Creating Compassion: Using Art for Empathy Learning with Urban Youth

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Abstract

Social-emotional learning (SEL) curricula are being increasingly implemented with young children; however, access to comprehensive programs can be prohibitive for programs limited by finances, time, or other factors. This article describes an exploratory case study that investigates the use of creative activity in the direct promotion of empathy and indirect promotion of other social-emotional skills for early elementary children in an urban-based after-school setting. A novel curriculum, Creating Compassion, which combines art engagement with explicit behavioral instruction, serves as a promising avenue for social-emotional skill development, and has particular importance for children from low-income households. Five children from racially minoritized backgrounds in grades kindergarten and first attended the Creating Compassion group intervention. Group-level data and individual data of direct behavior ratings suggested a modest increase in empathy development, responsible decision-making, and self-management skills and thereby provide a preliminary basis for further effectiveness investigation. Suggestions for future research in this area are discussed in addition to social justice implications.

Keywords Social-emotional learning · Empathy · Creative arts · Social justice

Research suggests that empathy, defined by Ishaq (2006) as "the ability to identify and express one's own emotions to read another's emotions correctly and comprehensively" (p. S26), offers protective benefits to children (Lenzi et al., 2014; López et al., 2008). Researchers have also found that empathy can be taught (Teding van Berkhout & Malouff, 2016). As such, empathy is a core component of many social-emotional learning (SEL) curricula, which are gaining popularity globally and across the USA (Clayton, 2017; Cristóvão et al., 2017; Torrente et al., 2016). Although empathy-focused education can take various forms, including role plays and games, lectures, and skill-building exercises (Teding van Berkhout & Malouff, 2016), art-based interventions, such as those researched by Darewych and Bowers (2017), represent one particularly promising method for delivering empathy training to children. Given findings on links between empathy and creativity (Alligood, 1991; Carlozzi et al., 1995; Grant & Berry, 2011) and the effectiveness of experience-based social skills training programs with children (January et al., 2011), a curriculum that combines these elements has the potential to be both engaging and effective. Furthermore, in today's increasingly multicultural classrooms, arts activities offer English language learners a valuable opportunity to actively participate and express themselves more fully (Brouillette, 2009). This article documents findings from an exploratory study using an arts-centered empathy curriculum implemented with kindergarten and first grade children in an urban after-school setting.

Empathy Development

Empathy plays a role in children's psychosocial adjustment and serves as a fundamental prerequisite in prosocial behavior and interpersonal cooperation (Behrends et al., 2012; Castillo et al., 2013). Empathy makes way for understanding and connecting with others as well as for developing self-compassion, a trait that has been shown to defend against anxiety (Neff et al., 2007); has been linked to increased psychological well-being in adolescents and adults (Neff & McGehee, 2009); and protects against negative psychological health outcomes for gender non-conforming individuals (Keng & Liew, 2016).

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Given neuroscientific scholarship on the interpersonally relevant processes involved in empathy, such as emotion sharing and regulation (Decety & Lamm, 2006), empathy provides an important foundation for teaching children other social-emotional skills, such as relationship skills (e.g., building healthy relationships) (CASEL, 2017). Researchers have identified connections between young children's emotional awareness and their relational skills, which in turn offer children additional benefits, such as increased classroom adjustment (Denham et al., 2015). Studies indicate that preschool children with greater emotional competence compared to their counterparts are more likely to exhibit a prosocial orientation and behavior and are seen as more socially adept over time by their peers and teachers (Denham et al., 2012; Eggum et al., 2011; Ensor et al., 2011). Young children's relational skills and outcomes are of great consequence given findings that poor peer relationships in childhood are a risk factor for challenges later in life (Parker & Asher, 1987).

Previous studies in schools have shown that empathy serves as a strong protective factor against aggressive behavior in youth (Lenzi et al., 2014; López et al., 2008). Empathy not only serves as a protective factor against engaging in aggressive behavior but can also lessen the effects of existing risk factors, such as peer deviance (Lenzi et al., 2014). These findings are especially meaningful for the provision of empathy-centered social-emotional wellness programs to children from low-income households, for whom psychosocial protective factors tend to erode over time (Madsen et al., 2011). Given preliminary findings indicating that SEL programs may have long-lasting effects for children of a variety of socioeconomic backgrounds (Taylor et al., 2017), empathy-centered SEL may help to reinforce protective benefits of reducing aggressive behaviors in children from low-income households. This can also help stave off the deterioration of protective factors typically experienced by this population.

Empathy training has also been used to teach children to be accepting of difference (Hollingsworth et al., 2003), and has been found to enhance the effects of prejudice-reduction programs for children (Beelmann & Heinemann, 2014). Some scholars have argued that empathy training offers long-term benefits to young participants' communities, as such training prepares children to become citizens who are attuned to self and others, and can relate peacefully across difference in a multicultural society (Derman-Sparks, 1993; Taylor et al., 2017). Furthermore, researchers have speculated that empathy development serves as a fundamental precursor to building other key social-emotional abilities, including prosocial behavior and interpersonal collaboration (Behrends et al., 2012; Castillo et al., 2013), cooperative learning (Denham et al., 2015), and accepting differences (Hollingsworth et al., 2003; Taylor et al., 2017). The numerous benefits of empathy development among children make it a vital skill for social-

emotional education programs and an ideal area of focus for the present exploratory study.

