
Peer Edmonton Empathy Recruitment Scale (PEERS): A Tool for Student Peer Support Worker Selection and Empathy Measurement *L'échelle PEERS (Peer Edmonton Empathy Recruitment Scale) : Un outil de sélection des travailleurs-étudiants pour l'entraide entre pairs et de mesure de l'empathie*

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ABSTRACT

Canadian universities increasingly emphasize student peer support services as a mental health treatment option. These services, composed of peer support workers (PSWs), reduce professional counselling admissions and treatment costs. The process of selecting PSWs, however, has historically been unstandardized, leading to difficulties with the assessment of ideal workers for these helping roles. To help Canadian postsecondary mental health initiatives recruit PSWs, we developed a brief nonclinical postsecondary student empathy scale that reliably identifies suitable PSWs in a student population. In this study, we discuss the strong psychometric validity and reliability of the Peer Edmonton Empathy Recruitment Scale and its utility for Canadian universities.

RÉSUMÉ

Les universités canadiennes insistent de plus en plus sur les services d'entraide entre pairs étudiants en tant que mode de traitement en santé mentale. Ces services, qui regroupent des travailleurs d'entraide entre pairs, permettent de réduire les coûts du recours au counseling professionnel et aux traitements qui en découlent. Or, le processus de sélection des pairs destinés à l'entraide n'a jamais été normalisé, entraînant du coup des difficultés d'évaluation des travailleurs les mieux adaptés à ces rôles d'aidants. Pour aider les responsables d'initiatives canadiennes postsecondaires à recruter des pairs aidants, nous avons mis au point une brève échelle d'empathie postsecondaire non clinique qui permet d'identifier les pairs aidants convenables au sein d'une population étudiante. Dans le cadre de cette étude, nous discutons de la solide validité et de la fiabilité psychométrique de l'échelle PEERS et de son utilité dans les universités canadiennes.

Canadian university students require further mental health services, such as campus and community-based supportive peer counselling. From spring 2013 to 2016, there has been a 61% increase in attempted suicides and a 14% increase in self-reported “overwhelming anxiety” for Canadian university students

(ACHA-NCHA II, 2013, 2016). Usage of the Mental Health Hotline in Ontario increased by 344% between 2010 and 2017 for individuals aged 25 and younger (Cribb, Ovid, Lao, & Bigham, 2017). In response to surging demand, 14 out of 15 surveyed Canadian universities and colleges increased their mental health budget over the last 5 years, despite decreasing enrolment (Cribb et al., 2017). Provincial governments are also responding, notably with the Alberta government recently investing \$25.8 million into postsecondary mental health initiatives over 3 years (Alberta Government, 2017). As the demand for student mental health support grows, peer support services are being increasingly emphasized.

Peer support draws on shared experiences between the service provider and user, thereby promoting continued service adherence and increasing therapeutic outcomes (Davidson, Chinman, Sells, & Rowe, 2006; Farkas, Gagne, Anthony, & Chamberlin, 2005; Repper & Carter, 2011). Peer support workers (PSWs) use their experience to teach nonpeer staff about recovery, reduce the stigma of care, and establish rapport (Walker & Bryant, 2013). Notably, PSWs produce counselling outcomes comparable to, and in some cases more effective than, professional staff (Davidson et al., 2006; Solomon, 2004). PSWs are most effective at empowerment, reducing crisis unit use, and increasing recovery hopefulness (Walker & Bryant, 2013). In Canada, peer-based interventions have helped students reach out to support services (Dietsche, 2012), improved service user self-efficacy (Webel, Okonsky, Trompeta, & Holzemer, 2010), and decreased the stress on professional counselling programs (Jaworska, De Somma, Fonseka, Heck, & MacQueen, 2016). Integrated peer support can bolster campus resilience and strengthen current university-based counselling interventions through low-cost means (Purnell, Blank, Scrivener, & Seupersad, 2004).

