

Empowering Staff: Teaching Compassionate Care in Parent Training

Parenting with ABA Members CE Event

September 20, 2023

Leanne Page, BCBA ACE IP-21-0016

Define compassion:

The emotional response to another's pain or suffering, involving an authentic desire to help

Empathy vs Compassion vs Sympathy

Empathy, Compassion, and Sympathy- not the same

Compassion: when people recognize the struggles within each other and treat each other gently and with lovingkindness as a result.

Empathy: "the ability to understand what someone is experiencing and to reflect back that understanding."

Sympathy: a tool for distancing oneself from the pain of others and is directly opposed to compassion and empathy.

-From Rising Strong by Brene Brown





Notes on: Teaching Compassion Skills to Students of Behavior Analysis: A Preliminary Investigation

How to teach compassion skills:

Steps taken in the study:

Takeaways:



Notes on: Leading with Compassion

Ways ABA currently demonstrates this:

Takeaways:

◀ ▶
Notes on: Compassionate Care in Behavior Analytic Treatment: Can
Outcomes be Enhanced by Attending to Relationships with Caregivers?

Takeaways:

Resources (with hyperlinks when possible)

Brown, B. (2017). Rising strong. Spiegel & Grau.

LeBlanc, L. A., Taylor, B. A., & Marchese, N. V. (2020). The training experiences of behavior analysts: Compassionate care and therapeutic relationships with caregivers. Behavior Analysis in Practice, 13(2), 387-393.

Melton, B., Marchese, N., & Weiss, M. J. (2023). Leading with Compassion: A Discussion and Steps Forward for Behavior Analysts. International Electronic Journal of Elementary Education, 15(3), 225-232.

Rohrer, J. L., & Weiss, M. J. (2022). Teaching compassion skills to students of behavior analysis: a preliminary investigation. Behavior Analysis in Practice, 1-20.

Taylor, B. A., LeBlanc, L. A., & Nosik, M. R. (2019). Compassionate care in behavior analytic treatment: Can outcomes be enhanced by attending to relationships with caregivers?. Behavior Analysis in Practice, 12(3), 654-666.

Trzeciak, S., Mazzarelli, A., & Booker, C. (2019). Compassionomics: The revolutionary scientific evidence that caring makes a difference . Pensacola, FL: Studer Group.

Is this a good fit for your family?

Time

- I feel this is doable in the time I have.
- I need help finding the time.
- There's no way I can find time for this.

Comfort/ Confidence

- I understand the plan and feel good trying it on my own.
- The training was a little unclear. I'm not sure what to do.
- That made no sense to me. We need something else.

Troubleshooting

- I feel good applying this to new things that may pop up.
- I can try to use these behavior tools on my own.
- Not going to work for new issues that may come up.

Whole Family

- This feels too hard on my child.
- This feels too hard on the rest of my family.
- This feels too hard on me.

Is it worth it?

- The effort is totally worth it.
- The payoff of improvement in my family seems really far off.
- The effort does not seem like it's going to get us anywhere.

Community

- The people in our world will be understanding of this.
- No one will understand and I'll feel uncomfortable.

Compassionate Care for Families

From Table 3 in Taylor, LeBlanc, & Nosik, 2019

The Behavior Analyst:

- regularly asks how I am doing
- acknowledges his or her mistakes
- cares about including all of my children
- reassures me that things will get better
- acknowledges when treatment is not working
- seems to have an understanding of what it is like for me to have a child with autism
- understands when I have challenges implementing protocols
- seems to understand my fears and anxiety about my child's future
- is patient with me when training me to implement protocols
- understands what I struggle with in parenting my child
- understands how having a child with autism impacts our family dynamics
- acknowledges my feelings when discussing difficult or challenging circumstances
- respects my cultural values and beliefs
- is compassionate and nonjudgmental

