



# LITERATURE SUMMARY

---



Special Learning, Inc.  
[www.special-learning.com](http://www.special-learning.com)

## Literature Summary

### Reference:

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, 654-666  
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6743522/pdf/40617\\_2018\\_Article\\_289.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6743522/pdf/40617_2018_Article_289.pdf)

### Highlights:

Survey questions included  
Relationship development and repair curriculum from Trumpet Behavioral Health included

### Summary:

With the highly technical and clinical training in the field of Applied Behavior Analysis, basic relationship skills may or may not be present in a BCBA or BT working with families due to the clinical and technical focus of their training. This article explains some important areas in relationship development and relationship repair between clinicians and the families they work with. Relationship development and relationship repair skill areas have been demonstrated as very important in other healthcare fields but may not have quite the same dedication and attention in the training and education in becoming a behavior analyst. With the lack of attention and emphasis on developing these skills, the authors explore the potential correlation of positive or negative treatment outcomes and family retention challenges to the relationship development skills in their behavior analyst. Sympathy, empathy, and compassion are said to be important constructs in relationship development and are discussed.

A survey was developed that focused on three components pertaining to relationship building and potential risk factors between families and clinicians. The three categories were listening and collaboration, empathy and compassion, and “negative” behaviors of behavior analysts that could contribute to problems in the therapeutic relationship. The survey was created on Survey Monkey and distributed through email lists, Facebook, and selected autism advocacy organizations. No behavior analysts participated in distribution to minimize bias as much as possible. There were 95 participants that completed the survey. Questions from the survey are included in the article and are helpful questions for behavior analysts to reflect on in their practice.

The results indicated that behavior analysts are performing well on some skills in the three areas but are also lacking in some skills across all three areas. Other healthcare industries have shown more of a focus on these types of relationship skills and the authors suggest that specific training programs in relationship development and repair strategies for behavior analysts would be beneficial to the field. More training in these areas could result in better self-awareness in clinicians, improve family retention issues, and is in line with the BACB’s ethics code and training requirements.