Arts-Based Programs and Empathy

Studies suggest that arts-based programs may be a particularly effective, engaging, and age-appropriate approach for teaching children about empathy. Prior studies indicate that through engaging in creatively focused interventions (visual art and performance art), international middle and high school populations have made significant gains in empathy (Castillo et al., 2013; Ishaq, 2006). Music, theater, visual arts, and poetry have all been used to teach empathy and emotional awareness to children and adolescents in the USA and the UK (Brown & Sax, 2013; Goldstein & Winner, 2012; Gorrell, 2000; Ishaq, 2006; Rabinowitch et al., 2013). More specifically, research findings have shown that acting training increased empathy among elementary school-aged children (Goldstein & Winner, 2012); 8–11 year old children had higher emotional empathy scores following a musical group intervention (Rabinowitch et al., 2013); and arts-enrichment preschool children who took part in music, dance, and visual arts activities subsequently experienced greater emotion regulation (Brown & Sax, 2013), which has been proposed as a fundamental component of empathy (Decety & Lamm, 2006).

Engaging in the arts facilitates and expands children's social, emotional, and academic learning (Kozol, 2005). Researchers have identified the close connection between empathy and creativity (Carlozzi et al., 1995; Grant & Berry, 2011). More specifically, Carlozzi et al. (1995) found positive relationships between creative development and the ability to perceive affective messages and display sensitivity toward others' feelings. Therefore, they recommended that creative programming be incorporated in education curriculum delivery as a means to support children's empathy development.

Using creativity to scaffold empathy development allows children to become more aware of ways to impact the lives of others and engage in perspective taking (Grant & Berry, 2011). Art activities that incorporate hands-on and group-based interactive approaches allow children to learn from their peers through creative expression (Davis, 2008), facilitate prosocial behaviors (Grant & Berry), and support identity formation and appreciation of cultural differences (Ishaq, 2006).

Rationale for Empathy-Focused Arts Programming for Early Elementary-Aged Children

Although researchers indicated that pre-K and kindergarten children see larger gains from social skills programs than children in later grades, and that such programs are more effective when they are experiential (January et al., 2011), few researchers have examined arts-based empathy programs with children younger than fourth grade. Thus, the present

exploratory study was designed to fill this gap by developing and implementing an experiential arts curriculum aimed to engage early elementary-aged children in creative hands-on learning about empathy. Though the aforementioned studies examined the effect of arts programs on young participants' empathy development, few studies have investigated arts-based curricula that teach about empathy explicitly. Given that Brouillette (2009) suggested that the added step of facilitated dialog and reflection about children's art "may nurture deeper levels of perception about the feelings and perspectives of others" (p. 22), we would expect the explicitly empathy-focused material in our arts curriculum to enhance its benefits to participants and fill an existing gap in the literature. We hypothesized that hands-on artistic activities would allow young participants to interact and understand their peers through creative expression. When done in a group setting, arts activities can help forge social bonds while supporting identity formation and cultural transmission (Ishaq, 2006).

The research team chose to use visual art methods as the focus of the arts-based curriculum given that these approaches provide a forum for creating, sharing, and reinforcing positive self-concept and social skills (Trusty & Oliva, 1994). The use of visual arts production also offers low-cost options for the delivery of creative arts and empathy programming. The need for low-cost SEL curricula is substantial (Wright et al., 2013). Children from low-income households are at a higher risk for experiencing mental health challenges compared to their peers who come from higher-income backgrounds (Wadsworth & Achenbach, 2005). Additionally, although the present study took place prior to the COVID-19 pandemic, we recognize that the effects of the ongoing pandemic have further exacerbated the need for mental health supports and creative outlets for coping (Jefsen et al., 2020). Empathy-focused arts programming that uses visual arts methods can easily be administered in low- or under-resourced schools or after-school settings, even through remote means. Facilitating access to creative SEL programming is an absolute must, especially considering that SEL curricula tend to be costly, averaging approximately $6000 per program (Hunter et al., 2018).

Investigation into the development of empathy in young children is a critical step forward in the field of school psychology. In order to best address the needs of children at-risk, the intervention under investigation positions itself as a short-term, preventative early intervention program. Previous research has shown that SEL curricula for children can produce positive behavioral and cognitive change in as little as four months (Schonert-Reichl et al., 2015).

Research Questions

Given the limited nature of research in this area with early elementary-aged children, and the lack of conclusive evidence on the relationship between empathy and its translation into other social-emotional skills on children younger than 13, we aimed to examine the following research questions: (a) Is empathic creative instruction effective in promoting empathy in young children? (b) Is empathic creative instruction effective in indirectly promoting other social-emotional skills in young children?

Typically, SEL programs are comprehensive, addressing interpersonal relationship building as merely one component of many other skill-building domains (CASEL, 2013). We hypothesized that a creatively focused curriculum, when aimed specifically at improving children's relational skills, can be just as effective in developing empathy as traditional SEL curricula. Additionally, we also hypothesized that as gains are made in children's empathy levels, gains will also be made in other areas of social-emotional development.

