NASET's Working with Paraprofessionals in Your Classroom Series

Applying Empathy Curriculum to Enhance the Role of the Paraprofessional for Students with Multiple Disabilities

Christopher Russel
Soribel Genao, PhD

CUNY, Queens College

This issue of **NASET's Working with Paraprofessionals in Your Classroom series** comes from the Fall 2021 edition of the Journal of the American Academy of Special Education Professionals. The primary aim of this paper is to address how empathy curriculum can be applied to training needs of paraprofessionals working with students who have multiple disabilities. A thorough review of the literature on the role of the paraprofessional and implications for training and supervision is provided. This is juxtaposed with a review of the literature on empathy training/curriculum, and a discussion on the potential for applying empathy curriculum to existing needs for paraprofessional training. Results of a survey of 32 paraprofessionals working with students with multiple disabilities across New York State are presented. The survey emphasizes paraprofessionals' experience with training relevant to components of empathy, and self-reported perceptions of effectiveness in developing positive relationships and supporting holistic educational programs for students with multiple disabilities. The review and synthesis of literature from these two fields, and the survey results, suggest that empathy curriculum is a relevant area of training need to paraprofessionals, and further research is warranted on the topic.

Abstract

The primary aim of this paper is to address how empathy curriculum can be applied to training needs of paraprofessionals working with students who have multiple disabilities. A thorough review of the literature on the role of the paraprofessional and implications for training and supervision is provided. This is juxtaposed with a review of the literature on empathy training/curriculum, and a discussion on the potential for applying empathy curriculum to existing needs for paraprofessional training. Results of a survey of 32 paraprofessionals working with students with multiple disabilities across New York State are presented. The survey emphasizes paraprofessionals' experience with training relevant to components of empathy, and self-reported perceptions of effectiveness in developing positive relationships and supporting holistic educational programs for students with multiple disabilities. The review and synthesis of literature from these two fields, and the survey results, suggest that empathy curriculum is a relevant area of training need to paraprofessionals, and further research is warranted on the topic.

Keywords: Paraprofessional, training, empathy curriculum

Applying Empathy Curriculum to Enhance the Role of the Paraprofessional for Students with Multiple Disabilities

The role of the paraprofessional in providing educational supports to students with multiple disabilities has been increasingly prevalent in the past decades, despite a general lack of cohesive research guiding the effective preparation and implementation of this role. The most recent available data from the National Center for Education Statistics (2013) indicates that over 464,000 full-time (FTE) paraprofessionals provided special education services nationwide, an increase of almost 150,000 since 2004, and a larger total number compared to the number of full-time special education teachers (Douglas et al., 2019; NCES, 2013). It was estimated that 70% of these paraprofessionals worked with students who have severe disabilities (Biggs et al., 2016). Chopra et al. (2011) reported an average increase of 49% in the employment of paraprofessionals in the 2000s. The increase in the prevalence of this role since its inception under The Individuals with Disabilities Education Act (IDEA, 1997; Rev. 2004) has been widely credited to the inclusion movement of the 1990s, and the subsequent impact of No Child Left Behind policies on the proliferation of inclusive educational placements for students with disabilities (Chopra et al., 2011).

IDEA defines a paraprofessional as "a school employee who works under the direction of a certified staff member to support and assist in providing instructional programs and services to children with disabilities or eligible young children" (Walker et al., 2017; IDEA, 1997). The reauthorization of IDEA in 2004 clarified that "paraprofessionals and assistants who are appropriately trained and supervised" can be "used to assist in the provision of special education and related services" (Section 612 [a][14][B][iii]; Brock & Carter, 2015). Literature focusing on the roles that paraprofessionals play on the educational team emphasizes a widespread lack of clarity and a variability in specific implementation of the role across the field.

The various responsibilities of paraprofessionals may include "(1) providing instruction in academic subjects; (2) supporting students with challenging behaviors; (3) providing personal care; (4) facilitating peer interaction; and (5) collecting and managing data about the students" (Tews & Lupart, 2008, p. 39). Chopra et al. (2011) described the broad scope of paraprofessional roles as, "instructor, connector, behavior support facilitator, team member, personal care provider, and culture broker" (p. 16).

Giangreco (2010) has asserted the problem of increased reliance on paraprofessionals to perform roles for which they are generally ill-prepared, stating, "There is no strong conceptual or theoretical basis for assigning the least qualified, lowest paid, often inadequately supervised staff, namely paraprofessionals, to provide the bulk of instruction for students with the most complex learning characteristics" (p.3). While training (pre-service and in-service) is often cited as the single most significant need to enhance the effectiveness of the role, as elaborated below, Giangreco further warns that the solution of training may be masking the larger conceptual problem that exists with the very designation of the role of paraprofessional (Giangreco, 2012). Studies conducted in the past decade emphasize that the prior literature on paraprofessionals is centered around "what constitutes inappropriate and appropriate service delivery" (Biggs et al., 2016), and these more recent studies tend to focus instead on training needs and recommendations for more effective collaboration and supervision. In addition, Paraprofessionals themselves are often "discounted and underappreciated" (Lankes, 2011), which may be a reason to the lack of performance and increase desire for training to take place.

Training Needs

While IDEA (Rev. 2004) calls for "appropriate" training of paraprofessionals, there is a strong consensus across research on paraprofessionals regarding a general lack of appropriate training, including both pre-service preparation for the role and in-service professional development (Biggs et al., 2016; Brock & Carter, 2015; Giangreco, 2012; Tews & Lupart, 2008) State requirements for paraprofessional certification and professional development to maintain licensure vary widely. In New York, "Level I Teacher Assistants" are required to hold a high school diploma, GED or HSE, to pass a state certification examination, obtain fingerprinting clearance, and to complete workshops on Child Abuse Identification, School Violence Intervention and Prevention, and the Dignity for All Students Act (NYSED, 2019). In New York City, paraprofessionals must have a NYS Teacher Assistant certificate, and have completed 25 days' work as a substitute paraprofessional (NYCDOE, 2019). No pre-service disability-specific training is required in either case.

Research suggests that without the appropriate training and supervision, paraprofessionals have potentially "inadvertent detrimental effects" on student outcomes (Giangreco, 2010). These negative impacts may be interpersonal in nature (hindering the development of social relationships with peers), intrapersonal (causing overdependence and learned helplessness), or interfering with access to curriculum and teacher instruction (Brock & Carter, 2015; Giangreco, 2010; Tews & Lupart, 2008). Work identity is a way in which to synthesize different identities together, including personal and social identities, in order to discover those facets of a paraprofessional that influence their perceptions of work and the "corresponding ways in which they behave when performing their work" (Bothma, Lloyd, & Khapova, 2015).

