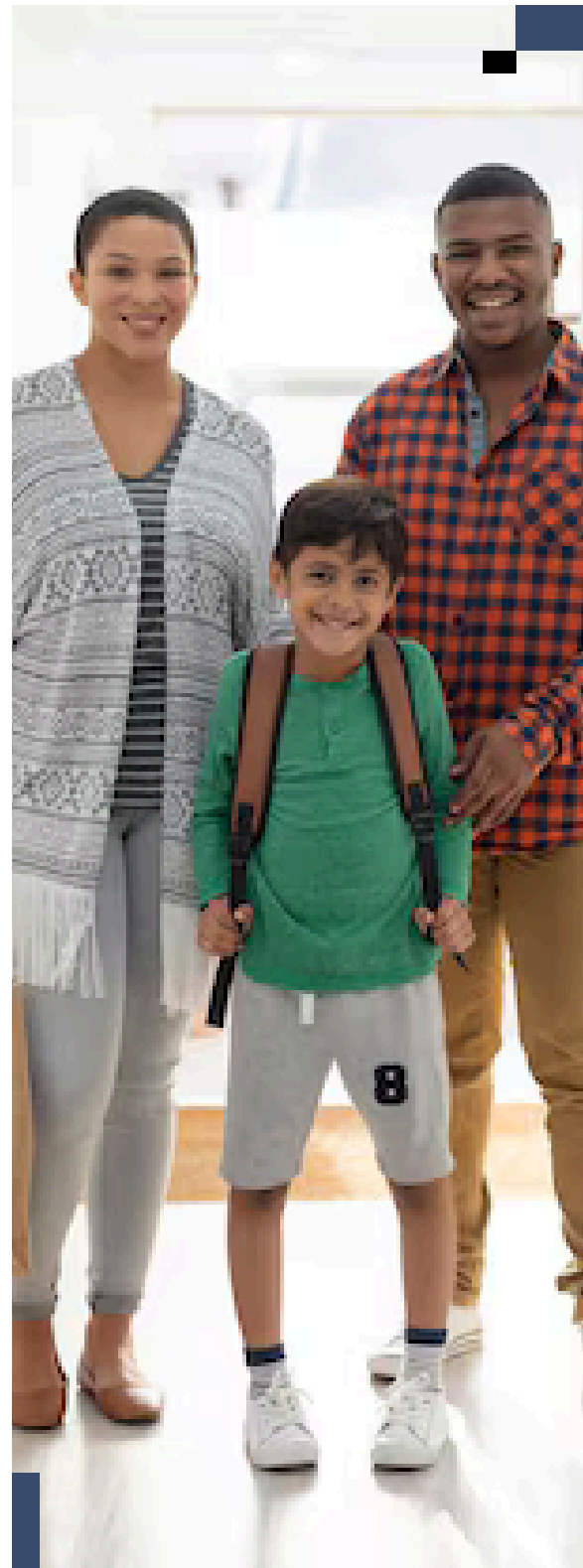
In terms of professional appearance, modesty in dress is important, particularly during home visits. Practitioners should avoid tight or revealing clothing and opt for clothing that covers the arms and legs to show respect for cultural and religious norms. Additionally, gender boundaries are significant in many Muslim households. Physical contact between unrelated individuals of opposite genders is often avoided; therefore, therapists should refrain from initiating handshakes or physical prompts unless explicitly permitted (Ali, 2008). By acknowledging and adapting to these religious and cultural considerations, practitioners foster trust, demonstrate respect, and support more effective, collaborative care.

PARENT TRAINING & COLLABORATION

Effective parent training with Somali families requires a collaborative, respectful, and culturally responsive approach. Rather than taking a directive stance, practitioners should adopt a partnership model that honours the family's expertise about their own child and daily life. A collaborative approach empowers caregivers, fosters mutual respect, and supports long-term engagement (Brookman-Frazee et al., 2012). Building trust takes time, particularly in communities where there may be limited understanding of autism or prior experiences of marginalization within healthcare or school systems (Ellis et al., 2010). Practitioners should not expect immediate buy-in to ABA concepts but should instead focus on rapport, transparency, and consistency, allowing families to observe and experience positive results gradually.

Cultural responsiveness also involves tailoring training content using familiar, relevant examples that resonate with the family's values, routines, and communication styles. Visual aids, such as pictorial schedules, culturally appropriate social stories, or modelling through video examples, can be especially effective when literacy or language barriers exist (Bigelow, 2010). Training materials should be clear, jargon-free, and—when needed—offered in the family's preferred language through a trained interpreter.

Flexibility in scheduling is essential. Many Somali families balance work, extended family responsibilities, and religious commitments such as daily prayer or mosque attendance. Practitioners should aim to schedule training at times that minimize disruption and show respect for these priorities (Ali, 2008). Understanding the family's broader context—such as housing instability, single parenting, or caregiving for multiple children—can also guide more empathetic and realistic goal setting. Ultimately, when families feel respected, heard, and supported, they are more likely to remain engaged and implement strategies consistently.