Recruiting empathic PSWs is one of the many challenges facing university mental health services. Currently, best practices for selecting PSWs require an application, at least one interview, approval by a member of the target population, and approval by a mental health professional (Campos et al., 2016). Although peer support is typically more cost-effective than traditional care (Solomon, 2004; Trachtenberg, Parsonage, Shepherd, & Boardman, 2013), the cost of PSW training can be high. Given that Canadian university mental health services are already overwhelmed (Cribb et al., 2017), recruiting and selecting suitable student PSWs can be difficult without using empirically based, standardized selection tools.

In this study, we developed a scale that reliably identifies empathic PSWs in a general student population. We selected empathy as our primary criteria of measurement because it is a necessary component of successful peer counselling (Huang, Li, & Fang, 2009; Repper & Carter, 2011) and remains consistent across different levels of training (Lekka, Efstathiou, & Kalantzi-Azizi, 2015). We developed our empathy scale for two reasons. The first reason was that no empathy scale has been normalized on a nonclinical Canadian student population. Currently, there exists a multitude of empathy scales normalized on various clinical and setting-specific populations (Spreng, McKinnon, Mar, & Levine, 2009). Although there exist

some generalist student empathy scales, none have been normalized on a Canadian student population. The second reason was to incorporate contemporary empathy research, following the call for more practical and behaviour-based empathy scales (Sulzer, Feinstein, & Wendland, 2016; Yu & Kirk, 2009). We developed items that were more in line with contemporary definitions of empathy (Cuff, Brown, Taylor, & Howat, 2016; Eisenberg & Eggum, 2009).

The Peer Edmonton Empathy Recruitment Scale (PEERS) was developed across three studies. The methods and analyses will be separated into their respective studies.

STUDY I

In the first study, we piloted an empathy scale aimed at identifying empathic PSWs in a general population.

METHOD

Participants

In this first study, 108 University of Alberta students and community members participated, including 34 PSWs and 74 students and community members. We excluded 4 participants due to nonresponse. All data collection followed the ethical standards approved by the Research Ethics Office of the University of Alberta.

Materials

Test items were aggregated from three sources: (a) original item construction, (b) select items from the Toronto Empathy Quotient (4 items; Spreng et al., 2009), and (c) select items from the Empathy Quotient (9 items; Baron-Cohen & Wheelwright, 2004).

We created original items to reflect the theoretical empathy framework of Eisenberg and Eggum (2009) and our experiences at a variety of Edmonton-based peer support services. We created 74 unique empathy-based items that assessed the frequency of empathic behaviour rather than attitudes. We chose items from the Toronto Empathy Quotient (TEQ; Spreng et al., 2009) because of the multidimensional development of their scale (Davis, 1983; Hojat et al., 2002), and their behavioural validation with the Reading the Mind in the Eyes Test-Revised (Baron-Cohen, Wheelwright, Hill, Raste, & Plumb, 2001). To increase convergent validity, we included items from the clinically validated Empathy Quotient (Baron-Cohen & Wheelwright, 2004).

For our validation scale, we used the 8-item form of the Empathy Quotient (EQ-8; Loewen, Lyle, & Nachshen, 2009), along with two original validation items that represent extremes of empathy presence (*I am empathic*) or absence (*I am egotistical*). We used the EQ-8 because it was normed on a large Canadian sample and we intended to emulate its brevity.

The initial test scale included 87 test items and 10 validation items (see Appendix A). We used a 10-point response scale (1 = *strongly disagree* to 10 = *strongly agree*).

Procedure

The questionnaire was distributed through Google Forms. Participants received the questionnaire through Facebook and email. We asked participants to identify their primary group association (Peer Support Centre, Edmonton Distress Line, University of Alberta Orientation, Other, or None of the above). We analyzed the data using Microsoft Excel-2011 version, Statistical Package for the Social Sciences-2011 version, and R (R Core Team, 2013).