Methods

Participants

A group of five children among kindergarteners and first graders (ages 5 to 6 years old) was recruited to participate from an urban after-school program. All five children were eligible for free or reduced lunch. Three children were identified as female and two were identified as male according to the after-school's program records. All participants were children of immigrants who spoke languages other than English at home. Racial and ethnic identities of group members included Asian-American, Middle Eastern, Latinx, Black, and Multiracial. The after-school program serves roughly 200 children between the ages of 5–18 in a geographic zone targeted by the urban city for resource mobilization efforts due to high rates of poverty and social risk factors. The kindergarteners and first graders who attended the program had the option of selecting after-school enrichment activities to participate in, including arts, science and technology, math, and writing programming.

Measures

To examine the outcome of the empathic creative instruction on empathy, participants were administered the Index of Empathy for Children and Adolescents (IECA). The IECA is an interview consisting of 22 items that measures empathy based on individual reactions to everyday situations. The IECA was administered by group leaders both before and after intervention. Use of the IECA has been validated in early elementary samples as well as for other populations through adolescence (Bryant, 1982). Additionally, the IECA has shown invariance across gender, making it a useful tool for measuring empathy expression in primary school children (Lucas-Molina et al., 2016). All 22 items on the IECA are

scored dichotomously (e.g., "yes" or "no") and include reverse-scored items. A composite score ranging from 0 (lowest possible empathy score) to 1 (highest possible empathy score) is created based on the average of response values for all questions (Bryant, 1982). The IECA has reliability reported to range from 0.52 to 0.76 (de Wied et al., 2007).

In addition, the direct behavior rating (DBR) was employed as an assessment to measure both empathy and other social-emotional skill acquisition. The DBR consists of brief evaluative ratings of children's social-emotional and behavior functioning through direct observations of operationally defined behaviors (Christ et al., 2009). The DBR was used by group leaders to assess child levels of social-emotional skill behavior while participating in the small group intervention. Employing the DBR within an intervention package has demonstrated promise in increasing appropriate child behavior in the classroom and can be used with children in grades kindergarten and up (Chafouleas et al., 2012). Each form contains a scale with eleven segments (numbered as a percentage of time from 0 to 100 at 10-point intervals) that is anchored with three qualitative descriptors of (1) 0% of the time (not at all), (2) 50% of the time (some), and (3) 100% of the time (always), as well as examples of behavior (e.g., listening, showing concern for others, cooperating and communicating with group members, correctly identifying and reacting appropriately to others' emotions, resisting inappropriate social pressure, etc. [Chafouleas et al., 2012; Kilgus et al., 2014]). In the case of the present exploratory study, the behaviors used on the DBR were measured in accordance with the 2017 Collaborative for Academic, Social, and Emotional Learning: Social Awareness and Relationship Skills (CASEL) framework definitions and included: self-awareness, self-management, responsible decision-making, and empathic behavior.

Procedures

Recruitment

Parents/caretakers and children were informed of the relational skill-building intervention via a flyer. The only tangible reward to children for participation was the provision of basic arts supplies at the conclusion of the program. The child group was filled on a first-come, first-served basis. Given the young age of the children and focus on social-emotional skill delivery, the research team capped enrollment at five children and closed recruitment. Due to repeated absences, one child's data were discarded (absent for three of five intervention sessions).

Consent

The research team provided a consent form in English to parents/caretakers who expressed interest in the Creating Compassion programming. The consent form provided information about the different activities children would engage in and explained that participation was voluntary and could be withdrawn at any time without consequence. The parents/caretakers were required to review and sign the consent form in order to enroll their child in the program. Prior to submitting the written consent, parents/caretakers could ask questions to learn more about the program.

Curriculum

For the purposes of this study, the definition of empathy was adapted from two core competencies developed by CASEL (CASEL, 2017). Empathy was operationalized as the ability to (a) take perspectives of others, (b) relate to others' experiences regardless of differing backgrounds or cultures, and to (c) create and maintain healthy and rewarding relationships with other group members. Examples of empathic behavior included (a) listening to others, (b) accurately reading others' emotions, (c) showing concern for other group members, (d) communicating with others, (e) cooperating with others, (f) resisting inappropriate social pressure, and (g) seeking and offering help when needed.

The first four group sessions (baseline phase) consisted of engaging in simple arts projects and subsequent discussions about the art produced. Art projects lasted anywhere from 15 to 20 min, followed by discussion of the art produced for the remaining time (45 min total per session). During the baseline phase, group discussion of produced art revolved around general observations as well as narrations of individual work.