While few studies have looked specifically at student perspectives on their experiences with paraprofessionals, generally this data has revealed positive student perceptions of the relationships. However, some of these positive impressions could mask the possibility of a negative overall impact on the student, as in a common "mothering" or "protecting" relationship causing increased dependence and threatening self-determination (McGrath et al., 2010; Tews & Lupart, 2008).

Paraprofessionals are generally reported to express an interest in receiving additional in-service training (Brock & Carter, 2015). However, a recent review of 26 studies on paraprofessional training materials established a clear need for further development of quality training materials

that are aligned with federal legislation guidelines and paraprofessional competencies (Douglas et al., 2019). In-service training topics relevant to paraprofessionals include behavioral strategies, communication techniques, understanding the impact of specific disabilities, and implementing specific interventions. While one study surveying 286 paraprofessionals found that 86% had received some form of in-service training, the perceived value and relevance of that training was questionable (Walker et al., 2017). Although the literature is vague regarding what specific training paraprofessionals would benefit from, and rather asserts the need for training that matches the role, setting, and students (Giangreco, 2011), several studies emphasize the value of supplementing training with intensive coaching and mentoring (Brock et al., 2017; Brock & Carter, 2015; Martin & Alborz, 2014; Stockall, 2014). Walker et al. (2017) asserts the critical importance of not limiting in-service training to one-time events, as this tends to result in only brief, rather than sustained implementation. Brock and Carter (2015) further reiterate, "…research across disciplines has shown that single-event training has little or no impact on everyday practice" (p. 40). Students with IEPs that require direct one on one support throughout parts of a school day often requires a special understanding and empathy when working with families. Paraprofessionals must be supported by teachers and administrators in how communication channels and systems of communication are set up with families (DPI, 2019). The implication is that targeted training must be followed by coaching and/or mentoring in order to be maximally effective. Moreover, research suggests that mentoring is most welcomed by paraprofessionals when provided by on-site teachers or team members, rather than by outside experts (Walker et al., 2017).

A literature review conducted in 2013 (Brock and Carter) suggested that with "adequate training," paraprofessionals can improve in their ability to implement specific educational intervention programs. Additional research focusing on the effectiveness of targeted in-service training for paraprofessionals, especially in the areas of implementing behavior and communication programs, has reinforced this conclusion. (Walker et al., 2017; Brock & Carter, 2015). While research suggests that there are effective models of training paraprofessionals to engage in behaviors that support positive student outcomes, this does not imply that there is a correlation between behavioral skill development and attitudinal shift between paraprofessional and student. While teachers are trained and prepared to teach, work of teaching is not only done by those who are paid as teachers, but also by a large number of paraprofessionals (Quinn and Ferree, 2017).

Supervision of Paraprofessionals

Despite the clear mandate under IDEA that paraprofessionals must be supervised by certified professionals, "the laws provide vague and limited descriptions of what paraeducator supervision entails" (Chopra et al., 2011, p. 16). Research generally indicates that teachers may not be equipped to provide adequate support and supervision to paraprofessionals. The Council for Exceptional Children outlines several competencies for teachers in the supervision of paraprofessionals (Council for Exceptional Children, 2009). "Despite the CEC (2012) guidelines that pre-service teachers have the skills 'to structure, direct, and support the activities of paraeducators,' very little attention has been given to preparing teachers specifically in this area" (Biggs et al., 2016, p. 270). Additional research is needed to shed light on the extent to which teacher preparation programs across the country are including targeted content in this area across curricula.

Teacher leadership has been described as the most important factor in the successful implementation of paraprofessional services. Effective teacher leadership involves collaboration and mutual respect, and an environment in which the paraprofessionals' contributions to the team are valued (Chopra et al., 2011). Rapport and clear delineation of roles between teachers and the paraprofessionals with whom they work has also been identified as important to guide the effective provision of special education services (Stockall, 2014). Perceptions of respect and appreciation for paraprofessionals by other team members, including teachers and administrators, and the extent to which they feel their voice is heard on the team, impacts the effectiveness of paraprofessionals in performing their role on the team. (Biggs et al., 2016) In their study defining the major influences that affect teacher-paraprofessional relationships, Biggs et al. (2016) identified "teacher mind-set" as an important factor, which included "being understanding and responsive" to paraprofessionals and demonstrating "patience, empathy, and thoughtfulness."

In contrast, studies seeking information on the perspectives of paraprofessionals regarding negative influences on job satisfaction have consistently identified lack of respect, low salaries, job uncertainty, lack of training, and responsibilities that are not commensurate with their training or pay (Carter & Sisco, 2011; Hughes & Valle-Riestra, 2008; Abbate-Vaughn, 2007; Giangreco et al., 2001). Importantly, the literature supports an impression that paraprofessionals' job satisfaction and self-efficacy is increased dramatically when they feel "understood" and respected by teachers and staff who are "very knowledgeable about their work" (Giangreco et al., 2001, p. 489).

Adequate teacher supervision of paraprofessionals is often discussed in terms of "don'ts" rather than "do's." Common "don'ts" include designating inappropriate levels of work or inappropriate instructional duties beyond the purview of the paraprofessional's training (Ruppar et al., 2016). Lack of supervision altogether has also been seen as a common issue, though research indicates that paraprofessionals supporting students with moderate to severe disabilities receive more supervision than those working with students who have mild (e.g. learning) disabilities (Irvin et al., 2017). There is a lack of research investigating what specifically constitutes adequate or appropriate supervision.

In addition to the immediate supervisory role of the teacher, administrators play a crucial role in supporting successful outcomes with paraprofessionals (Brock et al., 2017; Biggs et al., 2016). There is a dearth of research investigating the extent to which administrators provide adequate supervision for or establish collaborative relationships with paraprofessionals. While the role of administrators includes arranging or facilitating in-service training and mentorship for paraprofessionals, there is no apparent research exploring trends in or guidelines for enhancing these practices on an administrative level.

Impact of multiple disabilities and implications for paraprofessionals

Multiple disabilities (one of the 13 IDEA disability classifications) is defined as "concomitant impairments (such as intellectual disability-blindness or intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness" (IDEA, 2004, Sec. 300.8(c)(7)). Students with multiple disabilities (also described as students with severe/multiple disabilities) are an extremely diverse population across demographics, and the vagueness of this categorization presents a challenge in describing the specific needs of this population. Students with multiple disabilities are generally described as having "the most complex learning characteristics" (Giangreco, 2010, p. 3), and constitute the group with the highest risk for visual impairments, hearing loss, cognitive/intellectual challenges, physical/orthopedic disabilities, and complex health care needs (Silberman, 2000). While deafblindness, the most low-incidence disability, is allotted a separate IDEA classification, the latest census (Deaf-Blind Child Count) shows that 38% of students with deafblindness in the US (3,539 students) have an IDEA classification of "Multiple Disabilities" (NCDB, 2018).