Item Analysis

We refined our scale to 11 total items using four analyses: (a) Pearson correlation between test items and validation scale of less than .60, (b) removal of TEQ and EQ items, (c) poor response curves and item discrimination indices, and (d) poor item redundancy.

The first step of our item analysis was to remove items that correlated poorly with the EQ-8 and the two additional validation questions. Item correlations with the summed validity score ranged from 0.01 to 0.78. We cut the questions that correlated .60 or lower with our validation items. In total, 43 items were cut in this step, including 2 items from the TEQ and 2 items from the EQ.

In our second step, we removed previously published test items (2 from the TEQ; 7 from the EQ). The 9 items had strong correlations with our validity measure (TEQ, $r = .68$; EQ, $r = .67$), which demonstrated convergent validity with the remaining original test items. However, because we intend to freely distribute and modify our scale according to the needs of peer support services across Canada, we elected to cut the published items.

In our third step, we removed items that discriminated poorly between high- and low-empathy subjects. We calculated the relative discriminability index by taking the difference of the top 30% of the total scores against the bottom 30% of total scores for each item. We rank-ordered these index scores and removed items that fell below our cut-off score of 107 (range: 98–143), cutting 7 items.

Finally, we removed redundant items. We used a correlation matrix to identify highly correlated item clusters, and cut items with inter-item correlations higher than 0.80, removing two questions.

Psychometric properties. The Pearson's Correlation between the final 11-item scale and the validation scale was $r = 0.985$, with reliable internal consistency, coefficient $\alpha = 0.955$. Our scale also demonstrated strong convergent validity with the TEQ, EQ, and EQ-8 ($r = .96$), in addition to a low standard error of measurement (SEM = 4.12). Item-specific test-retest correlations ranged from good ($r = 0.759$) to excellent ($r = 0.917$).

A factor analysis demonstrated one factor that accounts for 70.17% of the variance (see Figure 1).

We calculated a cutting score of best fit (Altman & Bland, 1994) to be at 82/110 of our test score (see Figure 2), with small margins of error (specificity: 97.37%; sensitivity: 93.55%). Because peer support services typically include additional

hiring practices, such as an application and interviews, we can reasonably value specificity over sensitivity.

Between-group analysis. To determine if PSWs are more empathic than the general student and community population, we divided participants into three empathy categories (i.e., high, moderate, and low) based on our validity scores, and on PSW self-identification (Peer Support Centre and Edmonton Distress Line against the other groups; see Table 1). There were significantly more PSWs in the high-empathy group than there were other participants ($\chi^2 = 8.399, df = 2, p = 0.015$). Of the participating PSWs, 77% were categorized as high in empathy in comparison to 53% non-PSW participants.

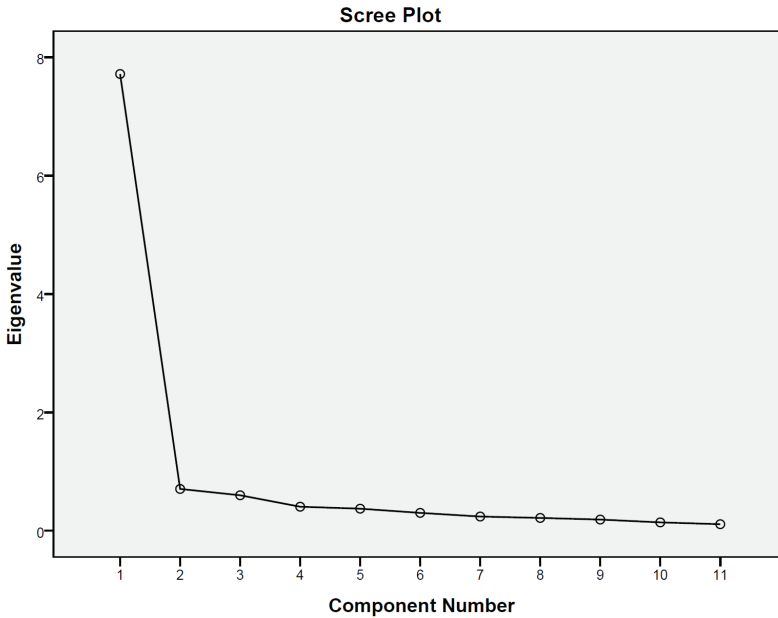


Figure 1. Scree plot output from a factor analysis. There is one factor in the 11-item set accounting for 70.17% of the variance.

