38 School-based empathy policy

A holistic approach

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How to use this policy

Empathy is a far-reaching skill with deep evolutionary roots that has allowed us to survive and thrive (De Waal, 2008). Those with more empathy tend to have better life outcomes. Of particular significance during this time in history when racial tensions are becoming more publicized and social issues related to public health and universal humanity are at the forefront of policy issues, empathy may play a more important role. In fact, empathy can help reduce prejudice and bias, perhaps contributing to dismantling centuries-old racist systems in our societies, and in helping us to evolve into a more just and meaningfully connected society.

This policy example is intentionally broad and school policy creators are encouraged to delete and build upon suggestions below to create a policy that best represents their school. Additionally, implementing a policy successfully requires involvement of all relevant stakeholders and individuals who might be impacted by the policy. Hence, this policy should be reviewed not just by school leadership but also by students and their caregivers, teachers, and school support staff, such as mental health personnel, front office staff, and all others who might be affected by such a policy. Empathy is a skill developed by experiencing it; hence, a policy that aims to cultivate empathy should be developed via processes that allow for demonstration of empathy and inclusion.

[To adapt and use this policy delete or modify the text as indicated]

**[INSERT name of school] School-based empathy policy:
A holistic approach**

Rationale

In this policy empathy is defined as “the ability to understand and share in another’s emotional state or context” (Cohen & Strayer, 1996, p. 988). Empathy is perhaps the single most important contributor to social functioning and is highly correlated with positive mental health outcomes (Riess,

2017) and higher levels of self-esteem (Laible et al., 2004). Empathy is also correlated with prosocial behaviors across the lifespan (Knafo et al., 2008; Masten et al., 2011; Trommsdorff et al., 2007; Van der Graaff et al., 2018; Yoo et al., 2013) and supports academic outcomes and resiliency (Leontopoulou, 2010; Zorza et al., 2013). Most noteworthy during this era, empathy is perhaps even more vital now, as hate crimes have risen in some countries (Edwards & Rushin, 2018), with the largest portion of such incidents in schools (Southern Poverty Law Center, 2017). Empathy training can result in reduced implicit biases (Herrera et al., 2018). Youth who exhibit higher empathy levels, especially perspective taking, tend to be less prejudiced (Miklikowska, 2018), and interventions that specifically target empathy seem to be effective at reducing prejudice (Beelmann & Heinemann, 2014). Furthermore, evidence suggests that deficits in empathy have detrimental consequences, including psychopathology, bullying perpetration (Jolliffe & Farrington, 2006), aggression (Lovett & Sheffield, 2007), anger (Day et al., 2012), and being a victim of bullying (Wood et al., 2009).

Empathy training is not needed solely for students. It is crucial for school staff too. One study showed that empathy training for teachers resulted in reduced biases, especially toward minority students (Whitford & Emerson, 2019). This has implications for addressing implicit bias and racial biases in schools, which perhaps contribute to some of the disproportionate representation of children of color in disciplinary referrals and special education (Losen et al., 2014) and the phenomenon of the school-to-prison pipeline (Togut, 2011). Such findings give hope to the possibility of combatting the current wave of anti-immigrant and xenophobic sentiments, dismantling long-entrenched systems biased against youth of color, and addressing racial trauma.

Purpose

The purpose of this policy is to enable – leadership, staff, and students – to co-create environments that maximize the possibility of healthy empathy development in youth. Guiding principles as well as specific structures and strategies are provided.

Scope

This policy applies to school leadership, teaching staff, and students of [INSERT name of school].

[INSERT specific roles and responsibilities of individuals or teams]

Policy statement

Any policy that aims to develop the empathy of students must be rooted in research findings indicating that children develop empathy from receiving

empathy themselves (Teymoori & Shahrazad, 2012). Hence, the foundation of this policy is in primarily ensuring that the school-based caregivers (e.g., teachers, school staff, school leaders, etc.) in a child's life are equipped with intact empathy. This foundation will be termed *Tier 0*. Additionally, we acknowledge that effective school-based policies must be comprehensive and, hence, a multi-tiered system of support (MTSS) that addresses the three tiers of intervention must be utilized; these will be termed *Tiers 1, 2, and 3*. Finally, we acknowledge that empathy-promoting policies must both prevent those factors that decrease empathy from occurring as well as intervene when there is already a lack of empathy. Hence, both prevention and intervention strategies must be part of this policy.