The intervention phase restructured the baseline discussion-based sessions and consisted of five sessions. Once weekly 45-min sessions were held during which the intervention was implemented. During the intervention phase, group leaders used explicit behavioral instruction, including roleplays, to teach each target behavior that focused on empathy development. These target behaviors included showing one is listening to others (eyes and ears on the speaker), reading others' emotions ("you seem sad"), displaying concern for group members ("are you okay?"), communicating and cooperating (speaking calmly to reach a goal), considering others' perspectives (nodding while others are talking), and seeking and offering help. Two target behaviors were taught each session. Learned target behaviors were reinforced before introducing new skills in subsequent sessions. Children then engaged in 15–20 min of art activity and/or creation. Arts activities included painting, sculpting, dance, music, photography, collage, mixed media, and drawing. Following the art activity and/or creation, children participated in discussions that were led by the group leader (a trained, doctoral-level researcher). A sample "Creating Compassion" intervention session is provided in Appendix A.

Prompts varied in art medium on a session-by-session basis. Discussions required children to present their work to the

group and give a verbal description of this work as it related to the prompt and the session's target behaviors. These discussions aimed to target children's listening skills and interpersonal understanding and provide opportunities to practice the learned skills.

Data Collection and Analysis

Data were collected using a single-case, AB study design (Kazdin, 2011). This design, which introduces treatment after baseline data are collected, was utilized to explore preliminary effectiveness of the intervention. Although an AB design precludes the ability to determine experimental effects, it allows for the observation of progress monitoring in applied settings where adding a reversal-to-baseline phase would be unethical and permanent behavior change is sought (Kazdin, 2011). Furthermore, returning to baseline is unlikely to result in observable changes of behavior when the targeted behavior, in this case empathy, is an acquired skill that cannot simply be unlearned.

Baseline data of social-emotional behaviors, including empathy, were collected prior to beginning the intervention. Interrater reliability was examined for the DBR to ensure ratings were consistent throughout the intervention. Any discrepancies during the first interrater reliability probe were discussed to clarify procedure for observational data collection.

IECA data was collected once for each child following a pre/post design. DBR data for empathy and social-emotional development were collected following an AB single-case design for each child after each session according to the operationalized definition. After baseline data was gathered, the empathic arts intervention commenced with all group members.

The lead investigator carried out the intervention and collected data. Paper-based information (e.g., consent forms, data collection sheets) gathered for this project were marked with the participants' de-identified code numbers, stored in a locked file cabinet within the researcher's office, and could only be accessed by members of the research team. The list of participant names and their corresponding participant codes were kept in a locked file separate from the paper-based data. De-identified paper-based data were then transcribed into a password-protected computer database, only accessible to the principal investigator (PI). Participants typically took home any art they produced. Any art product that participants did not wish to keep was discarded at the after-school program.

Research Team Training and Support Structure

An additional team member was recruited to concurrently lead sessions and collect data as a secondary observer. Both team members had extensive prior experience working with children and some exposure to the use of arts-based counseling methods. While the PI had knowledge of the IECA and experience with the DBR, both team members completed structured training to ensure accurate delivery of the study's measures.

This secondary observer was trained by the PI to ensure fidelity. Both the PI and secondary observer completed DBR-specific training through completion of an online module provided through the University of Connecticut (UConn, 2018). Crovello (2017) suggested that completion of the DBR's online training module can help improve reliability of data between raters. After the online training module was completed by both raters, these raters then practiced rating the DBR on recruited participants in a natural setting (during free play in an alternate activity at the after-school program) before any sessions began until at least 90% agreement was reached across participants. Once this agreement check was completed, the secondary observer collected DBR ratings for all sessions, and the PI completed DBR ratings 22% of these sessions.

IECA training was minimal as the measure is straightforward, and both team members had previous experience administering structured measures to participants. Throughout the study's duration, the research team met weekly to monitor progress. Both the PI and secondary observer prepared for each week's session by reviewing the lesson script and addressing any related questions. At the completion of the 9 weeks of study implementation, IECA data for participants were collected a second time. The data collected were scored by the PI and analyzed in conjunction with the research team.

Results

The goal of this exploratory study was to observe preliminary data for the effectiveness of the "Creating Compassion" curriculum in promoting children's social-emotional development, especially empathy. Both group-level and individual-level data findings from this exploratory study are presented below.

Group Level

Mean IECA scores at baseline or pre-intervention ($M = 10.5$, $SD = 3.11$) did not significantly differ from post-intervention ($M = 11$, $SD = 2.94$) IECA scores ($p > .05$). Baseline data obtained from the DBR showed child mean percentage of empathy increased from 48% (range = 40–53) of each session at baseline to 51% (range = 40–63) of each session following intervention. In addition to empathic behavior increases, the percentage of self-management and responsible decision-making also increased following intervention. Self-
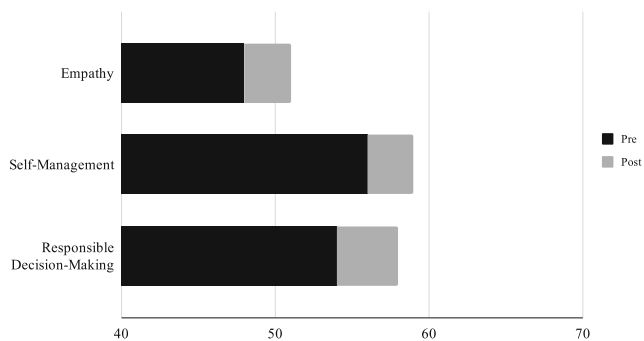
Fig. 1 Percent of time social-emotional skill behaviors observed by program phase across participants

management increased from 56% (range = 47–63) to 59% (range = 53–63). Responsible decision-making increased from 54% (range = 47–63) to 58% (range = 53–65). A visual representation of group-level data is provided in Fig. 1.

