

Compassionate Communication Training in Applied Behavior Analysis

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Outline

My Background

Review of family-centered care

Introduction to Compassionate Care

Gaps in educating/training Behavior Analysts and Registered Behavior Technicians

Research in the field

Proposed Training Curriculum

My Background

Started working
at Jumpstart
Autism Center in
2013 as a
Behavior
Interventionist

Staff
Trainer

Senior
Clinical
Trainer and
Safety Care
Trainer



Registered
Behavior
Technician

Parent
Trainer



The Problem

No Compassionate
Communication Training!

LEND Competency 1: Family-Centered Care

What Do Families Need?			
Recognition of the Struggle	Recognition of Strengths	Respect, dignity, and value for child with ASD	Understand parents are experts
Access to quality services NOW	A voice	Accurate Information	Community Acceptance
Partnership with helping professionals	Support from family and friends	Good news	Love and pride for individual with ASD
Hope	Interest and appreciation of ASD	A break	Respect for family beliefs and decisions
Restraint from judgment and advice	Shared responsibility	Relevant empirical research	National and state funding for ASD

Compassionate Care

Compassionate AND Collaborative Care

“The Triple C” requires a shift from the traditional, hierarchical model based on power and control toward a more equal partnership- or relationship-based model among healthcare professionals, patients and families. This model rests upon values that **prioritize respectful, caring relationships, emotional support, good communication, and shared empowerment to accomplish mutually determined goals. Including patients and families as equal members** of the healthcare team is a key catalyst for “The Triple C.” Everyone is or could be a member of the healthcare team — patients, family members (or surrogate decision-makers), providers, staff, institutional leaders, managers and administrators alike.”

Gaps in BCBA and RBT Training

Table 2

Training experiences in the topics of compassion, empathy, and therapeutic relationships with families

Question	% Yes
During your university training (e.g., undergraduate, graduate) in behavior analysis, did you have:	
Lectures?	28
Readings?	24
During your supervised practical experience (e.g., practicum, fieldwork) in preparation for BACB certification, did you have:	
Didactic training?	18
Mentored practical experience?	50
Did you encounter training that covered the topics for another degree, certification, license, or discipline (e.g., psychology, social work, education), outside of your training as a behavior analyst?	45
Separate from your graduate training or preparation for certification, have you had didactic training (e.g., lecture, workshop) that covered the topics that was provided by your employer?	40
Separate from your graduate training or preparation for certification, have you independently pursued didactic training (e.g., lecture, workshop) that covered the topics that was provided by someone other than your employer (e.g., conference workshop)?	44
Separate from your graduate training or preparation for certification, have you independently pursued professional development activities (e.g., reading articles or books) besides a workshop that covered the topics?	59
Separate from your graduate training or preparation for certification, have you independently pursued mentored or supervised experience focused on the topics?	23
If you are in a supervisory or leadership role in your organization, have you developed a training or mentored or trained your employees on the topics?	58

Gaps in BCBA and RBT Training

Table 3

Importance of the topics of compassion, empathy, and skills for developing therapeutic relationships with families

Question and Response Options	% Endorsed
As a practicing behavior analyst, have you ever been in a professional situation where you felt unprepared or not trained to respond to the emotional responses (e.g., anger, sadness) of a family member (e.g., parent) of a client?	
Yes, often	9
Sometimes	74
Never	18
As a practicing behavior analyst, are you ever concerned that your colleagues lack skills in the area of compassion, empathy, and building therapeutic relationships with families?	
Yes, often	47
Sometimes	48
Never	5
As a supervisor of behavior analysts in training, are you ever concerned that those whom you are supervising lack skills in the area of compassion, empathy, and building therapeutic relationships with families?	
Yes, often	19
Sometimes	52
Never	7
I don't supervise.	22

Research

Increased Satisfaction, Improved outcomes, Increased likelihood of implementing recommendations

Table 2

Items that convey empathy and compassion in the therapeutic relationship

Question	Mean (SD)	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

Proposal: Training Curriculum and Measures of Evaluation

- In collaboration with **Allison Bartsch**, M.Ed, BCBA, Chief Clinical Officer and **Sabrina Contla**, M. Ed, BCBA, Director of Clinical Training at **Jumpstart Autism Center**
- Literature Search Shared

