

Defining Compassionate Caregiver Support

Notes for ethics CEU event
May 1, 2024
Parenting with ABA

Empathy

“the act of being in touch with another’s personal experience and relating it to your own”

-Taylor et al, 2019

Compassion

to recognize the suffering of others and then take action to help
empathy+ action

Compassionate Caregiver Support

Relating to the caregiver’s personal situation (empathy) and taking action to relieve their suffering (compassion)

“Acting with empathy to improve the quality of life of the (caregivers) we serve as well as to prevent or alleviate current or future suffering”

-Penney et al, 2023

Components of Compassion

Consistent components of compassion:

- observation
- empathy
- action

-Denegri, Cymbal, & Catrone, 2023

Compassion in ABA terms

“Tacting another person’s situation and engaging in perspective taking that informs action to help remedy that situation.”

-Taylor et al, 2019

Examples of Compassionate Action

- a helping action directed toward the individual in need
- verbal statements of future actions
- physical interaction
- adding stimuli to the environment that are directly related to the suffering state
- removing stimuli to the environment that are directly related to the suffering state

-Melton et al, 2023

Ethical Guiding Principles

Kelly et al, 2021

1. Beneficence
2. Inclusion
3. Professional excellence
4. Self-determination
5. Social justice

BACB ethics code, 2022

1. Benefit others
2. Treat others with compassion, dignity, & respect
3. Behave with integrity
4. Ensure their competence

Resources for Defining Compassionate Caregiver Support

Denegri, S., Cymbal, D., & Catrone, R. (2023). A Multilevel Framework for Compassionate Care in ABA: Approaches to Cultivate a Nurturing System. Behavior Analysis in Practice, 1-12.

Kelly, E. M., Greeny, K., Rosenberg, N., & Schwartz, I. (2021). When rules are not enough: Developing principles to guide ethical conduct. Behavior Analysis in Practice, 14, 491-498.

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., O'Connell-Sussman, E., Lord, J., & Weiss, M. J. (2023). Empathy and compassion as the radical behaviorist views it: a conceptual analysis. Behavior Analysis in Practice, 1-8.

Penney, A. M., Bateman, K. J., Veverka, Y., Luna, A., & Schwartz, I. S. (2023). Compassion: The Eighth Dimension of Applied Behavior Analysis. Behavior Analysis in Practice, 1-15.

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. Chicago

Compassionate Caregiver Support Intervention Reflection Questions

How much did/does that behavior need to be changed?

Is this behavior interfering with a person's ability to participate in a manner that is meaningful to them?

Who would benefit from these goals- the individual, the family, or society?

How is the client's life better after the intervention?

Whose life is being improved by the client acquiring this skill?

How are you seeking feedback from the client/ stakeholders?

Did the intervention solve a problem?

Does it provide the consumer with more opportunities to participate in an authentic manner in their community?

What perspectives or identities might we need to include in our consideration of social significance for this client?

Did the intervention (inadvertently) cause any harm?

Compassionate Caregiver Support Practitioner Self- Reflection

Did I attempt to accurately identify a suffering state including physical needs, emotional distress, isolation, societal challenges, financial instability, illness, hunger, or other?

Did I express, confirm, or acknowledge changing contingencies through vocal or nonvocal behaviors?

Did I acknowledge the other person's distress or suffering contingency?

How did I use a helping action?

Verbal statements?

Changing the stimuli in the environment?

Other?

Did I actively listen when the caregiver was speaking?

Did I use modeling, role-play or other evidence-based practices?

Did I reflect on my own stressors that I brought to this exchange?

Which viewpoint did I approach this from: trying to convince the caregiver of our procedures or trying to find strategies and supports that are a good fit for this family?

Where would this family choose to spend time if their child was not in ABA? If I don't know- how can I find out?

Did I use jargon or parent-friendly language?

Was self-determination a guiding compass for this session? How can I incorporate it more next time?

Compassionate Caregiver Support

Loose Task Analysis

1. Identify behavioral contingencies for the caregiver
 - a. Positive
 - i. Likely to lead to positive reinforcement
 - b. Suffering
 - i. Negative reinforcement contingencies
 - ii. Positive punishment contingencies
 - iii. Involving aversive stimuli
 - c. Awareness of the environmental variables or context for the behavior
2. Expression of understanding the person's contingencies
 - a. Empathic statements
 - i. "I see that...."
 - ii. "I hear you saying...."
 - b. Nonvocal expressions
 - i. Head nods
 - ii. Eye contact
 - iii. Facial expressions
 - c. Private behavior
 - i. Internally tact "They seem...."
 - d. Acknowledgement of distress
3. Action(s) to help the other person relieve distress/ ease suffering
 - a. Short-term relief
 - b. Long-term relief
 - c. Adding or removing stimuli to the environment
 - d. Verbal statement(s) of future actions
 - e. Offer choices/ options
 - f. Help the person identify reinforcers for themselves in their environment