Percentage of non-overlapping (PND) data is a proportion of data points in the treatment condition that exceeds the extreme value in the baseline condition (Scruggs & Mastropieri, 2001). As treatment is aiming to increase behaviors, the extreme value would be the highest value during baseline condition (Scruggs & Mastropieri, 2001). The percentage of non-overlapping data between baseline and intervention phases for empathic behavior was 40% (PND = 0.4, z = 0.9798, p = 0.3272, 90% CI = [− 0.272, 1]). The percentage of non-overlapping data between baseline and intervention phases for responsible decision-making was 20% (PND = 0.2, z = 0.9798, p = 0.3272, 90% CI = [− 0.436, 0.836]). The percentage of non-overlapping data between baseline and intervention phases for self-awareness was 0% (PND = 0.0). The percentage of non-overlapping data between baseline and intervention phases for self-management was 0% (PND = 0.0). Scruggs and Mastropieri (1998) suggest that PND scores above 90%

represent very effective treatments, 70–90% are effective treatments, 50–70% are of questionable effectiveness, and below 50% are ineffective treatments (Fig. 2).

Individual Level

Child 1

According to DBR data, child 1 displayed a slight increase in empathy as a function of the intervention, with an average increase of rated empathy from 30% during baseline (SD = 11.55) to 38% during intervention (SD = 13.04). An increase of 20% to 30% empathic behavior rating after implementation could indicate an immediacy effect of the intervention. The percentage of non-overlapping data between baseline and intervention phases for child 1's empathic behavior was 40% (PND = 0.4, z = 0.9798, p = 0.3272, 90% CI = [− 0.272, 1]). The trend of the data also showed a decrease during baseline data, whereas data in the intervention phase showed a positive trend for child 1 (Fig. 3).
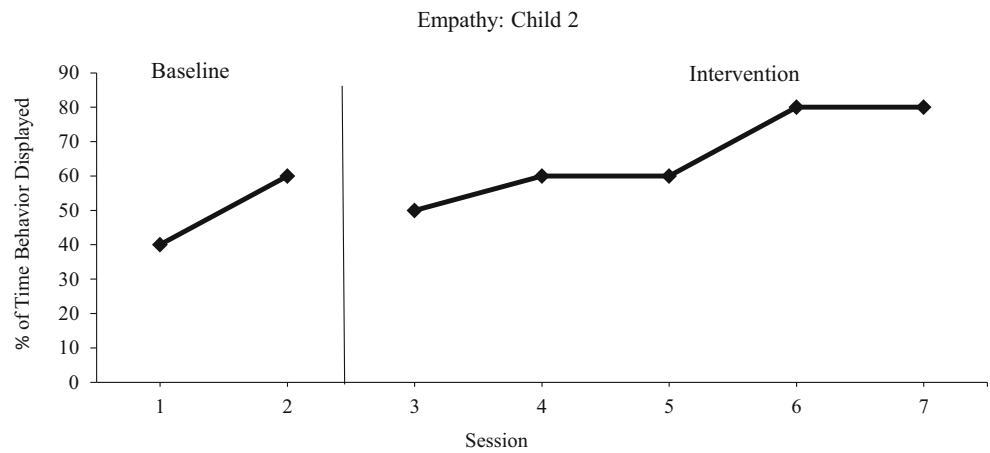
Child 2

Child 2's DBR data showed an increase in empathy from an average rating at baseline of 50% (SD = 14.14) to an average of 66% (SD = 13.42) throughout the intervention phase. The percentage of non-overlapping data between baseline and intervention phases for child 2's empathic behavior was 40% (PND = 0.4, z = 0.9798, p = 0.3272, 90% CI = [− 0.272, 1]). Although there was not an immediacy effect and data between phases overlap, the trend of the data showed positive increases in empathic behavior (Fig. 4).

Fig. 2 Percent of time empathy behavior observed by program phase for child 1
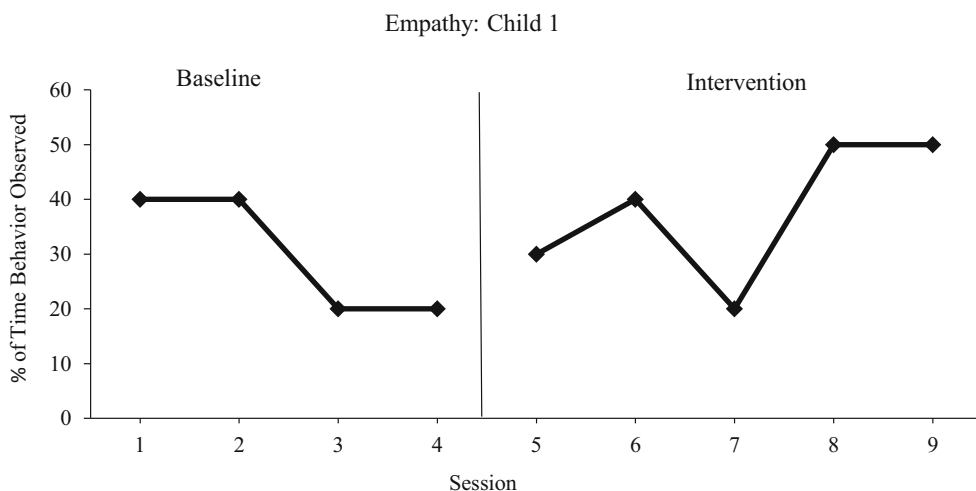
Fig. 3 Percent of time empathy behavior observed by program phase for child 2