Table 1
Counselling and Noncounselling Participant Distribution Based on Empathy Levels

Empathy level	Group Identity		χ^2	<i>p</i> -value
	Counselling	Noncounselling		
High empathy	27	34	8.40	0.015
Moderate empathy	4	19		
Low empathy	4	11		
Total	35	64		

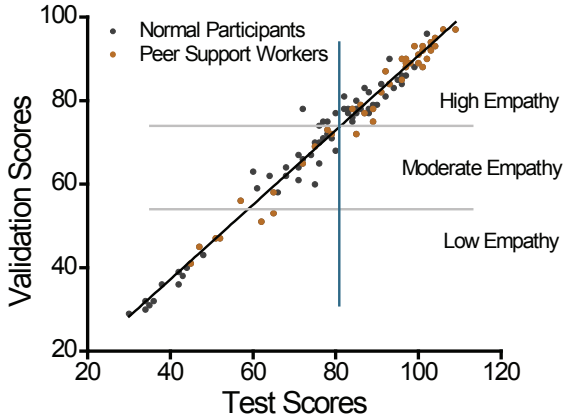


Figure 2. High, moderate, and low empathy individuals based on cut-off points using total validation scores (grey line) and total test scores (blue line). There are significantly more Peer Support Workers in the High Empathy category than there are normal participants ($\chi^2 = 8.40$, $df = 2$, $p = 0.015$)

STUDY 2

In our second study, we normed our scale on a large group of undergraduate students.

METHOD

Participants

In this study, 1,647 University of Alberta undergraduate students participated for course credit. Of the total sample, 208 participants were removed because they failed to answer at least one question. The remaining 1,439 participants were mostly first-year undergraduates (M [SD] year of education = 0.81 [1.19]) ranging from 18 to 40 years old (M [SD] years old = 19.3 [2.3]). Two-thirds of the sample identified as female ($f = 943$, $m = 496$).

Materials & Procedure

Participants completed the 11-item PEERS through a University-based online mass testing questionnaire. The PEERS was one of several psychology-based questionnaires within the mass testing initiative of the Department of Psychology in Winter 2016.

Results

The internal reliability of the PEERS was strong (coefficient $\alpha = 0.87$). There was a reliable gender difference ($t(944) = 7.58$, $p < 0.0001$), with females scoring higher ($M = 59.6$) than males ($M = 55.7$).

STUDY 3

In the third study, we (a) included items to detect social desirability, (b) assessed behavioural convergent validity, and (c) calculated test-retest reliability.

Participants

In total, 92 University of Alberta undergraduates (female = 56 [60.8%]; M [SD] years old = 19.1 [1.29]; M [SD] year of education = 1.65 [0.92]) participated for course credit in an introductory psychology course. Furthermore, 96 PSWs from the University of Alberta's Peer Support Centre and the Canadian Mental Health Association's Edmonton Distress Line were asked to complete the PEERS. Of these 94, 45 PSW participants completed the survey, and 51 PSW participants declined. Three were omitted for insufficient completion.

Materials

Trained Scale. As the PEERS is intended to aid in volunteer and worker selection for peer support services, we anticipated that some applicants might attempt to mislead the service by responding falsely to questions. We constructed a 7-item scale to try to detect false responding, based on empirical definitions of cognitive empathy (Cuff et al., 2016; De Waal, 2008) and interviews with Edmonton-based peer support services. We designed the items to be appropriately answered by trained PSWs, but improperly answered by applicants attempting to feign social desirability. This "trained" scale was reviewed by experts in the area and was determined to be well-fit for the PEERS (see Appendix B).