Empathy Training and Curriculum

Empathy is defined with some variation depending on the context. Lam and colleagues (2011) have defined empathy as "an individual's capacity to understand the behavior of others, to experience their feelings, and to express that understanding to them" (p. 163). This definition involves three distinctive components of empathy, respectively: *cognitive*, *affective*, and *behavioral*. Empathy has been informally linked to positive outcomes in the provision of human services including in educational, social services, and medical fields. Actual data linking empathic levels in professionals with specific outcomes is limited and lacks congruence and scientific validation (Lam et al., 2011; Institute for Innovation, 2016).

Many different scales for measuring empathy have been developed, for a variety of implementation purposes. These standards mainly rely on self-reported data on cognitive and affective empathy. Behavioral empathy is often evaluated in the context of implementing interventions, such as in positive behavior interventions for students, or specific medical protocol geared toward patient comfort and satisfaction. In their systematic review of 29 studies on empathy training, in addition to highlighting limitations in the research, Lam and colleagues (2011) intimated that it is possible to train a person to *behave* empathically (behavioral empathy) whether or not they actually *feel* empathy for another person (affective empathy). The question of whether someone can be trained to *feel* empathy has been debated extensively across fields.

Empathy curriculum, or the structured and deliberate training of empathic responses, must include some degree of experiential training to gain exposure and increase understanding of the lives of others, whether through role-play, simulation, or facilitated visits to the communities of others. Additional methods of training may include targeted skill development, video playback, mindfulness training, and writing training ("asking trainees to write from the other's point of view" [Lam et al., 2011, p. 175]). Boske and colleagues (2017) conducted a study exploring the application of empathy curriculum to promote social justice leadership in schools, training pre-service administrators through a variety of cognitive and experiential methodologies. In this study, the authors emphasized the critical need for school leaders to be able to take the perspective of people in the communities they serve, increasing both self-awareness and awareness of others in order to encourage a humanistic approach to leadership with the goal of increased solidarity. The study assumed the existence of an inherent problem that school leaders

often come from incongruent experiences in relation to the students (and often the staff) with whom they work (Boske et al., 2017).

The application of empathy curriculum in education has mainly focused on pre-service training of administrators and teachers to increase cognitive and behavioral empathy with their students and staff (Boske et al., 2017; Drigas & Papoutsi, 2015; Barr, 2013; Bevel & Altrogee, 2010; Kitchen, 2005). As Bevel and Altrogee (2010) assert, "Among the most important qualities an education candidate (whether she be a teacher or administrator) can develop are the abilities to have a deep understanding and sensitivity to the feelings and needs of others" (p. 52). In their paper on the topic, Bevel and Altrogee described an internship course for Ed. S. students in which the candidates were required to shadow a student with a disability for 15-20 hours, and to spend 30 hours either with the family of a child with a disability, or working with an advocacy group for students with disabilities. This experience, supplemented by use of a reflective journal (what Lam and colleagues [2011] called "writing training"), was found informally to have increased both cognitive and affective empathy for students with disabilities and their families in pre-service administrators.

Barr (2013) conducted a study on the extent of 181 student-teachers' empathic attitudes toward students with disabilities, using a research-based empathy scale, The Interpersonal Reactivity Index (Davis, 1980). Results indicated that while quantity of contact and exposure to students with disabilities is itself a mild predictor of increased empathy (or at least of increased positivity in attitudes), there is likely "an interpersonal quality that, perhaps, may play a more vital role…" (p. 95). Again, the research indicates that while cognitive and behavioral empathy may be trainable, affective empathy may be intrinsic. Interestingly, this study also suggested that education majors, whether in general or special education, have comparably higher levels of empathy toward individuals with disabilities than the general population (Barr, 2013).

As compared with the education field, research dealing with medical and other clinical paraprofessionals is not as lacking in evaluation of the role of empathy. In fact, the Institute for Innovation (2016) has compiled a table summarizing the results of fifteen research studies between 2012-2015 investigating various approaches toward understanding, measuring, or teaching empathic responses toward patients. Amongst these studies, Bearman et al. (2015) looked at using a simulation approach to develop empathic responses towards patients in a pre-service health care professional program. The approach, which consisted of facilitated role play

and asking participants to "act in the role of patient," appeared to be successful in developing empathy. There are clear parallels between simulation/role play and the "field excursions" to visit the communities of the "other" described by Boske et al. (2017); both are attempts, in pre-service training, to induce "perspective taking" responses, asking the participant to step into the world of the subject (patient/student).

Applying Empathy Curriculum to Paraprofessional Training

While many studies have focused on paraprofessional training needs, a review of the literature including Douglas and colleagues' recent analysis of 26 studies on paraprofessional training materials (2019) revealed no examples of inquiries looking specifically at the levels of empathy in paraprofessionals, and no research indicating that approaches in empathy training have been applied to paraprofessionals. The CEC paraprofessional competencies (Rev. 2015) include items ostensibly targeting cognitive and behavioral empathy, for example: "Characteristics of one's own culture and use of language, and how these may differ from individuals with exceptionalities from other cultures (PCCG.1.K10)," or "Use strategies as determined by the instructional team in a variety of settings to assist in the development of social skills (PCCG.2.S16)." The lack of pre-service training for paraprofessionals is certainly a barrier to implementation of existing models of empathy curricula from which administrators and teachers – and thus their students – may have benefitted.

The field of education for students with deafblindness has addressed the matter of empathy and emotional congruence, or "affective involvement," extensively in writings over the past 40 years. Moreover, national efforts from the field have concentrated recently on developing the unique role of *intervener*, defined as "an individual who works consistently one-to-one with a student who is deafblind" and "Who has training and specialized skills related to deafblindness" (Alsop et al., 2004). The intervener is essentially a 1:1 paraprofessional who is trained in unique content and skills related to supporting a student with combined vision and hearing loss. Inherent in the role of intervener, and emphasized directly in all existing training models, is the importance of techniques and strategies to "develop and maintain a trusting, interactive relationship [with the student] that can promote social and emotional well-being" (Alsop et al., 2004).