Compassionate Care for Families

From Table 5 in Taylor, LeBlanc, & Nosik, 2019

POSITIVE SOCIAL INTERACTIONS

- Smiles & acknowledges the parent with eye contact and an appropriate greeting
- Makes positive comments about the child's behavior
- Makes positive comments about the parent's behavior
- Expresses appreciation for the parent
- Provides realistic, hopeful comments about the child's prognosis
- Demonstrates general enthusiasm about the direction of the child's program
- Asks the parent how he or she is doing
- Clarifies roles
- ASks the parent if she or he is happy with how things are going
- Uses humor when appropriate

DEMONSTRATES EMPATHY

- Makes eye contact
- Sits up, leans forward, and maintains a positive neutral facial expression
- Uses a reassuring tone of voice
- Nods his or her head to indicate active listening
- Uses vocalizations to indicate ongoing interest (e.g. "mm-hmm", "yes", "go on")
- Asks open-ended questions
- Pauses to allow the parent to answer
- Paraphrases back what the parent states
- Acknowledges and names the parent's feelings (e.g. "You seem discouraged")
- Verifies the emotional response as reasonable
- Identifies and responds appropriately to nonverbal cues (e.g. lack of eye contact, sad facial expression)

DEMONSTRATES COMPASSION

- Provides pauses and opportunities in the conversation for the parent to say how he or she is feeling
- Confirms the parent's emotional response in a nonjudgmental way
- Provides acknowledgment and makes supportive comments
- Discusses how as a team they may address the parent's concerns or emotional pain
- Provides reassurance that things will get better
- Demonstrates an understanding of what it is like for the parent by offering supportive comments
- Offers actions to take to alleviate the parent's distress

DEMONSTRATES COLLABORATION

- Seeks the parent's ideas when developing treatment
- Provides explanations and rationale for the treatment proposal
- Asks the parent if the treatment recommendation is acceptable
- Asks the parent what obstacles may prevent treatment
- Acknowledges the parent's statements of concerns or obstacles and paraphrases the concerns
- Compromises with the parent when determining the treatment plan
- Models flexibility.
- Engages the parent in reiteration of the treatment plan
- Acknowledges his or her own mistakes when appropriate
- Apologizes when appropriate
- Inquires about parent satisfaction
- Identifies and adjusts treatment goals based on the family's culture, religion, or lifestyle

Taylor, B. A., LeBlanc, L. A., & Nosik, M. R. (2019). Compassionate care in behavior analytic treatment: Can outcomes be enhanced by attending to relationships with caregivers?. *Behavior Analysis in Practice*, 12(3), 654-666.

Compassionate Collaboration Tool

-Rohrer, Marshall, Suzio, & Weiss, 2021

Table 1 Compassionate Collaboration Tool

Please respond to the following questions using a 3-point rating scale:

1 – *Not demonstrated / not observed*

2 – *Sometimes demonstrated / some missed opportunities*

3 – *Consistently demonstrated / observed during all opportunities*

Collaborative Approaches

Did the clinician incorporate **family/individual client input** when identifying **objectives/instructional** targets or procedures?

Actively solicited input from the family about preferences/priorities for targets (“What is important to you to teach?”) 1 2 3

Actively solicited input from the family about preferences/priorities for teaching procedures (“How comfortable are you with the procedures we’ve discussed?”) 1 2 3

Discussed the rationale for selected targets 1 2 3

Ensured the rationale is aligned with the family’s input 1 2 3

Asked questions about the family’s values relating to independence (self-feeding, dressing, staying home alone, etc.) 1 2 3

Did the clinician incorporate **family/individual client input** when identifying **behavior reduction** targets or interventions?

Actively solicited input from the family about preferences/priorities for targets (“What is important to you to change?”) 1 2 3

Actively solicited input from the family about preferences/priorities for behavior-change procedures (“Which intervention are you most comfortable with?”) 1 2 3

Discussed the rationale for selected targets 1 2 3

Ensured the rationale is aligned with the family’s input 1 2 3

Language and Communication

Did the clinician use accessible **language** when interacting with the family/individual client?

