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THEME: CREATING A COMMUNITY OF

AWE-TISM
Advocates





Use of Compassionate Care to Develop Strong Parent/Educator Relationships to Create Best Outcomes

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Learning Objectives

- What is Compassionate Care and Why Does it Matter?
- What Families Need to Look For When Finding Support
- Compassionate Care Skills for Educators & Practitioners to Develop
- Ethical Considerations



Presentation based off the research article:

- Taylor BA, LeBlanc LA, Nosik MR. Compassionate Care in Behavior Analytic Treatment: Can Outcomes be Enhanced by Attending to Relationships with Caregivers? Behavior Analysis in Practice. 2018 Sep 20;12(3):654-666. doi: 10.1007/s40617-018-00289-3. PMID: 31976276; PMCID: PMC6743522.



What is Compassionate Care?

- **Empathy vs Compassion**
- Empathy is being able “walk in their shoes”
 - One must be aware of and understand the other person’s situation, perspective, and feelings; communicate that understanding; and check for accuracy (Goetz & Simon-Thomas, 2017).
- Compassion is empathy with action!
 - Lown et al. (2014) described compassion as “the recognition, empathic understanding of and emotional resonance with the concerns, pain, distress or suffering of others coupled with motivation and relational action to ameliorate these conditions”



The Need for a Well-Rounded Practitioner

- Educators and Therapists (OTs, BAs, SLTs, etc) may not have formal training in how to foster the positive develop of relationships with families and the use of compassionate care techniques.
- Working with a child goes beyond clinical skills. A person must also be able to:
 - Build rapport with the client AND the family
 - Support not only the client but the family and assist with generalization of treatment across people and settings.



What is The Benefit?

- In other health care industries (e.g., medicine and mental health services), therapeutic relationship skills such as empathy and compassion are highly valued and have been found to be correlated with patient satisfaction, adherence to treatment, enhanced quality of information gathered from patients, and improved clinical outcomes (Derksen, Bensing, & Lagro-Janssen, 2013; Hojat et al., 2011; Kelley, Kraft-Todd, Schapira, Kossowsky, & Riess, 2014; Kirby, Tellegen, & Steindl, 2017; Riess, 2017; Weiss et al., 2017).



Creating Best Outcomes

- Parents/Caregivers are more likely to have their concerns heard and incorporated into the plan/goals
- Parents/Caregivers are more likely to follow through with advice and share feedback when needed
- When everyone in the client's life is on the same page, it creates a level of consistency needed for learning new skills and decreasing maladaptive behavior.



What Should Parents Look For?

Ask to speak with other parents who are enrolled or engaged in the services

- Do those parents feel heard?
- Are their concerns incorporated into the goals/targets?
- Are they assisted with helpful suggestions for the home that consider family dynamics and culture?
- Is feedback welcomed and responded to?
- Does the practitioner collaborate with others working with the child? (i.e. Speech therapist attends IEP meeting at school, or Occupational Therapist coordinates goals with the Behavior Analyst).



The following tables are from:

Compassionate Care in Behavior Analytic Treatment: Can Outcomes be Enhanced by Attending to Relationships with Caregivers? (Taylor, 2018)



Table 1 Items that represent listening and collaboration in the therapeutic relationship

Question	Mean (SD)	Percentage Agree
The behavior analyst regularly asks me if I am happy with how things are going with my child.	3.69 (1.20)	61.1
The behavior analyst compromises with me when we do not agree.	3.71 (1.06)	58.9
The behavior analyst clarifies roles and expectations, both mine and his or hers.	3.83 (1.20)	65.3
The behavior analyst regularly communicates and follows up with me about recent changes to programs.	3.84 (1.21)	68.4
The behavior analyst regularly modifies procedures and skill targets based on my concerns.	3.89 (1.15)	68.4
The behavior analyst collaborates and communicates with other members of my child's treatment team (e.g., school, other therapies).	3.95 (1.18)	71.6
The behavior analyst is effective at identifying skills and reducing behavior that meet my family's needs.	3.96 (1.23)	71.6
The behavior analyst explains the rationale for his or her treatment decisions and procedures.	4.07 (1.04)	80.0
When I have concerns about my child's program, the behavior analyst actively listens to my concerns without being defensive.	4.08 (1.16)	76.8
The behavior analyst makes me feel like a valued member of my child's treatment team.	4.09 (1.20)	75.8
The behavior analyst considers my concerns and collaborates with me when developing problem-behavior intervention plans.	4.16 (1.01)	78.9
The behavior analyst considers the input of my child when appropriate.	4.19 (.94)	77.9
The behavior analyst considers my concerns and collaborates with me when developing programs for learning new skills.	4.19 (1.05)	80.0
The behavior analyst protects confidentiality.	4.55 (.79)	90.5
When first meeting me and my child, the behavior analyst listened to my concerns about my child.	4.58 (.73)	93.7
Average	4.05 (1.08)	74.6

