Training and Treating Wholeheartedly: Identifying a Role for Compassion Practices in the Profession of Behavior Analysis

Bridget A. Taylor, Psy.D., BCBA-D
Portions of this talk are based on an article coauthored with...

If you want others to be happy, practice compassion.

If you want to be happy, practice compassion. - Dalai Lama
Summary of Dr. Bridget A. Taylor’s Talk on Compassion
presented at 2018 WIBA Conference
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Empathy and Relational Science Program

The mission of the Empathy and Relational Science Program is to enhance and interpersonal relationships in healthcare.

Our team’s focus is on empathy in the patient interaction and emotion and is informed by the neurobiology of human interaction. Our research is grounded in the neurobiology of human interaction and emotion and is informed by the neurobiology of human interaction and emotion. We offer evidence-based empathy training to improve the patient experience, promoting respectful effective communication at all levels of healthcare. Studies have demonstrated that the degree of empathy plays a significant role in improving outcomes quality of care, patient safety and satisfaction, and in decreasing malpractice.
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Compassionate Care

With our Center’s founding in July of 2008, we became the first program within a United States medical school to explicitly name compassionate care in our mission statement. We are now leading and developing a rigorous multidisciplinary research network of investigators from more than 40 universities nationwide to achieve our goals of better understanding and teaching compassionate care. We are committed to preparing new healthcare leaders both at Stony Brook and nationally who will ensure that compassionate care and altruism are at the center of medical practice.

Compassionate care is essential in the delivery of good healthcare, while its absence constitutes neglect. The “care” in healthcare too often includes only the application of medical technologies and treatments, without attention to the patient as a whole human person in need of empathic affirmation. We use the words “compassionate care” to convey just...
U.S. Senate Passes National Solidarity Day for Compassionate Patient Care

February 13, 2014

For the second year in a row, the U.S. Senate unanimously approved a resolution last night declaring Friday, February 14, 2014 as National Solidarity Day for Compassionate Patient Care on the Congressional calendar.

Initiated by The Arnold P. Gold Foundation’s Gold Humanism Honor Society (GHHS) and co-sponsored in the Senate by New Jersey Senators Cory Booker (D), Robert Menendez (D), and Illinois Senator Mark Cook (R), the resolution raises awareness of the importance of respectful and compassionate relationships between all healthcare practitioners and their patients as a means to improving healthcare outcomes, increasing patient safety, and lowering healthcare costs.
Every medical school in North America now has a communications skills course.


Adherence to Treatment


Summary of Dr. Bridget A. Taylor’s Talk on Compassion presented at 2018 WIBA Conference


Clinicin well-being


Organizational implications


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Challenges with this type of research

• Primarily self-report
• Rating scales
• Definitions of responses and measurement not consistent across studies
• Statistical significance across behaviors variable
CLINICAL RELATIONSHIPS MATTER

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Being moved by suffering and being motivated to alleviate it

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- Recognizing suffering in a nonjudgmental way
- Understanding the universality of suffering in human experience
- Feeling moved by the person suffering and emotionally connecting with their distress
- Tolerating uncomfortable feelings aroused (e.g., fear, distress) so that we remain open to and accepting of the person suffering, and
- Acting to alleviate suffering.
Compassion = Behavior
Behavioral concepts related to empathy and compassion: Perspective taking, Routed in Relational Frame Theory and clinically demonstrated in ACT
Summary of Dr. Bridget A. Taylor’s Talk on Compassion
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Deictic Framing

“YOU” “THERE” “THEN”

“|”

“HERE”

“NOW”

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Survey to parents of children with autism