Mind in the Eyes. We used the Reading the Mind in the Eyes Test-Revised (MitE; Baron-Cohen et al., 2001) to measure behavioural empathy. In the MitE, the participant is presented with a series of eye-only photographs of individuals with various emotional expressions and are asked to identify, through a 4-choice response set, what the person in the picture is thinking or feeling. The MitE tests how capable the participant is at placing her or himself in the mind of another person, which is a correlate of empathy (Baron-Cohen et al., 1999).

Procedure

We asked the University of Alberta undergraduate participants to complete both the MitE and the 18-item PEERS scale, in counterbalanced order, using ACTUATE software (Westbury, 2007). For the administration of the PEERS, we used an end-labelled undivided response scale, labelled *strongly disagree* on the left and *strongly agree* on the right. Participants used the computer mouse to move a marker on this scale, ranging from 1 (extreme left) to 100 (extreme right), which we subsequently converted to our original 10-point scale.

Scale Analysis

Test-retest reliability over a 3-month interval for the PEERS was high ($r = 0.79$). PSWs tested 12 months later continued to score higher on both the empathy and the trained scale compared to non-PSW participants ($t(135) = 2.88, p < 0.005$).

The correlation between the MitE task and the PEERS was not reliable ($r = 0.05$; $p = 0.75$). Furthermore, the MitE correlated poorly with our validity questions (“I am empathic” and “My friends say I’m empathic”; $r = 0.07$, $p = 0.66$). These results were unexpected, given that we had a strong correlation between the PEERS and select items from the TEQ, which itself showed a moderate correlation with the MitE ($r = 0.35$; Spreng et al., 2009). We hypothesize that our scale is more a measure of *cognitive empathy*, which is the empathic understanding of a character’s emotions through contextual appraisal and causal attribution of their emotional state (De Waal, 2008). The MitE is heavily loaded on emotional empathy (Baron-Cohen et al., 2001), and does not test for empathic contextual understanding.

DISCUSSION

We created an 18-item nonclinical Canadian-normed cognitive empathy scale that reliably identifies empathic peer support workers (PSWs) in a general university student population. This scale has strong internal consistency ($\alpha = 0.87$), test-retest reliability ($r = 0.79$), and strong convergent validity with other empathy measures ($r = .99$). PSWs, tested 12 months later, still scored significantly higher on both the empathy and trained scale ($p < 0.005$). Notably, the PEERS can reliably discern between PSWs and non-PSWs in a student population.

Canadian university peer support services can use this scale to help recruit and select suitable PSWs in their student population. The scale can be used in conjunction with standard peer support selection practices, such as interviews and applications, to help bolster the decision-making capabilities of smaller peer support services and to increase the standardization and reliability of recruiting and selecting suitable student PSWs.

Although the scale can reliably identify PSWs in a student population, we did not find that scores on the scale could predict the success of a PSW. We asked a peer support service at the University of Alberta to administer the PEERS to all their applicants for a hiring cycle, and, once they had undergone their normal hiring procedures, evaluate if our scale could predict the administration’s selection choices. There was a weak correlation between the applicant’s PEERS score and their ranking, as determined by the local peer support service ($N = 22$, $r = 0.144$, $p = 0.57$), and no differences in PEERS score between rejected and accepted applicants ($t(20) = 0.32$, $p = 0.75$). With 6 people rejected and 16 accepted, the nonsignificant results may have been due to low study power. Future studies should examine if the PEERS can predict PSW hiring decisions using a larger sample size that includes multiple Canadian peer support services, as well as determining if cognitive and emotional empathy play a significant difference in peer counselling outcomes.