SOCIALLY SIGNIFICANT GOALS

When working with Somali families, it is essential to ensure that intervention goals are socially significant—meaning they are meaningful and relevant to the family's cultural values, routines, and immediate needs (Baer, Wolf, & Risley, 1968). Goals that align with what families care about most are more likely to be embraced and implemented consistently. For example, rather than focusing initially on abstract academic skills, a more impactful starting point may be teaching a child to receptively identify the word “halal,” which supports religious food practices and promotes safety and independence in real-life settings. Similarly, goals related to participating in prayer routines, following instructions during family gatherings, or responding appropriately to greetings may have immediate practical value for the family.

When families see that ABA can support their everyday life—not just long-term development—they are more likely to buy in, ask questions, and actively participate in training. Taking time to ask, “What would make your day easier right now?” can uncover culturally meaningful goals that might otherwise be overlooked. This approach enhances collaboration and respects the family's lived experience.

TRAUMA & REFUGEE EXPERIENCE

Many Somali families have been impacted by decades of civil war, displacement, and migration, with some arriving as refugees after experiencing significant trauma, including loss of family members, exposure to violence, or prolonged stays in refugee camps (Ellis et al., 2008; Betancourt et al., 2015). However, it is important for practitioners to remember that not all Somali families share the same migration or trauma history. Making assumptions about a family's past can be harmful or alienating. Instead, practitioners should use a trauma-informed approach, which centers on safety, empowerment, and trust-building without requiring disclosure of past trauma (SAMHSA, 2014).

In practice, this means avoiding intrusive or overly personal questions, especially during early interactions, and instead focusing on building rapport over time. ABA providers can support families by creating predictable, safe environments, using clear, respectful communication, and showing patience and flexibility as trust develops. For children, trauma can sometimes affect behaviour, learning, and emotional regulation—factors that must be considered in assessment and intervention planning (Fazel & Betancourt, 2018). Above all, practitioners should approach every family with cultural humility, recognizing the resilience many Somali families bring alongside their complex histories.



SERVICE BARRIERS & ACCESSIBILITY

Somali families, like many underserved communities, often face multiple barriers to accessing ABA and related services. These include transportation challenges, childcare demands, and work obligations that conflict with traditional clinic hours (Tervalon & Murray-García, 1998). There may also be deeper mistrust of institutional systems, shaped by past experiences of displacement, discrimination, or a perceived lack of cultural understanding in healthcare and educational settings (Ellis et al., 2008; Betancourt et al., 2015).

To increase access and engagement, practitioners should provide services that are culturally and linguistically appropriate, family-centered, and flexible to the family's schedule and context. Learning and using simple Somali or Islamic greetings such as "As-salaamu 'alaykum" (peace be upon you), "ee waran?" (what's up), or "see tahay?" (how are you?) can help break the ice and create an immediate sense of connection and respect. These small but intentional acts can send a powerful message: I see you, I respect you, and I am here to collaborate with you.

Whenever possible, offering translated materials, interpreter support, and culturally relevant visuals or examples will support communication and reduce misunderstandings. Service delivery should also consider home-based options, evening or weekend sessions, and the involvement of extended family members. Taking a family-centered approach that adapts to the family's needs—rather than expecting them to conform to rigid service structures—fosters trust and builds sustainable engagement (SAMHSA, 2014; Tervalon & Murray-García, 1998).

ADAPTING ABA STRATEGIES

- Choose reinforcers that are culturally appropriate (not just food-based).
- Respect goals of interdependence, not every family values independence above all.
- Use group-based or family-based teaching models where applicable.
- Adjust behavior strategies to honor values of respect and family harmony.

COMMUNITY ENGAGEMENT

Effective ABA practice with Somali families benefits greatly from genuine, sustained community engagement. Building trust goes beyond the clinical setting—it begins in the community itself.

Partnering with Somali-led mosques, community centers, schools, and nonprofits allows practitioners to connect with families through familiar, trusted institutions (Yusuf, 2012; Guerin et al., 2004). These settings often serve as anchors of cultural identity, information-sharing, and mutual support.

One impactful strategy is offering autism education workshops or ABA information sessions in collaboration with these organizations. Hosting events in community spaces, particularly those allied with faith or culture, signals respect and builds credibility. When possible, invite community leaders, Imams, or elders to co-host or speak at these events to increase participation and trust (Ellis et al., 2010).

Importantly, community engagement should not be one-sided. Practitioners should actively seek feedback from Somali families and leaders on how ABA services can be delivered more respectfully and effectively.

Co-developing parent materials, intake forms, and training content with bilingual and bicultural professionals ensures that content is not only linguistically accurate, but culturally resonant (Fong et al., 2016).