Title	Summary	Citation
Compassionate Care in Behavior Analytic Treatment: Can Outcomes be Enhanced by Attending to Relationships with Caregivers?	Empathy and compassionate care in other health professions are associated with better outcomes, better compliance to recommendations, patient satisfaction, and more. Training ABA providers (BCBA's) in empathy and compassionate care may lead to better relationships with parents and families and similar improvements to other health professions. Relational skills are not part of graduate curriculum, likely due to time and money. A survey was completed by 95 parents who rated their BCBA on relational skills, empathy, compassion, and technical skills. Although technical skills were highly rated, relational, empathy and compassion were not rated over 3.5 on a 5 point scale. Not only will a training curriculum follow the BCBA and ABA ethics code and code of conduct but it may improve treatment outcomes.	Taylor, B. A., LeBlanc, L. A., & Nosik, M. R. (2018). Compassionate Care in Behavior Analytic Treatment: Can Outcomes be Enhanced by Attending to Relationships with Caregivers?, <i>Behavior analysis in practice</i> , 12(3), 654–666. https://doi.org/10.1007/s40617-018-00289-3 https://thebaca.com/wp-content/uploads/2018/04/HANDOUTSWIBACOMPASSIONNEW3.pdf
Recommendations from a Conference on Advancing Compassionate, Person- and Family-Centered Care	A report that describes research and recommendations for the “Triple C” approach to Compassionate AND Collaborative Care. “The Triple C” requires a shift from the traditional, hierarchical model based on power and control toward a more equal partnership- or relationship-based model among healthcare professionals, patients and families. This model rests upon values that prioritize respectful, caring relationships, emotional support, good communication, and shared empowerment to accomplish mutually determined goals. Including patients and families as equal members of the healthcare team is a key catalyst for “The Triple C.” Everyone is or could be a member of the healthcare team — patients, family members (or surrogate decision-makers), providers, staff, institutional leaders, managers and administrators alike.	https://www.theschwartzcenter.org/media/FINAL-Triple-C-Conference-Recommendations-Report.pdf https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Triple-C-Conference-Framework-Tables_FINAL.pdf

Proposal: Training Curriculum and Measures of Evaluation

Reviewing the proposed curriculum by Taylor, LeBlanc, and Nosik (2018)

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. 	<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. 	<ul style="list-style-type: none"> Center for Excellence in Healthcare Communication (n.d.) Schwartz Center for Compassionate Healthcare (2014)

Proposal: Training Curriculum and Measures of Evaluation

<p>Engages in Positive Social Interactions</p>	<p>makes positive comments about child and parent behavior, express appreciation of parent, hopeful and realistic comments, ask how parent is doing, etc</p>	<p>Role-play, video interactions, self-evaluate after video review→ supervisor ratings and evaluation, parent's perception</p>
<p>Demonstrates Empathy</p>	<p>Body language, tone of voice, active listening, identify and respond to non-verbal cues, etc</p>	<p>Role play, audio, and visual recordings, practice, self-evaluation of video review→ ratings, self evaluation, frequency measure</p>
<p>Demonstrates Compassion</p>	<p>Pauses to offer parent time speak about feelings, acknowledge feelings , offers action to alleviate distress, etc</p>	<p>Role play, videos, discuss personal emotional response→ supervisor records</p>
<p>Demonstrates Collaboration</p>	<p>Seeks parent's ideas, ask if recommendations are acceptable, ask about obstacles, etc</p>	<p>Review cases and/or videos, review and evaluate supervisor→ supervisor rating scale,</p>

Next Steps

Follow up with Allison and Sabrina at the end of May

Identify existing training materials and/or develop training materials

Develop scoring/evaluation documents

Implement training with BCBA's and RBT's at JAC

Share curriculum and evaluation with other organizations

References

Taylor, B. A., LeBlanc, L. A., & Nosik, M. R. (2018). Compassionate Care in Behavior Analytic Treatment: Can Outcomes be Enhanced by Attending to Relationships with Caregivers?. *Behavior analysis in practice*, 12(3), 654–666. <https://doi.org/10.1007/s40617-018-00289-3>

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LeBlanc, L. A., Taylor, B. A., & Marchese, N. V. (2019). The Training Experiences of Behavior Analysts: Compassionate Care and Therapeutic Relationships with Caregivers. *Behavior analysis in practice*, 13(2), 387–393. <https://doi.org/10.1007/s40617-019-00368-z>

Riess, H., Kelley, J. M., Bailey, R. W., Dunn, E. J., & Phillips, M. (2012). Empathy training for resident physicians: a randomized controlled trial of a neuroscience-informed curriculum. *Journal of general internal medicine*, 27(10), 1280–1286. <https://doi.org/10.1007/s11606-012-2063-z>

Kelm, Z., Womer, J., Walter, J. K., & Feudtner, C. (2014). Interventions to cultivate physician empathy: a systematic review. *BMC medical education*, 14, 219. <https://doi.org/10.1186/1472-6920-14-219>

Questions?