Likert scoring for each item represented 5 (*strongly agree*) to 1 (*strongly disagree*)

(Table 1, Taylor, 2018)



Table 2 Items that convey empathy and compassion in the therapeutic relationship

Question	Mean (<i>SD</i>)	Percentage Agree
The behavior analyst regularly asks how I am doing.	3.46 (1.25)	53.68
The behavior analyst acknowledges his or her own mistakes.	3.54 (1.37)	55.79
The behavior analyst cares about including all of my children.	3.62 (1.22)	51.06
The behavior analyst reassures me that things will get better.	3.78 (1.12)	65.26
The behavior analyst acknowledges when treatment is not working.	3.81 (1.17)	65.26
The behavior analyst seems to have an understanding of what it is like for me to have a child with autism.	3.85 (1.31)	68.42
The behavior analyst understands when I have challenges implementing protocols.	3.86 (1.12)	69.47
The behavior analyst seems to understand my fears and anxiety about my child's future.	3.87 (1.05)	69.47
The behavior analyst is patient with me when training me to implement protocols.	3.88 (1.14)	68.42
The behavior analyst understands what I struggle with in parenting my child.	3.91 (1.19)	72.63
The behavior analyst understands how having a child with autism impacts our family dynamics.	3.91 (1.19)	72.63
The behavior analyst acknowledges my feelings when discussing difficult or challenging circumstances.	3.92 (1.12)	72.63
The behavior analyst respects my cultural values and beliefs.	3.95 (1.01)	67.02
The behavior analyst is compassionate and nonjudgmental.	3.97 (1.19)	72.63
The behavior analyst cares about my capacity to parent my child.	3.97 (1.08)	70.53
The behavior analyst is optimistic about my child's capability and potential progress.	4.23 (.97)	87.37
The behavior analyst is friendly, genuine, and warm.	4.31 (.98)	84.21
The behavior analyst cares about my child.	4.35 (.88)	84.21
The behavior analyst cares about the progress of my child.	4.40 (.90)	88.42
The behavior analyst acknowledges and expresses appreciation of my child's strengths.	4.44 (.78)	90.53
The behavior analyst acknowledges and celebrates my child's accomplishments.	4.48 (.77)	89.47
Average	3.98 (1.08)	72.34

Likert scoring for each item represented 5 (*strongly agree*) to 1 (*strongly disagree*)

(Table 2, Taylor, 2018)



What NOT to Do:

Table 3 Items that may contribute to problems in the therapeutic relationship

Question	Mean (<i>SD</i>)	Percentage Agree
The behavior analyst seems to have his or her own agenda about the direction of my child's program.	3.64 (1.35)	24.2
The behavior analyst underestimates my child's ability.	3.80 (1.29)	21.1
The behavior analyst focuses too much on my child's challenging behavior.	3.80 (1.17)	16.1
The behavior analyst failed to communicate with me.	3.81(1.28)	18.9
The behavior analyst focuses too much on my child's deficits.	3.86 (1.12)	14.7
The behavior analyst has an authoritarian demeanor rather than a collaborative one when discussing decisions about my child's program.	3.93 (1.34)	21.1
The behavior analyst is too busy to discuss things about my child's program that are important to me.	3.94 (1.18)	15.8
The behavior analyst often seems distracted during meetings.	4.00 (1.11)	10.5
The behavior analyst let his or her opinions of other professions or other treatments interfere with our relationship.	4.00 (1.21)	16.0
The behavior analyst interrupts me during meetings about my child.	4.18 (1.01)	8.4
The behavior analyst uses too much technical language that I don't understand.	4.21 (.95)	7.4
Average	3.92 (1.18)	15.8

Likert scoring was reversed for each of the negatively worded items and represented 1 (*strongly agree*) to 5 (*strongly disagree*)



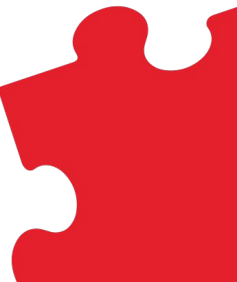
Skills to Teach: Engages in Positive Social Interaction

- 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.



Skills to Teach: Demonstrate 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-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 facial expression).



Skills to Teach: 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



Skills to Teach: 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.



Ethical Considerations

- Lead with compassion but maintain professional boundaries
 - The dangers of engaging in dual relationships
- Also remember it is hard to extend compassion to others when there is a lack of self-compassion
 - Support overall health of yourself or your team
 - Mental/Emotional/Physical Health
 - As a leader of an organization or school, how are you preventing burn-out and encouraging rest for your staff to be their best selves?



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THANKS FOR LISTENING