Child 3

The average level of child 3's empathic behavior increased between baseline and intervention from ratings of 56.7% (SD = 5.77) to 62% (SD = 8.37) according to DBR data. There was no change in the trend of baseline data, but the intervention data showed a positive upward trend. In addition, no immediacy effect between phases was observed. The percentage of non-overlapping data between baseline and intervention phases for child 3's empathic behavior was 40% (PND = 0.4, $z = 0.9798$, $p = 0.3272$, 90% CI = [− 0.272, 1]). For child 3, there was still considerable overlap of data between the baseline and intervention phases (Fig. 5).
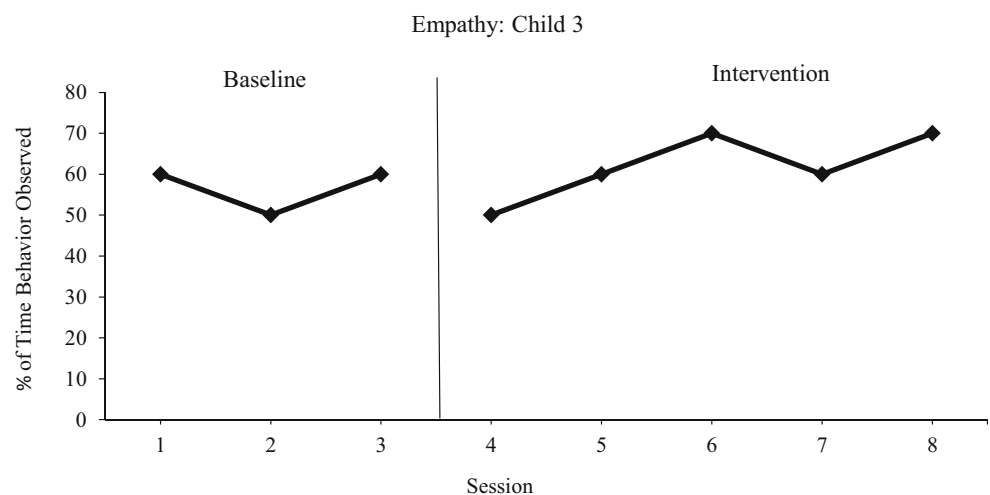
Child 4

Child 4's DBR data indicated a decrease in empathy between baseline and intervention with a rating average of 57.5% (SD = 15.00) during baseline and 46% average

rating (SD = 8.94) during intervention. These data also resemble a negative trend through baseline with a small change in the intervention trend. The percentage of non-overlapping data between baseline and intervention phases for child 4's empathic behavior was 0% (PND = 0.0). There was significant overlap between phases, and no immediacy effect was observed.
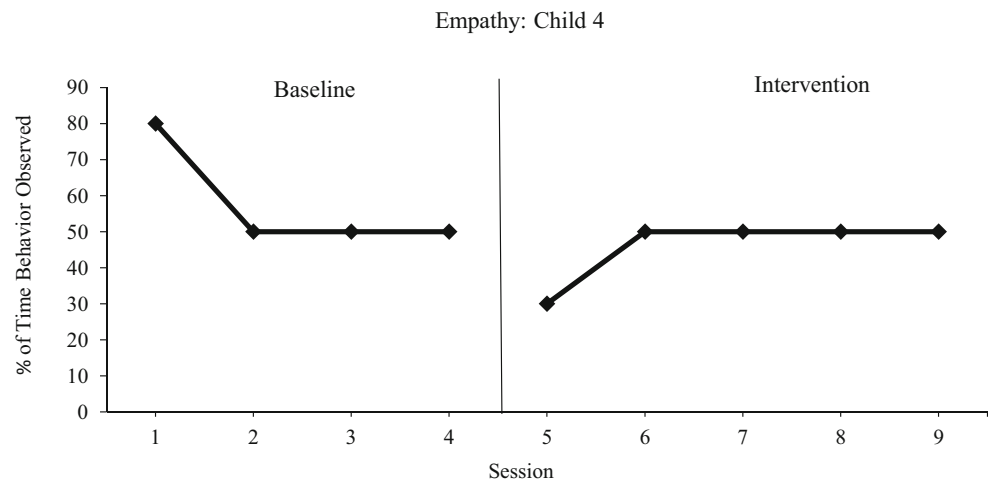
Interobserver Agreement

In accordance with best practice research procedures, at least 20% of behavioral observations should be reviewed by a second researcher in order to determine interobserver agreement (IOA) (Hott et al., 2015). Thus, the secondary observer scored participants on the DBR measurement tool independent of the PI for 22% of the observations across baseline and intervention periods. For the purposes of this study, if both observer's ratings were within 10% of each other in either direction (plus or minus 10%), this was considered an agreement. Average IOA was calculated by dividing the total number of

Fig. 4 Percent of time empathy behavior observed by program phase for child 3

Empathy: Child 4

Fig. 5 Percent of time empathy behavior observed by program phase for child 4

agreements between observers by the total number of opportunities for agreement across all sessions. Average IOA between both raters for the DBR scale was 90.1% across the four behavioral categories.

