Providing an empathic approach

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This document is available to download from my website at
http://ianpbell.wordpress.com/communication-in-vi-children/

A range of other articles is also available at this address and on other pages on the website. They focus particularly on addressing the communication needs of people who have visual impairment and additional disabilities, including autism. They are also likely to be of interest to those concerned with children and adults who have learning disabilities.

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Introduction

Many people who have visual impairment and additional needs are highly dependent. Because of the demands such a person places upon family members and practitioners, it is easy for these people to overlook the fact that they are supporting someone who is, above all, a person. As people, those who have visual impairment and additional needs do, of course, have the same rights as everyone else, including the right to high quality care and education and to be treated with respect and dignity.

Because of their combination of disabilities and, possibly, health needs, many people who have visual impairment and additional needs are complex and not readily understood. Each person requires support from people who make the effort to understand him / her, who can put themselves in that individual’s place and “see” the world as that individual “sees” it. In other words, each person requires an empathic approach.

Independence

It is important to recognise that no-one is truly independent – we all rely on other people to varying degrees. Most people value what they see as their independence, and dislike having to depend on others for basic everyday activities such as feeding, dressing and washing. We feel our dignity and self-esteem are compromised when we need others to help us with these activities. We need to bear that in mind at all times in order to work with empathy.

The features of an empathic approach

Providing an empathic approach for a person means properly treating the person as just that: a person. Each of the person’s partners must

- know, understand and take account of the person’s
  - abilities
  - disabilities
  - needs
  - preferences and wishes
  - culture and religion
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• partner the person, not lead, direct, control or boss him / her
• build a close relationship with the person, based on trust
• introduce him- / her- self first each time he / she makes contact
• inform the person when he / she is leaving
• use the person’s preferred name
• whenever possible, obtain and retain the person’s attention
• only engage the person in activities that he / she finds enjoyable or meaningful or which meets a genuine need (i.e. for food, fluid, comfort, personal care)
• communicate as clearly as possible to enable the person to understand; in other words to enable the person to know what he / she should do; the partner should augment his / her spoken language using the method(s) of communication the person requires; for some people, this means using the Minimal Speech Approach
• support the person to communicate expressively; an aspect of this is supporting the person to use the method(s) of communication which suit the person best
• provide opportunities for the person to express preferences, needs and wants
• respond positively and sensitively when the person expresses preferences, needs and wants
• respond to all the person’s expressive communication
• monitor the person’s behaviour and analyse “difficult” or “challenging” behaviour with communication in mind
• respect and respond in a timely fashion to the person’s emotional status

1 This point is expanded further below in the second illustration of an empathic approach in use; see p.6.
2 The Minimal Speech Approach is described in a separate article, available at http://ianpbell.wordpress.com/visual-impairment-autism/.
3 See article 14 Creating a responsive environment at http://ianpbell.wordpress.com/communication-in-vi-children/.
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- monitor the person for signs of anxiety, stress and sensory over-load and respond appropriately in a timely fashion; for some people, this means using the Low Arousal Approach

- monitor the person for signs of physical needs such as pain, discomfort, the toilet, hunger, thirst and respond in a timely way

- change tack when necessary, to follow the person’s lead

- allow the person to control the pace of each activity; this means taking as much time as the person needs, including giving sufficient processing and response time

- allow the person to terminate or prolong each activity whenever possible

- provide opportunities for the person to initiate communication and activities

- provide genuine choices, but not so frequently that the person has no opportunities to initiate

- position him-/ her- self appropriately during all activities to enable the person to participate as fully as possible; this requires the partner to take account of the person’s vision, hearing, physical abilities and his / her preferences with regard to personal space

- use touch and physical contact sensitively, taking account of the person’s preferences, sensory needs, culture and religion and should in all circumstances use the hand-under-hand approach, and not the hand-over-hand approach

- inform the person of what he / she (i.e. the partner) is about to do

- provide every opportunity for the person to be an active participant in all activities, including all routine activities concerned with meal, snack and drink times and with personal care activities – in other words, the partner should carry out the activity with the person, encouraging the person to play as big a part as possible, thus maximising his / her independence

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5 If a person is thought to experience a lot of pain, it may be appropriate to consider the use of the Paediatric Pain Profile. This is available at [http://www.ppprofile.org.uk/](http://www.ppprofile.org.uk/). Although clearly intended for use with children, this may, nevertheless, be of value with adults. Website accessed 2\textsuperscript{nd} January 2013.
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- allow the person to have as much control as possible
- ensure the person has privacy
- ensure the person is treated with dignity
- act in such a way as to ensure confidentiality
- maintain the person’s self-esteem
- concentrate on the task in hand and avoid distractions, thus giving undivided attention to the person.

The empathic approach in practice

Working with empathy is illustrated here with reference to its impact on three people.

First, is a description of a very simple, common event in the life of Lesley, a young woman with very little vision, hearing impairment and learning disabilities. Lesley, who attended college, typically removed her shoes as soon as she sat down, so a very frequent routine was putting on her shoes. This was necessary before she went to another part of the building or, of course, outside. Initially, some members of staff took complete charge, putting Lesley’s shoes on for her, without communicating with her; others informed her of what they were doing, but nevertheless started to carry out the task for her as they did so. However, Lesley often became upset at these times and resisted having her shoes put on.