Compassion and empathy  Listening and collaboration

Behaviors that may contribute to problems

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>4  The behavior analyst regularly asks me if I am happy with how things are going with my child.</td>
<td>3.69</td>
</tr>
<tr>
<td>7  The behavior analyst compromises with me when we do not agree.</td>
<td>3.71</td>
</tr>
<tr>
<td>12 The behavior analyst clarifies roles and expectations, both mine and theirs.</td>
<td>3.83</td>
</tr>
<tr>
<td>9  The behavior analyst regularly communicates and follows-up with me about recent changes to programs.</td>
<td>3.84</td>
</tr>
<tr>
<td>8  The behavior analyst regularly modifies procedures and skill targets based on my concerns.</td>
<td>3.89</td>
</tr>
<tr>
<td>14 The behavior analyst collaborates and communicates with other members of my child’s treatment team (e.g., school, other therapies).</td>
<td>3.95</td>
</tr>
<tr>
<td>10 The behavior analyst is effective at identifying skills and reducing behavior that meets my family’s needs.</td>
<td>3.96</td>
</tr>
<tr>
<td>13 The behavior analyst explains the rationale for their treatment decisions and procedures.</td>
<td>4.07</td>
</tr>
<tr>
<td>5  When I have concerns about my child’s program, the behavior analyst actively listens to my concerns without being defensive.</td>
<td>4.08</td>
</tr>
<tr>
<td>11 The behavior analyst makes me feel like a valued member of my child’s treatment team.</td>
<td>4.09</td>
</tr>
<tr>
<td>6  The behavior analyst considers my concerns and collaborates with me when developing problem behavior intervention plans.</td>
<td>4.16</td>
</tr>
<tr>
<td>2  The behavior analyst considers the input of my child when appropriate.</td>
<td>4.19</td>
</tr>
<tr>
<td>3  The behavior analyst considers my concerns and collaborates with me when developing programs for learning new skills.</td>
<td>4.19</td>
</tr>
<tr>
<td>15 The behavior analyst protects confidentiality.</td>
<td>4.55</td>
</tr>
<tr>
<td>1  When first meeting me and my child, the behavior analyst listened to my concerns about my child.</td>
<td>4.58</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>8  The behavior analyst regularly asks how I am doing.</td>
<td>3.46</td>
</tr>
<tr>
<td>17 The behavior analyst acknowledges their own mistakes.</td>
<td>3.54</td>
</tr>
<tr>
<td>7  The behavior analyst cares about including all of my children.</td>
<td>3.62</td>
</tr>
<tr>
<td>3  The behavior analyst reassures me that things will get better.</td>
<td>3.78</td>
</tr>
<tr>
<td>18 The behavior analyst acknowledges when treatment is not working.</td>
<td>3.81</td>
</tr>
<tr>
<td>10 The behavior analyst understands when I have challenges implementing protocols.</td>
<td>3.86</td>
</tr>
<tr>
<td>15 The behavior analyst seems to have an understanding of what it is like for me to have a child with autism.</td>
<td>3.85</td>
</tr>
<tr>
<td>9  The behavior analyst is patient with me when training me to implement protocols.</td>
<td>3.88</td>
</tr>
<tr>
<td>5  The behavior analyst understands what I struggle with in parenting my child.</td>
<td>3.91</td>
</tr>
<tr>
<td>6  The behavior analyst understands how having a child with autism impacts our family dynamics.</td>
<td>3.91</td>
</tr>
<tr>
<td>11 The behavior analyst is compassionate and non-judgmental.</td>
<td>3.97</td>
</tr>
<tr>
<td>14 The behavior analyst cares about my capacity to parent my child.</td>
<td>3.97</td>
</tr>
<tr>
<td>12 The behavior analyst cares about my child.</td>
<td>4.00</td>
</tr>
<tr>
<td>13 The behavior analyst cares about the progress of my child.</td>
<td>4.00</td>
</tr>
<tr>
<td>20 The behavior analyst acknowledges and expresses appreciation of my child's strengths.</td>
<td>4.44</td>
</tr>
<tr>
<td>21 The behavior analyst acknowledges and celebrates my child's accomplishments.</td>
<td>4.48</td>
</tr>
</tbody>
</table>

**Weighted Average for Category** 3.98
### Table 3. Items that may contribute to problems in the therapeutic relationship.

<table>
<thead>
<tr>
<th>Question</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>9  The behavior analyst seems to have their own agenda about the direction of my child’s program.</td>
<td>3.64</td>
</tr>
<tr>
<td>1  The behavior analyst underestimates my child’s ability.</td>
<td>3.80</td>
</tr>
<tr>
<td>3  The behavior analyst focuses too much on my child’s challenging behavior.</td>
<td>3.80</td>
</tr>
<tr>
<td>7  The behavior analyst fails to communicate with me.</td>
<td>3.81</td>
</tr>
<tr>
<td>2  The behavior analyst focuses too much on my child’s deficits.</td>
<td>3.86</td>
</tr>
<tr>
<td>10 The behavior analyst has an authoritarian demeanor rather than collaborative when discussing decisions about my child’s program.</td>
<td>3.93</td>
</tr>
<tr>
<td>4  The behavior analyst is too busy to discuss things about my child’s program that are important to me.</td>
<td>3.94</td>
</tr>
<tr>
<td>5  The behavior analyst often seems distracted during meetings.</td>
<td>4.00</td>
</tr>
<tr>
<td>6  The behavior analyst let their opinions of other professions or other treatments interfere with our relationship.</td>
<td>4.00</td>
</tr>
<tr>
<td>8  The behavior analyst interrupts me during meetings about my child.</td>
<td>4.18</td>
</tr>
<tr>
<td>11 The behavior analyst uses too much technical language that I don’t understand.</td>
<td>4.21</td>
</tr>
</tbody>
</table>

Weighted Average for Category: 3.92
How do our ethics codes reflect relationship variables?