Competencies developed for interveners and adopted by the Council for Exceptional Children (2010) include items related to all three components of empathy, such as applying attachment theory to encourage mutual affective involvement and encourage social-emotional development,

a deep level of understanding of the unique impact of the child's etiological conditions, and skills in observing, interpreting, and responding appropriately to a child's communicative behaviors (Alsop, 2004). While presently only two states formally recognize the role of intervener, it is generally recognized as best practice nationally, and comprehensive training materials have been developed for interveners with grant funding support from the US Department of Education, Office of Special Education Programs (Parker et al., 2017).

A unique dissertation study from the field of education and deafblindness (Martens, 2014) and follow-on article (Martens et al., 2014) focused on implementing an intervention model for "fostering affective involvement" (defined as the mutual sharing of emotions, certainly a form of affective empathy) in teachers or other staff working with children with deafblindness. The study used single-subject design to introduce an intervention model for staff working with a single student, characterized by intensive implementation of a 16-week training and coaching intervention, including video analysis, constructive feedback sessions and role-play. Findings suggested that it is possible to increase affective involvement, cognitively, affectively, and behaviorally, with an intensive training and coaching model. However, results also warned that a decrease in implementation was observed over time, pointing to the need for continuous coaching and ongoing professional development (Martens, 2014).

Given the appropriate training and support, paraprofessionals may actually be in a unique position to foster a positive and empathic relationship with students leading to improved student outcomes across domains. To begin with, paraprofessionals spend more 1:1 time with students throughout the day than other team members, and are in a position to observe subtle behaviors and responses. Perspectives on paraprofessionals often include an assertion that they "know the student best" (Giangreco et al., 2001, p. 492). As compared with teachers, paraprofessionals may also place a stronger value on important non-academic skill domains, including social and other functional intrapersonal and interpersonal skills, as compared with teachers. One study even suggested that, as compared with special and general education teachers, paraprofessionals place a higher level of importance on the teaching of self-determination skills to students with multiple disabilities (Carter & Sisco, 2011). However, the "protecting" and "mothering" traits commonly found in paraprofessionals (McGrath et al., 2010; Tews & Lupart, 2008) reflect a potentially negative manifestation or misdirected application of affective empathy, namely an ableist attitude of pity for students with disabilities. This negative form of affective empathy is

also manifest in "personal distress" when exposed to the pain of others, which is self-focused and bears an egoistic motivation (Stetson et al., 2003).

Additionally, research suggests that in terms of their own socioeconomic and cultural backgrounds, paraprofessionals tend to be more congruent with their students than other educational team members. As Chopra and colleagues (2011) point out, "Paraeducators live in the communities where they work, and are culturally, as well as, linguistically more similar to their students; thus they enhance diversity and community connections for the schools" (p. 16). Furthermore, a survey of paraprofessionals own perceptions about their work revealed a general belief that their "experiences with motherhood" and "insiders' understanding of diverse communities" was an asset to their ability to connect with and provide appropriate services for their students (Abbate-Vaughn, 2007). The potential benefit of parenting experiences was stated by paraprofessionals in contrast to the trend for teachers to be "childless and half of the participants' age…" (p. 153).

The potential ability for paraprofessionals to take on a more deliberate role in bridging the gaps between the school and home community has not gone unnoticed. A study (Chopra & French, 2004) found that paraprofessional communication with families benefits the successful inclusion of students with disabilities, but only under the guided supervision of teachers who facilitate the maintenance of appropriate boundaries in a collaborative team model (Chopra et al., 2011). As discussed above, while relationships of mutual respect and empathy between paraprofessionals and other team members may also have an impact on the efficacy of the role, there is no research connecting paraprofessional perceptions of respect with the extent of their own empathic responses with their students.

Research question

The primary aim of this paper is to ask:

(1) How can empathy curriculum be applied to training needs of paraprofessionals working with students who have multiple disabilities?

Survey and participants

Paraprofessionals working with students with multiple disabilities were surveyed at six center-based self-contained schools specifically serving students with multiple disabilities, in multiple

locations in New York State. Additionally, the survey was sent to paraprofessionals working with students with visual impairments and additional disabilities in New York City public schools. The survey was shared with over 150 paraprofessionals in the context of "collecting research data to support a better understanding of paraprofessional training needs"; no compensation was offered to respondents. 32 paraprofessionals voluntarily completed all items in the survey, with the understanding that the information they shared would be anonymous. The survey, accessed via a web link, was estimated to take 2 minutes to complete.

A five-point Likert Scale with responses "strongly agree," "agree," "neutral," "disagree," and "strongly disagree" was used to quantify respondents' perspectives on questions related to their role as a paraprofessional.

Questions on the survey are shown in Table 1, linking questions with specific areas of research targeted in each question.