Used precise, everyday language (described concepts precisely without the use of jargon) 1 2 3

Defined and explained behavior-analytic jargon (if used) 1 2 3

Avoided terms that may have negative connotations such as “extinction” or “discrimination” 1 2 3

Used vocabulary that is matched to the family’s/individual’s repertoire 1 2 3

Did the clinician use **verbal communication** strategies associated with positive interactions and client satisfaction?

Asked questions about general family functioning and individual members of the family 1 2 3

Discussed information unrelated to the client before beginning clinical work (used small talk to establish rapport) 1 2 3

Asked about the family’s/individual client’s experience of the challenging situation for which support is sought 1 2 3

Engaged in framing/sign posting (“Let me see if I have this right . . .” “Sounds like . . .”) 1 2 3

Reflected the content (“It sounds like you are worried that Billy can’t express himself.”) 1 2 3

Identified and calibrated the emotion (“I’m hearing that you don’t know what to do when you’re in public and he acts up.”) 1 2 3

Requested and accepted correction (“Did I leave anything out / miss anything?”) 1 2 3

Solicited questions 1 2 3

Used “do” instead of “do not” statements 1 2 3

Provided hope to the family/individual through discussion of potential positive outcomes 1 2 3

Did the clinician use **empathic behaviors** that communicate prioritization of the family’s/individual client’s perspective?

Used nonvocal behavior that is matched to the family’s/individual’s interactions, personal space, and eye contact 1 2 3

Engaged in active/attentive listening (nonverbal and paralinguistic skills, “mm-hmm,” nodding, mirroring facial expressions, appropriate body language) 1 2 3

Refrained from interrupting 1 2 3

Oriented toward the speaker (face-to-face orientation as opposed to a 45° or 90° angle) 1 2 3

Maintained open body posture (uncrossed arms, leaning forward as opposed to back) 1 2 3

CARE Checklist

Adapted from the CARE Measure, Stewart W Mercer 2004

<i>How was the behavior analyst at....</i>	Poor	Fair	Good	Very Good	Excellent	Does not apply
1 .Making you feel at ease..... (being friendly and warm towards you, treating you with respect, not cold, or abrupt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Letting you tell your "story" (giving you time to fully describe things in your own words; not interrupting or diverting you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Really listening..... (paying close attention to what you were saying; not looking at their notes or computer while you were talking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Being interested in you as a whole person..... (asking/ knowing relevant details about your life and your situation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Fully understanding your concerns..... (communicating that they actually understood your concerns; not overlooking or dismissing anything)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Showing care and compassion..... (seeming genuinely concerned; connecting with you on a human level)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Being positive..... (having a positive approach and attitude; being honest but not negative about any problems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Explaining things clearly..... (fully answering your questions; giving adequate information; not being vague)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helping you to take control..... (encouraging rather than lecturing you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Making a plan of action with you.... (discussing options; including your views)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Empathy Self-reflection Checklist

Parenting with ABA Membership



Did I:

- Incorporate longer pauses to listen
- Repeat back what was said to me to clarify
- Ask for more information
- State that I am listening and noticing
- Ask how they are doing
- Ask about all members of the family
- Acknowledge my own mistakes
- Give extra time to practice or review procedures
- Acknowledge the other person's feelings
- Attempt to see the situation through their eyes
- Look at the big picture
- Consider all the extraneous variables at play
- Use empathic sentence starters
-
-



*Empathy fuels
connection*



Compassionate Care Skills Check

From Rohrer & Weiss, 2022

- Tell the caregiver you are taking notes.
- Nodding
- Backchannel (Okay, yeah, sure, mmmhmm, perfect, got it, etc)
- Positive introduction
- Acknowledge abilities or efforts of the child
- Ask about child's interests
- Ask about caregiver preferences and priorities
- Reflect and incorporate caregiver priorities
- Empathy statement
- Normalizing (That's a common...)
- Partnering (We'll work on this together, this is going to be a collaborative effort, we are a team, etc)

Leading with Compassion

Compassionate Interactions Quick Evaluation

From Melton, Marchese, & Weiss, 2023

SITUATION

Identify the situation that is potentially causing stress or enjoyment to the individual.