Sustained collaboration—rather than outreach alone—demonstrates humility and respect for the community’s expertise, ultimately making ABA services more accessible, acceptable, and effective.

CASE VIGNETTES

ABA practitioners can strengthen trust and cultural responsiveness by sharing simple, anonymized case vignettes with families. These stories illustrate that the practitioner has experience working with other Somali or immigrant families, and they can normalize help-seeking around autism and behaviour challenges. Vignettes are particularly useful during initial meetings, parent training, or when introducing new strategies that may feel unfamiliar.

Sharing stories about previous clients—always keeping identifying details confidential—can reduce feelings of isolation and demonstrate that progress is possible. For example:

“I worked with another Somali family who also had concerns about their child not talking. We started with some very basic routines, like helping the child ask for water using pictures. Over time, the child began saying a few words, and the mom told me it really helped her feel less overwhelmed.”

Or:

“During Ramadan, one family I worked with preferred not to use food rewards. We found other things that worked really well, like listening to Somali songs or getting extra story time with dad.”

These examples reflect cultural humility, align with oral storytelling traditions in Somali culture, and allow practitioners to frame ABA through a lens of shared values (Bigelow, 2010; Fong et al., 2016). They also help families see that the practitioner is not judging their parenting, but instead offering ideas that have helped others in their community.



HELPFUL RESOURCES



Interpreter Services and Cultural Liaisons

- Use professional interpreters to ensure accurate and respectful communication.
- Avoid relying on family members, especially children, to interpret sensitive information.
- Cultural liaisons can bridge cultural gaps, helping practitioners understand family values and customs better.



Connecting Families with Somali Advocacy and Support Groups

- Somali families often feel most comfortable sharing experiences with others from their own community who understand their language and culture.
- Facilitating connections with local Somali advocacy groups or parent support networks can provide emotional support and practical advice.
- Peer support helps families feel validated, reduces isolation, and increases engagement in services.



Educational and Professional Resources

- Encourage practitioners to read and engage with texts focused on cultural competence in ABA, such as Cultural Competence in Applied Behavior Analysis.
- Staying informed about culturally responsive practices improves therapeutic outcomes and strengthens trust with clients.
- Seek out workshops, webinars, or training modules focused on working with diverse communities, especially Somali or Muslim populations.



Additional Recommendations

- Consider developing or sourcing bilingual/bicultural materials to support families in their preferred language.
- Use visuals and culturally relevant examples in educational materials to increase accessibility.
- Partner with community organizations like mosques or cultural centres to disseminate information and build community trust.

CLOSING NOTE

Culturally responsive ABA practice is not about changing the core science of behaviour analysis; it's about meeting clients and families where they are—honouring their values, experiences, and cultural contexts. Approaching every family with humility, curiosity, and respect helps build trust and fosters meaningful collaboration.

While we have conducted research and compiled guidance to support practitioners working with Somali families, we encourage you to continue exploring and learning about the unique cultures of the clients you serve. Ongoing cultural learning is a vital part of ethical and effective practice.

From all of us at the Somali Behaviour Analysis Association (SBAA), we deeply appreciate your dedication to understanding our culture to better support your clients. Your efforts create meaningful, lasting change—thank you from the bottom of our hearts.



HELPFUL SOMALI PHRASES FOR PROFESSIONALS

English	Somali (Phonetic Approx.)	Context / Use
Peace be upon you	Asalaamu calaykum (ah-sahlahm oo ah-lay-koom)	Standard respectful greeting, especially with Muslims.
And peace be upon you too	Wa calaykuma salaam (wah ah-lay-koom-ah sah-lahm)	Response to the above greeting.
How are you?	Sidee tahay? (see-deh tah-hi)	Friendly check-in.
I'm fine, thank you	Waan fiicanahay, mahadsanid (wahn fee-an-ah-hi, mah-hadsa-nid)	Polite response.
Thank you	Mahadsanid (mah-had-sa-nid)	Expressing appreciation.
Welcome	Soo dhowow (soh doh-woh)	When greeting someone to your clinic or session.
What is your name?	Magacaa? (mah-gah-ah?)	Helpful when working with children.
Good job! / Well done!	Shaqo wanaagsan! (shah-ko wah-nag-san)	Positive reinforcement.
Sit down please	Fadlan fadhiiso (fad-lan fahdee-so)	Directive used gently.
Come here	Imaaw halkan (ee-mao halkan)	Directive (child-friendly tone).
Let's play!	Aan ciyaarno! (ahn chi-yar-no)	Engagement / pairing phase.
Finished / All done	Waa dhammaatay (wah dahmah-tie)	Transition cue.
One moment, please	Hal daqiiqo fadlan (hal dahkee-ko fad-lan)	Useful for pause.
Are you okay?	Ma fiican tahay? (mah fee-an tah-hi?)	Check-in for emotional or physical state.

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