Table 1

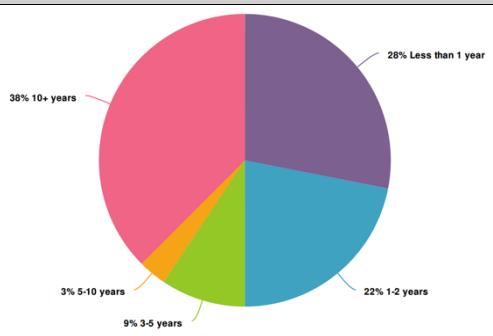
Questions

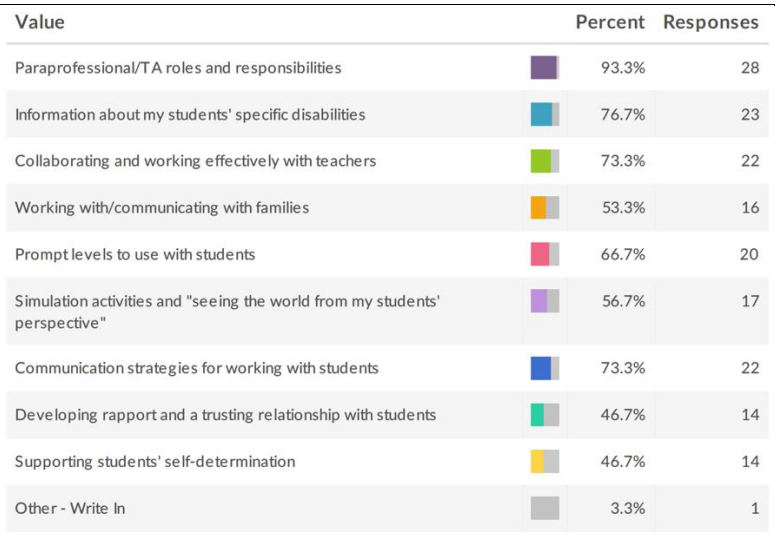
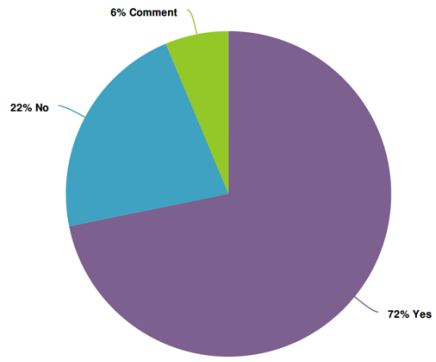
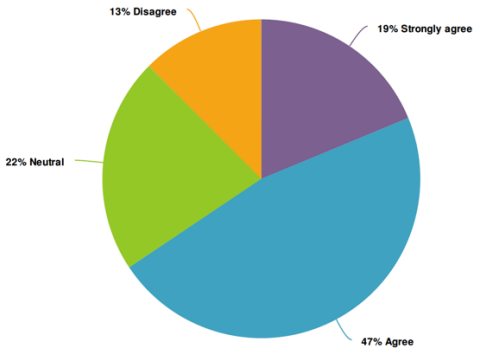
Question	**Targeted area of research**
1. How long have you been working in the role of paraprofessional? Possible answers: • Less than 1 year • 1-2 years • 3-5 years • 5-10 years • 10+ years	Quantity of experience and exposure to students with disabilities
2. What types of training have you received to support your work with students? (check all that apply) Possible answers: • Paraprofessional/TA roles and responsibilities • Information about my students' specific disabilities • Collaborating and working effectively with teachers • Working with/communicating with families • Prompt levels to use with students • Simulation activities and "seeing the world from my students' perspective" • Communication strategies for working with students • Developing rapport and a trusting relationship with students • Supporting students' self-determination	Extent and content of training Duties/role Cognitive empathy Collaboration/role Affective empathy Behavioral empathy Cognitive empathy Behavioral empathy Affective empathy Affective empathy
3. Have you received individual coaching on how to work with your student from teachers or other team members at your school? (Yes/No/Comment)	Extent of coaching and mentorship
4. I feel that my voice is heard and respected on the educational team. (5-point Likert Scale)	Job satisfaction and self-efficacy

5. I have a strong understanding of my student's experience of the world and the impact of my student's specific disabilities. (5-point Likert Scale)	Cognitive empathy (positive)
6. I have a strong rapport and trusting relationship with my student. (5-point Likert Scale)	Affective empathy (positive)
7. I know how my student is feeling throughout the day, and am able to read my student's emotions well. (5-point Likert Scale)	Affective empathy (positive)
8. I feel upset when my student is upset or in pain. (5-point Likert Scale)	Affective empathy (negative)
9. I have the skills that I need to communicate effectively with and support my student. (5-point Likert Scale)	Behavioral empathy (positive)
10. I would like more training in unique strategies for working with my student. (5-point Likert Scale)	Training needs
11. Please add any additional comments about your role on the educational team and your work with your student(s). (write-in)	N/A

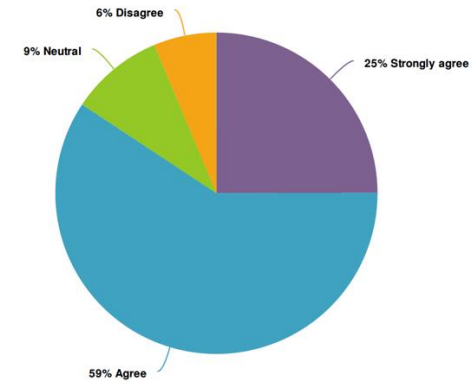
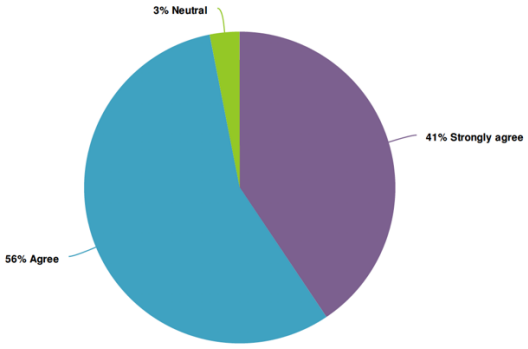
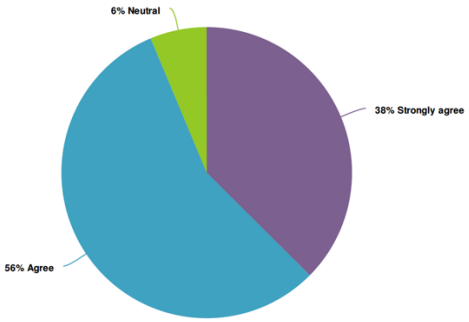
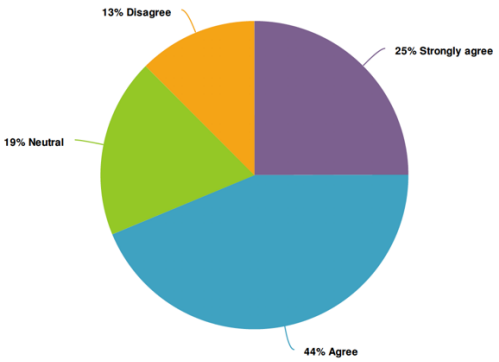
Table 2

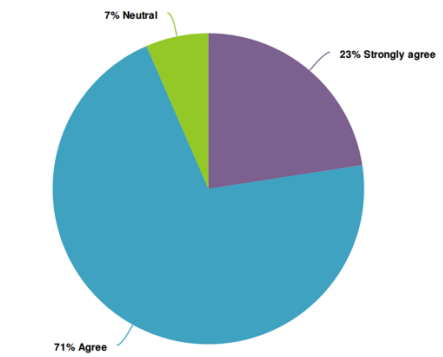
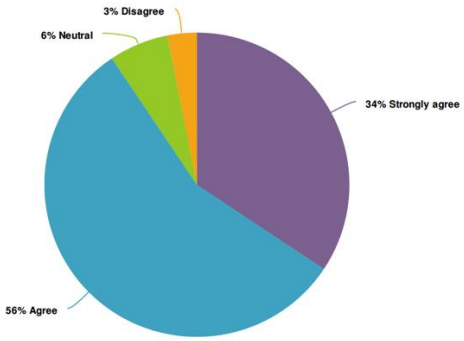
Survey Results: Results of the survey for all participants (N=32)

Question	**Results**
1. How long have you been working in the role of paraprofessional?	