BEHAVIORS

What behaviors are you seeing that lead you to believe this?

RESPONSE

What are some potential acceptable responses to this behavior provided the behavior plan and training?

ANALYSIS

How does my behavior improve or worsen the condition of the individual?

Compassionate Care in Behavior Analytic Treatment: Can Outcomes be Enhanced by Attending to Relationships with Caregivers?

Taylor, LeBlanc, & Nosik, 2019

Table 5 Proposed outline of skills to teach in the area of compassionate care

Core Skill	Subskills to Teach	Skills to Monitor	Proposed Activities	Evaluation Measures	Resources
Engages in positive social interactions	<ul style="list-style-type: none"> Smiles and acknowledges the parent with eye contact and an appropriate greeting. Makes positive comments about the child's behavior. Makes positive comments about the parent's behavior. Expresses appreciation for the parent. Provides realistic, hopeful comments about the child's prognosis. Demonstrates general enthusiasm about the direction of the child's program. Asks the parent how she or he is doing. Clarifies roles. Asks the parent if she or he is happy with how things are going. Uses humor when appropriate. 	<ul style="list-style-type: none"> Has flat affect. Overly focuses on negative child outcomes. Provides negative feedback to the parent. 	<ul style="list-style-type: none"> Role-play activities with supervisor and colleagues. Observe video interactions of good and poor exemplars. Trainee tacts the correct and incorrect interactions. Practice in vivo and videotape interactions. Videos are reviewed by the supervisor and evaluated for the presence of skills. Self-evaluate skill demonstration in video review. 	<ul style="list-style-type: none"> Supervisor records presence or absence of skills. Perform a frequency measure of positive comments. Perform a social validity measure of the parent's perception of these skills in trainee. Self-evaluate trainee's impression of his or her skills in this area. Use a rating scale to evaluate another's (e.g., colleague's) impression of the skill in the trainee. 	<ul style="list-style-type: none"> Center for Excellence in Healthcare Communication (n.d.) Schwartz Center for Compassionate Healthcare (2014) Windover et al. (2014)
Demonstrates empathy	<ul style="list-style-type: none"> Makes eye contact. Sits up, leans forward, and maintains a positive neutral facial expression. Uses a reassuring tone of voice. Nods his or her head to indicate active listening. Uses vocalizations to indicate ongoing interest (e.g., "mm-hm," "yes," "go on"). Asks open-ended questions. Pauses to allow the parent to answer. Paraphrases back what the parent states. Acknowledges and names the parent's feelings (e.g., "You seem discouraged.>"). Verifies the emotional response as reasonable. Identifies and responds appropriately to nonverbal cues (e.g., lack of eye contact, sad 	<ul style="list-style-type: none"> Is distracted by technology, phone, or computer. Interrupts the parent. Jumps to solutions too quickly. Shows distress based on the parent's distress. Redirects or interrupts the parent's emotional response. 	<ul style="list-style-type: none"> Role-play activities with supervisor and colleagues. Play audio recordings of parent communication. Trainee tacts the parent's emotional content (e.g., sad) and states appropriate empathic response to the parent's emotional content. Observe video interactions of good and poor exemplars. Trainee tacts the correct and incorrect interactions. Practice in vivo and videotape interactions. Videos are reviewed with the supervisor and evaluated for the presence of skills. Self-evaluation of skill demonstration in video review. 	<ul style="list-style-type: none"> Supervisor records presence or absence of skills. Perform a frequency measure of specific responses. Perform a social validity measure of the parent's perception of these skills in trainee. Self-evaluate trainee's impression of his or her skills in this area. Use a rating scale to evaluate another's impression of the skill in the trainee. 	<ul style="list-style-type: none"> Association for Patient Experience (n.d.) Empathetics Neuroscience of Emotions (n.d.) Fuks (2016) Halpern (2001) Massachusetts General Hospital (n.d.) Riess and Kraft-Todd (2014) Segal, Gerdes, Lietz, Wagaman, and Geiger (2017) The Skills You Need (n.d.)