Tier 0 support: School-based caregivers as the foundation

We at [INSERT name of school] must provide school-based caregivers, including but not limited to teachers, counselors, front office staff, cafeteria workers, and all other personnel who provide care for children, with ways to assess for their own empathic capacities and to assess distress, a barrier to empathy (Hoffman, 2000), using research-validated measures (e.g., Interpersonal Reactivity Index; Davis, 1994). Additionally, school leadership will provide school-based caregivers with dedicated space and time to individually and collectively self-assess empathy and distress levels. Other forms of school-based self-assessment for empathy will be utilized including, but not limited to, assessing patterns and trends of negative interactions with students as evidenced by office referrals, disciplinary actions, and student/parent-report as well as patterns of teaching styles that lead to suboptimal relationship building between students and teachers.

We at [INSERT name of school] will create an environment that aims to prevent school-based caregivers' distress. The rates of trauma in students continues to increase and research shows that over half of individuals who work with traumatized youth will display symptoms of compassion fatigue, which can lead to unintended negative emotional states, such as burnout, depression, and anxiety. Thus, school leadership supports the following research-based strategies:

- Regularly assess for staff's *internal* factors that contribute to burnout, such as workload, years of experience, and social support (Abraham-Cook, 2012), and assess for *external* factors, including ambiguous role expectations, excessive time demands, classes that are too large, poor staff culture, inadequate facilities, resources, or supplies, and salaries that are inadequate (Haberman, 2005).
- Encourage work/life balance.
- Introduce school-based caregivers to self-management and stress-management skills (Bartlett et al., 2019).

- Increase school staff's social support and sense of connectedness (Halbesleben, 2006).
- Increase teacher and staff motivation by increasing teacher and staff support (Betoret, 2006).
- Promote a democratic school environment that promotes school-based caregivers' decision-making abilities, autonomy, and direct input on policies and procedures that directly affect them (Dworkin et al., 2003).

We at **[INSERT name of school]** will provide frontline staff who report experiencing distress or who demonstrate difficulties with empathic skills with:

- Easy access to mental health support services (Whitaker et al., 2009), such as individual counseling and group support services that are confidential.
- Individualized training and support to increase staff's ability to connect with students (Haberman, 2005) in areas such as cultural competence, racial identity development awareness, and trauma-informed care.

We at **[INSERT name of school]** will provide school-based caregivers with knowledge and skills to demonstrate empathy toward students, including:

- Scientifically-based information about empathy development (e.g. Fullchange, 2016a; 2016b; Fullchange, in press).
- Individual coaching to support teachers in developing a self-reflective teaching practice.
- Opportunities for school-based caregivers to take on the perspective of students, such as following a student for a day (Strauss, 2014) or visiting students' communities and home contexts (Peck et al., 2015), to promote more pluralistic attitudes towards student diversity (Smith et al., 2020).

Tier I: All students

We at **[INSERT name of school]** will provide whole-school approaches to fostering empathy. At the foundation of this tier is data gathering in the form of universal social-emotional screening. It is especially important to assess for complex trauma, as this often correlates with difficulties in expressing empathy (Pears & Fisher, 2005).

Because the research has demonstrated that children develop empathy from receiving empathy themselves, the school environment must promote their experiences of empathy and, thus, must be safe and stable, and have clear expectations, and supports to meet those expectations. Hence, the following school-wide practices will be established:

- Clearly communicated behavioral, academic, and social-emotional student and staff expectations that are collaboratively and equitably developed and reviewed with students and families throughout the academic year and are communicated in multiple modalities, such as verbally and visually (Bradshaw et al., 2012).
- Eliminate racially disproportionately exclusionary policies, like office referrals, suspensions, expulsions, etc. that create ruptures in relationships and hinder empathy and use alternatives, such as Restorative Justice practices, Positive Behavior Interventions and Supports, and peer mediation.
- Cultivate school connectedness, using a variety of strategies to include students and their families (see Centers for Disease Control, 2009, p. 15 for further reading).