In fact, it became clear that Lesley understood at least some of the spoken language she heard in routine situations such as this. It was also clear that a different approach was required to avoid Lesley becoming upset. It was therefore decided to adopt what was, in effect, an empathic approach. The amended routine began with the facilitator approaching Lesley and introducing him- / her- self, saying, for example, Lesley, hello. It’s Rich. The facilitator waited for Lesley to process this, allowing her sufficient time to explore the facilitator if she wished – she sometimes seemed to need to re-assure herself that she really did recognise the other person; for example, she sometimes rubbed her hands on Rich’s face, to check that it was stubbly, rather than smooth like everyone else’s face (Rich was the only male member of staff).
Once the member of staff was confident that Lesley had processed the situation and was relaxed, he/she said *Lesley, shoes on*, placed her shoes on the floor near her feet and waited. After a delay of several seconds, Lesley almost always lifted one foot and moved it, as if searching for her shoe. The facilitator then placed the appropriate shoe under Lesley’s foot and shared with her the task of putting it on, giving as little assistance as Lesley needed. The partner did not grab Lesley’s foot and push it into her shoe, but adapted the hand-under-hand approach. This meant the partner kept his/her hand in contact with Lesley’s foot and guided it into the shoe, manipulating the shoe as necessary. Once her shoe was on, the facilitator waited again. Almost always, Lesley then lifted her other foot. The facilitator shared with her the task of putting this shoe on too.

This empathic approach was occasionally more time-consuming than putting Lesley’s shoes on for her. However, it was more often less time-consuming. This was because, using this empathic approach

- enabled Lesley to understand the whole situation much better
- enabled her to clearly identify the other person
- she had a partner who shared the activity with her, so they carried it out jointly; this contrasted with the previous situation in which the other person had control and did things to her
- took account of what Lesley could do and what she found difficult
- Lesley could control the pace of the activity.

Thus, there was no reason for Lesley to become distressed, as had often been the case before. Not only was this empathic approach much better for Lesley, it was preferable for her partner and the other staff present.

The second example of the impact of an empathic approach concerns Christopher, a young man with learning disabilities. Although he had no formal diagnosis in this respect, he often also presented with marked hyperactivity. Most of Christopher’s communication partners typically abbreviated by his first name: they used only the first syllable, Chris. In most situations, Christopher ignored those who addressed him in this way. When I first met Christopher, I assumed this was either because he had hyperactivity, or because of very limited receptive communication skills. I was wrong. This became clear during the observations I made of
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Christopher in order to compile his Communication Profile. I then became aware that one member of staff, Danni, always addressed Christopher with his first name in full. I was struck by a marked contrast: when most people addressed him (as Chris), he ignored them; however, when Danni addressed him (as Christopher), he almost always focused on what she said, and appeared to understand her spoken language. I therefore experimented: sometimes I used his full name and sometimes only the first syllable, Chris. This established beyond doubt that it was much more effective to address Christopher using his full name.

I also became aware of another marked contrast: most of Christopher’s communication partners regarded him as difficult to support. In addition, they were often on edge with him, concerned that he would ignore them. They regarded him as deliberately awkward and difficult to support. They disliked him and tended to interact with him as little as possible. However, Danni clearly liked Christopher and was keen to support him. In return, Christopher seemed to like and trust her.

In effect, addressing Christopher using his full name meant employing an empathic approach with him. This is because a proper account was then taken of his abilities and needs. This enabled him to participate much more fully in everyday situations. The need to address him as Christopher was included in his Communication Profile, and was explained to all staff. Because using his name in full meant he responded much more positively, his communication partners began to have a more positive attitude towards him. They became more relaxed with him and began to enjoy his company much more. At the same time, Christopher’s self-esteem rose because he was succeeding more often and he got to like and trust, not just Danni, but almost all his communication partners.

Addressing Christopher with his full name may seem to be a minor matter. However, this empathic approach had a significant positive impact on his life. It was not a difficult approach to use; it simply required people to remember to address him as Christopher, not Chris.

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6 For information about profiling the communication of people who have visual impairment and additional disabilities, go to http://ianpbell.wordpress.com/profiling-the-communication-of-people-who-have-visual-impairment-and-additional-disabilities/.
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The third illustration of using an empathic approach also concerns someone’s name. Susan, a young person with profound autism and learning difficulties could not cope when addressed as Sue: she was unable to respond and became very stressed. On one occasion, when very relaxed, a member of staff Susan trusted asked her if she disliked being called Sue. She replied Not Sue, Susan. This was taken to mean that she considered herself to be Susan, and not Sue. Some autistic people have a very rigid view of word meanings. It is not surprising that some of them do not cope with being addressed using a word they do not regard as their name. Calling Susan Sue was not empathic; always addressing her as Susan was.

Concluding remarks

Without an empathic approach, a vicious circle is often set up:

- all parties have a more or less negative experience
- the person receiving the support feels under-valued, is often confused and may resist, protest and become distressed; at times, he / she may become ‘challenging’
- the person receiving the support has no trust in those providing it and does not like them
- the person receiving the support is often unhappy and has low self-esteem
- the people providing the support feel they are battling with someone who is being awkward; they often want to get interactions over and done with as soon as possible
- the people providing the support receive no positive feedback from what they do and have low self-esteem and little job satisfaction.

Using an empathic approach typically results in a virtuous circle being established:

- all parties have a generally positive experience
- the person receiving the support feels properly valued, understands what is happening, and willingly and actively participates
- the person receiving the support trusts those providing it and gets to like them
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- the person receiving the support is usually happy and grows in self-esteem
- the people providing the support feel they are supporting someone who welcomes their input; they come to enjoy interactions and often prolong them if the person is responsive
- the people providing the support feel they are doing something worthwhile; they get positive feedback from what they do, grow in self-esteem and have a high level of job satisfaction.