2. What types of training have you received to support your work with students? (check all that apply)	 Comment: "I worked at (name of school) and I learned a lot there ."
3. Have you received individual coaching on how to work with your student from teachers or other team members at your school? (Yes/No/Comment)	 Comments: (1) "sometimes"; (2) Yes, sometimes from certain teachers, I will valuable input (sic).
4. I feel that my voice is heard and respected on the educational team. (5-point Likert Scale)	

Value	Percent	Responses
Paraprofessional/TA roles and responsibilities	93.3%	28
Information about my students' specific disabilities	76.7%	23
Collaborating and working effectively with teachers	73.3%	22
Working with/communicating with families	53.3%	16
Prompt levels to use with students	66.7%	20
Simulation activities and "seeing the world from my students' perspective"	56.7%	17
Communication strategies for working with students	73.3%	22
Developing rapport and a trusting relationship with students	46.7%	14
Supporting students' self-determination	46.7%	14
Other - Write In	3.3%	1

5. I have a strong understanding of my student's experience of the world and the impact of my student's specific disabilities. (5-point Likert Scale)	
6. I have a strong rapport and trusting relationship with my student. (5-point Likert Scale)	
7. I know how my student is feeling throughout the day, and am able to read my student's emotions well. (5-point Likert Scale)	
8. I feel upset when my student is upset or in pain. (5-point Likert Scale)	

9. I have the skills that I need to communicate effectively with and support my student. (5-point Likert Scale)	
10. I would like more training in unique strategies for working with my student. (5-point Likert Scale)	
11. Please add any additional comments about your role on the educational team and your work with your student(s). (write-in)	Comments: (1) We receive very little meaningful training. (2) Always looking for any additional training and strategies to improve my knowledge with individuals with hearing and seeing loss! (3) I'm a TA my role is help the student to their needs... (4) I love it! Learning more every day. (5) As a paraprofessional, I view my role as an important bridge between the teachers expectations and the students abilities. It is my responsibility to help the student strive to reach educational goals as put forth by the team. Additionally, I help to observe the student and provide feedback for any target lesson areas that are not providing positive results. (6) As a TA at (name of school) I feel that once you step into the school you are a part of the (school) family. Everyone in (name of school) has they own personal role but once we come together as one unit we are UNSTOPPABLE. (7) I like to know that my student are well taking care of while I am assisting in helping to care for them. I believe in doing a great job when it come to my students care and teaching. I believe in

	treating people the way I would like to be treat. I reach to do excellent work on a daily basics. Team work all the way. (8) As a paraprofessional I am one with my student. It is a great experience that I absolutely love.

Table 3

Question Results

Question	**Empathy Component (implied)**	**% Agree or Strongly Agree**
5. I have a strong understanding of my student's experience of the world and the impact of my student's specific disabilities.	Cognitive empathy (positive)	84%
6. I have a strong rapport and trusting relationship with my student.	Affective empathy (positive)	97%
7. I know how my student is feeling throughout the day, and am able to read my student's emotions well.	Affective empathy (positive)	94%
8. I feel upset when my student is upset or in pain.	Affective empathy (negative)	69%
9. I have the skills that I need to communicate effectively with and support my student.	Behavioral empathy (positive)	94%

The paraprofessionals surveyed (N=32) represented a diverse group in terms of number of years working in the role, and represented diversity geographically across New York State. There did not appear to be any significant correlation between number of years working in the role and extent of training or coaching received by paraprofessionals. The overwhelming majority (94%) reported having received at least some training, though the specific content varied. 81% of respondents indicated having received training in areas related to cognitive empathy; 71% indicated training in areas related to behavioral empathy; and, 63% indicated training in areas related to affective empathy. 50% percent reported having participated in simulation experiences

in training, which has been linked in research to tangible outcomes increasing cognitive empathy. The majority of respondents indicated at least some degree of coaching (72% of N=32), and in every group by number of years, except for 5-10 years (likely because of only obtaining one respondent in this group, N=1), indicated between 66-88% "yes" to having received coaching).

Overall, the results indicate that the paraprofessionals surveyed, who all work with students with multiple disabilities, have high self-reported levels of cognitive, affective, and behavioral empathy. There did not appear to be a correlation between number of years working in the role of paraprofessional, and self-reported levels of empathy. Although only 66% of respondents felt that their voice is heard and respected on the educational team, there was no correlation between this item and the respondents' impression of having established a strong rapport and trusting relationship with the student.

As noted above, 69% of respondents indicated that they feel upset when a student is upset or in pain. This was a striking result, as it suggests the significant presence of an egoistic emotional/empathic relationship with students. There did not appear to be a correlation between the number of years working in the role from 1-10, and the negative example of empathic response (feeling upset when the student is upset or in pain). That is, teachers with 10+ years of experience tended to answer "agree" or "strongly agree" at the same percentage as teachers with 1-10 years' experience. It is notable that 50% of the teachers working less than a year in the role indicated "disagree" or "strongly disagree" with this statement; no other group shared this value.

Discussion

The results of the survey answered by 32 paraprofessionals provide additional information on the training and perspectives of paraprofessionals with regard to empathy for students with multiple disabilities. The very high self-reported levels of cognitive, affective, and behavioral components of empathy presented above supports what is understood in the literature regarding the perspectives of paraprofessionals on the quality of their relationships and rapport with students. The results suggest that paraprofessionals working with students with multiple disabilities do receive some degree of in-service training on topics relevant to components of empathy, as well as coaching or mentoring from teachers. It is notable that while 94% reported having the skills they need to communicate with and support their students, 90% indicated that

they would also like more training in strategies to do so effectively. It is also important to note that while the training content selection was aligned informally with empathy components, this should not be misunderstood as formal or deliberate empathy curriculum. It appears more likely, based on the literature, that none of the respondents have participated in formalized empathy training.

Responses regarding perceived skill set (Question 9) and perceived need for additional training (Question 10) suggest that even paraprofessionals who have received relevant in-service training and feel effective in their work will benefit from additional, targeted training. This supports the existing research indicating that in general paraprofessionals report a need for more training; notably, this appears to be true regardless of number of years in the field, and extent of training completed. The dissonance between self-reported levels of empathy for students, and self-reported negative affective empathy (Question 8) also supports what the research indicates – that additional targeted empathy curriculum would be useful to paraprofessionals working with students who have multiple disabilities.

The importance of quality supervision by teachers and administrators should again be emphasized as important to support the effectiveness of paraprofessionals. However, perceptions of being respected and heard on the educational team did not seem to influence respondents' views of their own effectiveness in working with the child. This finding is in conflict with what Biggs and colleagues (2016) reported about the relationship between respect and effectiveness of role implementation. Of course, it is quite plausible that a dissonance exists between perceived effectiveness and actual effectiveness.

