Title: Using Video Feedback to Teach Empathy Skills for Adolescents with Autism

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Introduction: Lack of social and communication skills, not only interferes with typical social interactions, such as daily conversations, but can also negatively affect the development of social relationships. In particular, individuals with autism spectrum disorder (ASD) experience challenges in expressing empathy that may inhibit positive social interactions and interfere with friendship development (Baron-Cohen & Wheelwright, 2004). Poor socialization and fewer friendships can then lead to negative outcomes such as bullying victimization and social isolation. However, previous research demonstrates that improving empathy skills can lead to better social outcomes for individuals with ASD. In fact, higher levels of empathy have been consistently and positively correlated with prosocial and altruistic behaviors (Jolliffe & Farrington, 2006). Therefore, interventions that focus on empathy skills may improve the social outcomes of individuals with ASD.

Method: The current study examined the effectiveness of video feedback and a visual schematic guide intervention on the acquisition of empathic communication responses for 4 adolescents with ASD (11-14 years old) using a non-concurrent multiple baseline design. For the video feedback component, examples and non-examples of the participant’s use of empathic communication responses were identified from the participant's previous intervention session and isolated into short segments. These segments were then used to teach the participant how to deliver empathic communication responses. A visual schematic guide (adapted from Koegel, Ashbaugh, Navab, & Koegel, 2016) was also used to supplement the video feedback component and consisted of three sequential boxes that functioned as steps to displaying an empathic communication response. Intervention sessions were 35 minutes long and conducted 2 times a week at set times and days. A generalization probe was conducted with the participant’s parent one week after the participant met mastery criterion. Maintenance was assessed with the first author two- and four-weeks following completion of the intervention.

Results: Two out of the four participants acquired the empathic communication response and maintained them up to 4 weeks after intervention and generalized to a different conversational partner. The other participants displayed variability in their performance and their intervention sessions were terminated after 3 months. Weighted Tau-U for empathic communication responses across all 4 participants was 0.65, 95 CIs [.35,.94], \( p < .001 \), indicating a small effect. Parents completed a social validity questionnaire following their child’s last intervention session and reported clear understanding of the procedures and acceptability of the intervention. Following completion of the intervention, all participants participated in semi-structured interviews and reported positive effects of the intervention.

Discussion: Despite the failure to demonstrate replication of effects across participants, these results are still important as it exposes potential limitations to our understanding of empathy skills and the intervention under study (Perone, 2018). Given the mixed findings, it is possible that other variables relevant to acquisition of affective empathy skills were not identified or brought under experimental control. The challenge then becomes to identify such variables through careful examination of the intervention. The mixed results of this study also demonstrate the nuances of empathy skills displayed by individuals with ASD. That is, individuals with ASD have relative weaknesses as well as strengths when expressing affective empathy towards others. It is important to consider why there were differences in performance. Identifying the boundaries of this intervention may help inform future research by clarifying under what conditions and for whom this intervention is most effective.

References:


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