1.05 (b) ...they use language that is fully understandable to the recipients of those services.

3.03 Behavior-Analytic Assessment Consent.
(a) Prior to conducting an assessment, behavior analysts must explain to the client the procedure(s) to be used, who will participate, and how the resulting information will be used.
(b) Behavior analysts must obtain the client's written approval of the assessment procedures before implementing them.

3.04 Explaining Assessment Results.
Behavior analysts explain assessment results using language and graphic displays of data that are reasonably understandable to the client.

4.02 Involving Clients in Planning and Consent.
Behavior analysts involve the client in the planning of and consent for behavior change programs.

4.03 Individualized Behavior-Change Programs.
(a) Behavior analysts must tailor behavior change programs to the unique behaviors, environmental variables, assessment results, and goals of each client.

4.04 Approving Behavior Change Programs.
Behavior analysts must obtain the client's written approval of the behavior-change program before implementation or making significant modifications (e.g., change in goals, use of new procedures).

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How do our ethics codes reflect relationship variables?

4.05 Describing Behavior-Change Program Objectives. Behavior analysts describe, in writing, the objectives of the behavior-change program to the client before attempting to implement the program. To the extent possible, a risk-benefit analysis should be conducted on the procedures to be implemented to reach the objective. The description of program objectives and the means by which they will be accomplished is an ongoing process throughout the duration of the client-practitioner relationship.

4.06 Describing Conditions for Behavior-Change Program Success. Behavior analysts describe to the client the environmental conditions that are necessary for the behavior-change program to be effective.

4.07 Environmental Conditions that Interfere with Implementation. (a) If environmental conditions prevent implementation of a behavior-change program, behavior analysts recommend that other professional assistance (e.g., assessment, consultation or therapeutic intervention by other professionals) be sought. (b) If environmental conditions hinder implementation of the behavior-change program, behavior analysts seek to eliminate the environmental constraints, or identify in writing the obstacles to doing so.
Some research indicates a correlation between self-compassion and well-being and burnout

WHAT IS SELF-COMPASSION?

Mindfulness
Self-compassion involves recognising when we’re stressed or struggling without being judgmental or over-reacting.

Self-Kindness
Being supportive and understanding towards ourselves when we’re having a hard time, rather than being harshly self-critical.

Connectedness
Remembering that everyone makes mistakes and experiences difficulties at times. We are not alone!
Loving Kindness meditation and mindfulness interventions


ACT OFFERS PROMISE FOR SELF-COMPASSION

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Can we teach skills that convey compassionate care?
A curriculum?

ACTIVE AND EMPATHIC LISTENING

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Pay attention with openness, curiosity and flexibility in a nonjudgmental way.

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Be aware of your body language
Ask open-ended questions
Be open to whatever the parent expresses, in a non-defensive manner.
Pause
Avoid interrupting
Reflect back what you think they are feeling
Check for clarification
Validate their emotions
Be mindful of your own feelings during interactions
Stay steady when difficult feelings arise in you
Do not personalize the message
Express feelings
Acknowledge your own mistakes
Apologize
Model flexibility
Compromise
Use humor when possible – laugh at yourself
Be hopeful and honest
Listen with the intent to understand
Attention without feeling, I began to learn, is only a report. An openness – an empathy – was necessary if the attention was to matter.

Mary Oliver
Develop curricula
Develop training protocols
Empirically evaluate training

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Research:
- Client impression of variables?
- Client satisfaction?
- Adherence to treatment?
- Client outcome?
- Organizational variables?
Research:
• Burnout?
• Self-compassion and burnout?
• Interventions to increase self-compassion?
• Outcome on job satisfaction and burnout?
imprecision of a term, however, is not sufficient justification for such avoidance when the phenomenon to which it refers is so vast and so central to the psychology of human beings.
Thank you!