Discussion

The modest increase in empathy documented in three of the four participants provides a preliminary basis for further exploration of arts-based empathy instruction with early elementary children. Social-emotional skills, including empathy, are essential to enhancing peer relationships, academic outcomes, and youth development outcomes overall (Taylor et al., 2017). This exploratory study adds to the research base that suggests explicit behavioral instruction may be a useful tool in social-emotional skill development. The Creating Compassion curriculum, aimed at improving children's relational skills, provides a basis for further investigation into explicit behavioral instruction for SEL, specifically for empathy. Although percentage increases across target behavior demonstrations were small, over time, social-emotional skill development is expected to increase as children apply these skills in the real world (CASEL, 2017; Cook et al., 2016; Taylor et al., 2017).

More specifically, the research team aimed to explore whether empathic creative instruction (the Creating Compassion intervention) would promote the development of observable empathic behaviors. The results from the present exploratory study demonstrated a foundation for continued efficacy testing as there were modest increases in displays of empathic behavior for three out of the four participants across nine sessions. Continued efficacy testing could include the provision of additional sessions so that participants have ample time to develop

empathy skills. Nevertheless, findings from the present exploratory study lend support to the possibility of building empathy skills through direct behavioral instruction (Teding van Berkhout & Malouff, 2016). Moreover, the present study contributes to the school psychology literature by presenting a starting point for integrating arts-based empathy instruction in social-emotional interventions among early elementary-aged children. Researchers have emphasized the need for practitioners in the field to focus on delivering social skills interventions early during childhood to maximize opportunities for effectiveness, particularly for children from low-income households who may be at risk for developing disciplinary challenges (January et al., 2011).

Additionally, results from this study may indicate that social-emotional skills do not develop in isolation. Rather, these skills have an interactional effect despite only directly targeting one social-emotional skill—as gains are made in one skill domain, gains may also be made in others. That is, the research team hypothesized that the Creating Compassion intervention would also contribute to increasing social-emotional skill development more broadly as Darewych and Bowers (2017) found in their research. Findings from the present study provide preliminary support for this hypothesis insofar as participants demonstrated modest growth in SEL in the areas of self-management and responsible decision making from pre to post intervention with mean scores of direct behavior ratings showing a small increase. This finding is consistent with speculations that empathy development provides as a foundation to building other social-emotional competencies (Behrends et al., 2012; Castillo et al., 2013).

Limitations

Though rigor was ensured in data collection, conclusions of intervention effectiveness must be made with caution. Given

that this was an exploratory study, our preliminary data set and AB design did not allow us to make strong interpretations of the results. This design did not allow us to distinguish experimental effect from any possible confounds and could only be used to determine initial effectiveness. Thus, future research is needed to examine potential efficacy, such as through the use of multiple baseline design or mixed methods. The study's small sample (originally $n = 5$, with the eventual exclusion of one participant's data due to inconsistent attendance) could also be interpreted as a limitation. Additionally, only five intervention sessions were conducted due to the after-school program's scheduling needs. To better coincide with the academic calendar and allow for more intervention sessions, future research should allow considerable time for recruitment before beginning the program. Moreover, attempts were made unsuccessfully to secure caregiver interviews at the conclusion of the intervention, preventing researchers from gaining a qualitative perspective on program effectiveness and behavior translation to other settings. Future research should target strengthening communication with participants' caregivers both before and during intervention so that follow-up post intervention can be expected.

Future Research

Future research should look to increase the sample size while also introducing more rigorous research methods, such as a multiple baseline design. Measurements of treatment fidelity could be helpful, particularly if this type of program were to be implemented with larger sample sizes. Further investigation into empathy development is warranted, and researchers should incorporate tools that ensure the intervention is implemented as designed in order to strengthen conclusions of effectiveness.

Implications

Despite limitations, findings from the present study warrant further investigation into the outcomes of this particular curriculum and others like it with young children. Arts-based empathy programs are promising in that they offer opportunities for school psychologists to facilitate empathy development in young children in ways that are both hands-on and low-cost. The low-cost nature of arts-based empathy-focused programs is likely to be attractive to school and after-school programs that may otherwise be limited by finances, time, and other constraining factors. School psychologists can capitalize on the inherent potential of, and opportunities presented by, arts-based empathy learning to promote SEL access for all children, especially those from lower-income households. These efforts can help further the social justice ideals central to the responsibilities of all school psychologists, but

particularly for those interested in school-based equity leadership initiatives (Duma & Silverstein, 2014; NASP, 2010).