The following universal interventions for students will also be implemented by school-based caregivers at **[INSERT name of school]**. These interventions will be implemented within the context of school-based caregivers' empathic relationships with students:

- When others appear distressed, acknowledge the distress, help students see their own contributions to others' distress (Hoffman, 2000), and/or question and expand their viewpoints about others' perspectives (Peterson & Skevington, 1988).
- Incorporate role playing via acting classes into existing curricula (Goldstein & Winner, 2012) (e.g., have students role-play various historical figures in a social study class).
- Incorporate regular gratitude (McCullough et al., 2002) and mindfulness practices (Mascaro et al., 2013).
- Create opportunities for students from differing backgrounds to participate in group activities together, such as creating music (Rabinowitch et al., 2012), and create opportunities for students to engage in cooperative learning structures that promote interdependence, such as jigsaws (Aronson, 2002).
- Provide regular verbal and visual reminders of safety (Mikulincer & Shaver, 2005) – both safe people (e.g., pictures of safe caregivers) and safe situations (e.g., stories in which a fictional character experiences safety).
- Consider structured social-emotional learning (SEL) programs that include empathy as a targeted component, such as Incredible Years School Dinosaur Program (Webster-Stratton et al., 2008), PATHS (Conduct Problems Prevention Research Group, 2010), RULER (Brackett et al., 2012), Second Step (Holsen et al., 2008). Consider SEL programs that target empathy specifically, such as Roots of Empathy (Schonert-Reichl et al., 2012) and HEROES (Fullchange, 2017).

Tier II: Small groups

For students who do not respond to Tier I interventions, **[INSERT name of school]** will consider increasing the depth and/or frequency of the aforementioned interventions, especially focusing on students having opportunities to develop safe relationships with adult caregivers and peers in small groups. Examples of such interventions might include small group pullouts for targeted support using any of the above strategies or programs. The HEROES program in particular is designed for small group intervention (Fullchange, 2017).

Tier III: Individual interventions

At this level of intervention, **[INSERT name of school]** will consider individualized services, such as supporting students' experiences of empathy in the context of a one-on-one relationship with a safe school-based caregiver, as is done in a check-in/check-out system (Swoszowski, 2014) with an individual counselor or mental health provider.

Authorship

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Date of ratification

This policy was ratified on the **[INSERT DATE]**.

Date of review

This policy will be reviewed by **[INSERT DATE]**.

Expert consultation

It is recommended that schools work closely with their mental health team, such as school counselors and school psychologists, in order to implement Tier II and III interventions. School mental health staff should also be contacted to provide trauma-informed care training to all school staff. Schools should also work closely with their local community mental health agencies to help connect students and caregivers in the school (teachers, administrators, etc.) to mental health services.

Rating of evidence base

Figure 38.1. School-Based Empathy Rating of Evidence.

Author Note. Empathy is a well-researched area with large support for positive impacts on social-emotional development of all children. Nonetheless, there continues to be a need for more research in school-based settings with diverse populations. Further, empathy policies have not yet been well-established in schools for researchers to examine. Hopefully, the nature/quality of the evidence base will improve over time as more studies are done. Nonetheless, empathy is perhaps the single most important contributor to social-emotional functioning. There are a myriad of studies linking empathy with positive outcomes such as prosocial behaviors, academic success, social relationships, wellbeing, resilience, moral development, and reduced racial bias. There are also many studies showing that lack of empathy can lead to negative outcomes. These policies are highly generalizable, as is a universal human experience and a construct that has arguably been vital in the existence of humans as social, interconnected, and interdependent beings. yet, schools often fail to explicitly teach students these important skills. While this policy can be embedded into daily, common practices of a school, to fully and effectively implement it, staff should receive training and coaching in trauma-informed care, racial bias, and cultural awareness. Implementing this policy will require schools to partner with local community mental health agencies and to work closely with school counselors, school psychologists and social workers to ensure students receive appropriate interventions across all tiers of support. Despite the potentially complex nature of implementing this policy, there is excellent potential for positive impact. Building empathy builds positive classroom and school culture and strengthens communities. This policy will ensure that schools are intentionally creating safer and social-emotionally healthier environments for all students and staff. Given the heightened awareness of race relations in many countries, the momentum for dismantling racist systems, and the role that empathy plays in reducing prejudices, this policy may come at an especially crucial time for many schools.

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