Empathy curriculum has not been directly applied to paraprofessional training in the past, but rather in the field of education tends to be applied to pre-service training for administrators and teachers. The research and the results of this study support the need for further direct application of empathy curriculum to paraprofessional training, with the understanding that the majority of paraprofessional training is in-service. There is an inference that existing methods of empathy curriculum would need to be adapted to meet the unique needs and circumstances of paraprofessionals.

Limitations and Implications for Future Research

The results of the survey and review of existing literature support the impression that applying empathy curriculum in the context of targeted paraprofessional training (pre-service or in-service) is a highly relevant topic for future research. The development of specific training models adapted for in-service paraprofessional training is warranted to fill this need. The current research on training suggests that sustained follow-up coaching and mentoring is also critical. Additionally, participants of this survey represent mainly paraprofessionals in self-contained settings serving students with multiple disabilities. These settings ostensibly function in a very different manner than inclusive settings with regard to training and sheer number of paraprofessionals and special educators in the school building

Surveys of teachers working with students with multiple disabilities, as well as of administrators, would be appropriate in order to compare the results. Would teachers express the same degree of negative empathic responses (Question 8) as compared with paraprofessionals, or does the proximity of paraprofessionals to students, and their less objective role with regard to providing instruction, lead to increased emotional attachment in these relationships? The relatively high percentages of participants reporting having received training in areas related to each component of empathy should also be compared with data from the population of paraprofessionals working with students with mild, rather than severe/multiple disabilities.

The question of how empathy curriculum can be applied to training needs of paraprofessionals working with students who have multiple disabilities was addressed primarily through an extensive review of literature. Literature suggests that paraprofessionals are in need of training to enhance their roles on the educational team in general, and that specifically with regard to empathy, they may be in a unique position to develop positive relationships supporting outcomes with their students. Training must be supplemented with coaching by teachers or administrators who have established mutual respect with paraprofessionals. In order for the outcomes of training to be sustained, relevant follow-up training and professional development should be administered on an ongoing basis. Research in the field of empathy curriculum points to ongoing training that includes experiential aspects such as simulation or role-play. Since paraprofessionals largely have congruent cultural and linguistic experiences with their students, they may be at an advantage in terms of capacity for empathy. However, ableist attitudes and lack of disability-specific empathy training may present adverse impacts. A larger-scale survey of paraprofessionals working with students with multiple disabilities is warranted to more thoroughly investigate current needs in the field. Additionally, intensive research is needed to

determine the possible effectiveness of adapting empathy curriculum models to meet the unique contexts of paraprofessionals, in particular through in-service training and coaching.

References

Abbate-Vaughn, J. (2007). Paraprofessionals left behind? Urban paraprofessionals' beliefs about their work in the midst of NCLB. *Journal of Poverty*, *11*(4), 143-164.

Alsop, L., Killoran, J., Robinson, C., Durkel, J., & Prouty, S. (2004). Recommendations on the Training of Interveners for Students who are Deafblind. *Monmouth, OR: NTAC: National Technical Assistance Consortium for Children and Adults Who Are Deaf-Blind*.

Alsop, L. (2004). Competencies for training interveners to work with children and students with deafblindness. *SKI-HI Institute*.

Barr, J. J. (2013). Student-teachers' attitudes toward students with disabilities: Associations with contact and empathy. *International Journal of Education and Practice*, *1*(8), 87-100.

Bearman, M., Palermo, C., Allen, L. M., & Williams, B. (2015). Learning empathy through simulation: A systematic literature review. *Simulation in healthcare*, *10*(5), 308-319.

Bevel, M., & Altrogge, G. (2010). Preparing future administrators and teachers: Developing empathy for individuals with disabilities. *Journal of Philosophy & History of Education*, *60*, 52-56.

Biggs, E. E., Gilson, C. B., & Carter, E. W. (2016). Accomplishing more together: Influences to the quality of professional relationships between special educators and paraprofessionals. *Research and Practice for Persons with Severe Disabilities*, *41*(4), 256-272.

Boske, C., Osanloo, A., & Newcomb, W. S. (2017). Exploring Empathy to Promote Social Justice Leadership in Schools. Journal of School Leadership, 27(3), 361–391.

Bothma, F. C., Lloyd, S., & Khapova, S. (2015). Work identity: Clarifying the concept. In P. W. Jansen & G. Roodt (Eds.), Conceptualising and measuring work identity: South African perspectives and findings (pp. 23-51). Heidelberg, Netherlands: Springer.

Brock, M. E., Seaman, R. L., & Downing, C. (2017). Promoting learning for a student with a severe disability through paraprofessional training. *Research and Practice for Persons with Severe Disabilities*, *42*(4), 211-224.

Brock, M. E., & Carter, E. W. (2015). Effects of a professional development package to prepare special education paraprofessionals to implement evidence-based practice. *The Journal of Special Education*, *49*(1), 39-51.

Brock, M. E., & Carter, E. W. (2013). A systematic review of paraprofessional-delivered educational practices to improve outcomes for students with intellectual and developmental disabilities. *Research and Practice for Persons with Severe Disabilities*, *38*(4), 211-221.

Carter, E. W., Sisco, L. G., & Lane, K. L. (2011). Paraprofessional perspectives on promoting self-determination among elementary and secondary students with severe disabilities. *Research and Practice for Persons with Severe Disabilities*, *36*(1-2), 1-10.

Chopra, R. V., Sandoval-Lucero, E., & French, N. K. (2011). Effective Supervision of Paraeducators: Multiple Benefits and Outcomes. *National Teacher Education Journal*, *4*(2).

Council for Exceptional Children (CEC) (2015). Specialty set: Special education paraprofessionals. What Every Special Educator Must Know: Ethics, Standards, and Guidelines for Special educators (6th Ed.). Retrieved December, 2019 from https://www.cec.sped.org/~/media/Files/Standards/Paraeducator%20Sets/Specialty%20Set%20%20Special%20Education%20Paraeducator.pdf

Council for Exceptional Children (CEC) (2010). Specialty Set: Special Education Paraeducator Intervener for Individuals with Deafblindness (PDBI). Retrieved from https://nationaldb.org/groups/page/9/interveners-and-qualified-personnel

Douglas, S. N., Uitto, D. J., Reinfelds, C. L., & D'Agostino, S. (2019). A systematic review of paraprofessional training materials. *The Journal of Special Education*, *52*(4), 195-207.

Drigas, A., & Papoutsi, C. (2015). Empathy, special education and ICTs. *International Journal of Recent Contributions from Engineering, Science & IT (iJES)*, *3*(4), 37-42.

Eccleston, S. T. (2010). Successful collaboration: Four essential traits of effective special education specialists. *The Journal of the International Association of Special Education*, *11*(1), 40-47.