Arts-based empathy instruction has the potential to help young children develop important interpersonal skills early in life, while also exposing them to art, empowering them to engage in the creative process, and fostering emotional connections to their art and their peers. The act of creating art and sharing it with others represents a powerful opportunity for the development of self-concept in children (Trusty & Oliva, 1994) and serves as a source of pride. Participation in the arts has been found to enhance self-esteem and social skills among children from low-income backgrounds (Mason & Chuang, 2001). Moreover, integrating arts-based activities in empathy training offers school psychologists opportunities to not only promote SEL development but also enhance school engagement, feelings of belonging, and overall school climate (Catterall et al., 2012; Cratsley, 2017). Given findings on the protective benefits of empathy (Lenzi et al., 2014; López et al., 2008), in conjunction with results from the present study, investigating empathy development in an urban, multicultural setting, specifically with children from low-income households, represents an important step forward in preventive and promotive efforts within the field of school psychology.

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Data Availability Upon request via email, the first author (laura.morizio001@umb.edu) can provide any available de-identified data for reader review.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Ethics Approval All procedures, materials, and related elements to the research were pre-approved and subsequently overseen by the University of Massachusetts Boston's Institutional Review board.

Consent to Participate Written informed consent was obtained from the participants' parents.

Consent for Publication Parents signed informed consent regarding publishing their children's data and any related findings.

Code Availability Not applicable.

Appendix 1

Empathy lesson 1: lend an ear/ jump in their shoes
   Lesson Time: 45 min total
   Participant objectives:

Target empathy behavior	What we'll call it	Verbal example	Nonverbal examples
Listens to others	Lend an ear	*Repeating what was said, "uh-huh"*	*Eye contact, not speaking while others are*
Actively considers others' perspectives	Jump in their shoes	*"That would have made me so happy!"*	*X*

- Demonstrate explicitly what target behaviors look like and provide examples
- Participate in an emotion-focused craft activity
- Roleplay understanding others and emotion matching
- Relate play activity back to discussion of empathy

   Group goals:

- Follow directions
- Listen carefully to peers
- Participate in an activity that promotes imagination
- Work together to come up with different examples of empathy
- Goals created by the group:

   Opening (10 min):
   Greet children back to the group. Communicate the importance of good listening and what that looks like (e.g., ears open, eyes on speaker, mouths closed, hands up if you want to speak). If good listening skills are observed, we will participate in a fabulous project!
   Transition to empathy introduction. Suggested questions for brainstorming include:

1. *"Has anyone ever heard the word 'empathy?'"*
2. "Any guesses as to what it might mean?

   Empathy definition: *Empathy is the ability to understand how someone else is feeling or to understand the situation they are in. It is the ability to "put yourself in someone else's shoes" and to understand the way a situation might make them feel.*
   Empathy role play between group leaders: "how was your day?"

- Lend an ear examples: (a) repeating what was said (e.g., "uh-huh"), (b) eye contact, (c) not speaking over others
- Jump in their shoes examples: (a) actively considering other perspectives, (b) echoing their emotional experience (e.g., "that would have made me so happy!")

   Break off into groups (one group for each group leader) and practice sharing something good/bad that happened to you this week. Group leaders will provide corrective feedback and appropriate praise.
   Circle back for discussion questions:

1. *"Can you give me example of how you learned empathy today? We practiced two"*
2. *Provide examples and role play situations with volunteers.*
3. *"Has anyone shown empathy to you? Tell me about it."*
4. *"How does it feel when someone shows empathy to you?"*

   Art activity (10–15 min): happiest day of my life

- Glue sticks
- Scissors
- Construction paper
- Markers

   Ask participants if they are ready to begin the activity. You can prepare them by saying:

"Awesome answers, everyone! Now we are going to do some creative work that will help decorate the room. I want everyone to remember what we talked about on our discussion of empathy and what that means when we think of our feelings. When you're ready, find some space where you can concentrate on what you will be creating. We will be working with art supplies, so get ready to have fun! Once you've found a space, raise your hand so I can give you your supplies. I want you to draw a picture of the happiest day of your life! You can be in the picture if you want, but just draw anything that you feel comfortable sharing with the group. If you finish early, you can ask other people about their drawing."

   Work should be done semi-collaboratively (meaning that children can share ideas while each producing an individual creation) and respect of each other's creations should be emphasized. Be sure to encourage children to think about the meaning of empathy while creating these. Assist children as needed.
   Closing (10 min):
   Have children gather in circle and discuss what they have learned from the activity, how it relates to the empathy

discussion, and how they can practice this in school and at home. Ensure each child participates at least once in the discussion.

"Let's go around the group, one by one, and learn about the happiest days of our lives! I can go first."

Ask the group:

– "How can we lend an ear?"
– "Time to jump in their (the speaker's) shoes! What do you think that felt like?"

Close the discussion after ensuring each child has an opportunity to participate. Example closing prompts could include:

1. "Has your idea of empathy changed since the beginning of this lesson?"
2. "How can you show empathy at school?"
3. "How can you show empathy at home?"

End the session: Awesome work everyone! You made some gorgeous pictures! Feel free to take your creation home to practice what we learned in group today!

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