Giangreco, M. F., Doyle, M. B., & Suter, J. C. (2012). Constructively responding to requests for paraprofessionals: We keep asking the wrong questions. *Remedial and Special Education*, *33*(6), 362-373.

Giangreco, M. F., Edelman, S. W., & Broer, S. M. (2001). Respect, appreciation, and acknowledgment of paraprofessionals who support students with disabilities. *Exceptional Children*, *67*(4), 485-498.

Giangreco, M. F. (2010). One-to-one paraprofessionals for students with disabilities in inclusive classrooms: Is conventional wisdom wrong?. *Intellectual and Developmental Disabilities*, *48*(1), 1-13.

Hudgins, K. S. (2012). Creating a collaborative and inclusive culture for students with special education needs. *McNair Scholars Research Journal*, *5*(1), 8.

Hughes, M. T., & Valle-Riestra, D. M. (2008). Responsibilities, preparedness, and job satisfaction of paraprofessionals: Working with young children with disabilities. *International Journal of Early Years Education*, *16*(2), 163-173.

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 (2004). Retrieved December, 2019 from https://sites.ed.gov/idea/regs/b/a/300.8/c/7

Irvin, D. W., Ingram, P., Huffman, J., Mason, R., & Wills, H. (2018). Exploring paraprofessional and classroom factors affecting teacher supervision. *Research in developmental disabilities*, *73*, 106-114.

Kam, C. M., Greenberg, M. T., & Kusché, C. A. (2004). Sustained effects of the PATHS curriculum on the social and psychological adjustment of children in special education. *Journal of emotional and behavioral disorders*, *12*(2), 66-78.

Kitchen, J. (2005). Conveying respect and empathy: Becoming a relational teacher educator. *Studying Teacher Education*, *1*(2), 195-207.

Lam, T. C. M., Kolomitro, K., & Alamparambil, F. C. (2011). Empathy training: Methods, evaluation practices, and validity. *Journal of Multidisciplinary Evaluation*, *7*(16), 162-200.

Lankes, R. D. (2011). The atlas of new librarianship. Cambridge, MA: MIT Press.

Martens, M. (2014). *The intervention model for affective involvement and its effectiveness* (Doctoral dissertation, University of Groningen).

Martens, M. A., Janssen, M. J., Ruijssenaars, W. A., & Riksen-Walraven, J. M. (2014). Introducing an intervention model for fostering affective involvement with persons who are congenitally deafblind. *Journal of Visual Impairment & Blindness*, *108*(1), 29-41.

Martin, T., & Alborz, A. (2014). Supporting the education of pupils with profound intellectual and multiple disabilities: The views of teaching assistants regarding their own learning and development needs. *British Journal of Special Education*, *41*(3), 309-327.

National Center on Deaf-Blindness (NCDB). (2018). The 2017 National Child Count of Children and Youth who are Deaf-Blind. Monmouth, OR: National Center on Deaf-Blindness, The Research Institute, Western Oregon University. Retrieved from

New York State Department of Education (NYSED) (2019). Level I teaching assistant certification. Retrieved December, 2019 from http://www.highered.nysed.gov/tcert/certificate/typesofcerts/taone.html

New York City Department of Education (NYCDOE) (2019). Paraprofessionals and substitute

paraprofessionals. Retrieved December, 2019 from https://www.schools.nyc.gov/careers/other-jobs-in-schools/paraprofessionals-and-substitute-paraprofessionals

McGrath, M. Z., Johns, B. H., & Mathur, S. R. (2010). Empowered or Overpowered? Strategies for Working Effectively with Paraprofessionals. *Beyond Behavior*, *19*(2), 2-6.

Parker, A.T., Schalock, M., Steele, N., Chopra, R., Cook, L., Sobel, D., Kennedy, B.M.S., Monaco, C., & Zobel, G. (2017). Participatory curriculum development to meet community needs: Open Hands, Open Access: deaf-blind intervener learning modules. DbI Review (58), 69-73.

Ruppar, A. L., Neeper, L. S., & Dalsen, J. (2016). Special education teachers' perceptions of preparedness to teach students with severe disabilities. *Research and Practice for Persons with Severe Disabilities*, *41*(4), 273-286.

Quinn, JS, Ferree, MM. Schools as workplaces: Intersectional regimes of inequality. *Gender Work Organ*. 2019; 26: 1806– 1815. https://doi.org/10.1111/gwao.12224

Silberman, R. K. (2000). Educating students with visual Impairments and other exceptionalities. Foundations of education: History and theory of teaching children and youths with visual impairments. New York: AFB Press.

Stetson, E. A., Hurley, A. M., & Miller, G. E. (2003). Can universal affective education programs be used to promote empathy in elementary aged children? A review of five curricula. *Journal of Character Education*, *1*(2), 129.

Stockall, N. S. (2014). When an aide really becomes an aid: Providing professional development for special education paraprofessionals. *Teaching exceptional children*, *46*(6), 197-205.

Tews, L., & Lupart, J. (2008). Students with Disabilities' Perspectives of the Role and Impact of Paraprofessionals in Inclusive Education Settings 1. *Journal of Policy and Practice in Intellectual Disabilities*, *5*(1), 39-46.

Walker, V. L., Douglas, K. H., & Chung, Y. C. (2017). An Evaluation of Paraprofessionals' Skills and Training Needs in Supporting Students with Severe Disabilities. *International Journal of Special Education*, *32*(3), 460-471.

About the Authors

Christopher Russell is the Project Coordinator for the New York Deaf-Blind Collaborative, a USDOE Office of Special Education Programs Technical Assistance and Dissemination grant. He has experience as a classroom teacher and Teacher of the Visually Impaired (TVI) working with children who have visual impairments and additional disabilities including deaf-blindness. He is adjunct faculty at Hunter College, CUNY, in the graduate personnel preparation programs for Blindness/Visual Impairment, and Childhood Special Education: Severe/Multiple Disabilities.

Soribel Genao is an Associate Professor of Educational Leadership at CUNY Queens College. Her research has focused on examining the diverse systemic issues in and reform of urban schools while assessing administrative, teacher, and community collaborations that facilitate more positive student academic and behavioral outcomes such as student retention in marginalized communities. She has institutionally lead the development of a dual Masters and certificate in Educational Leadership with an emphasis on Bilingual Education programs at the P-20 level at Queens College. Her national and international work reminds of intersectionality: that is, gender is but one of several identities individuals hold (e.g., ethnicity, racial preference, sexuality) and these identities interconnect to influence each person's experiences, anyone of which can become a negative stereotype.