Peer support is viewed as a best practice for mental health organizations across Canada (Center for Mental Health Services, 2011), with some Ontarian community services mandating peer support practice (White, Whelan, Barnes, &

Baskerville, 2003). Despite this, developing and maintaining a peer support program has numerous difficulties (Vandewalle et al., 2016; Walker & Bryant, 2013), including recruiting and selecting empathic PSWs. As Canadian universities seek to decrease the mental health burden on their students and their finances, student peer support is a viable and cost-effective option. The brief nonclinical empathy scale can help Canadian institutions recruit and select suitable empathic PSWs. Especially for smaller Canadian universities, where peer support is the most common support structure available to students (Jaworska et al., 2016), the scale can help standardize the process of developing a viable peer support service.

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Appendix A

Response Scale, Initial Test Items, Final Test Items, and Validation Items

Response Scale:

1	2	3	4	5	6	7	8	9	10
Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	

Initial Test Items:

1. It upsets me to see someone being treated disrespectfully (Spreng et al., 2009).
2. I can tell when others are sad even when they do not say anything.
3. I find that I am “in tune” with other people’s moods (Spreng et al., 2009).
4. When I see someone crying, I stop to ask what is wrong.
5. I can relate to the feelings of others.
6. How I feel is more important than how other people are feeling (reversal).
7. I can tell when people are masking their emotions.
8. I can tell how people are feeling without them stating it.
9. Friends ask for my advice.
10. I like to include others in activities.
11. I can understand the reason people act on their emotions.
12. I can sense what someone is feeling without them saying anything.
13. I am moved by the lyrics of songs.
14. I see myself working as a counsellor or a social worker.
15. I am moved by the way a character is feeling in a novel.
16. I am attuned to the body language of others.
17. People say that I am a caring person.
18. My strongest quality is being empathic.
19. It is hard for me to relate to others (reverse).
20. I do not like talking about my emotions (reverse).
21. Happy people annoy me (reverse).
22. Lonely people are unfriendly (reverse).
23. I cannot understand why people get upset (reverse).
24. I am irritated when people cry (reverse).
25. Happy people make me angry (reverse).
26. I become irritated when someone cries (reverse).
27. It is better to help yourself rather than help others (reverse).
28. I get upset if someone else is upset.
29. I have difficulty reading stories about sick children.
30. I am annoyed when people are emotional around me (reverse).
31. Emotional reunions are enjoyable to watch.
32. I enjoy making others feel better.
33. I will cry during sad movies.
34. I feel responsible for the well-being of others.

35. I am concerned for people less fortunate than I.
36. I am aware of other what other people are feeling.
37. Sad people are responsible for their own sadness (reverse).
38. People who fail exams have themselves to blame (reverse).
39. I blame others when I get a bad mark on a term paper (reverse).
40. I can tell how someone is feeling based on their body language.
41. I know what people are going to say before they say it.
42. I enjoy talking more than I do listening (reverse).
43. People tell me that I am soft-hearted.
44. I ignore the opinions of others when mine is correct (reverse).
45. I enjoy caring for sick friends and family.
46. I can see myself spending my life caring for another person, if they need it.
47. I am comfortable with quitting my job to care for a sick family member.
48. I feel guilty when I cannot help others.
49. I remain unaffected when someone close to me is happy (reverse) (Spreng et al., 2009).
50. I enjoy having emotional conversations.
51. I see myself in a helping profession.
52. It does not bother me when someone else is panicking (reverse).
53. When I see someone being treated unfairly, I do not feel very much pity for them (reverse) (Spreng et al., 2009).
54. I can see myself pulling an all-nighter if it meant helping someone.
55. I can easily tell if someone else wants to enter a conversation (Baron-Cohen & Wheelwright, 2004).
56. I really enjoy caring for other people (Baron-Cohen & Wheelwright, 2004).
57. I find it easy to know how people are feeling in social situations.
58. I can pick up quickly if someone says one thing but means another (Baron-Cohen & Wheelwright, 2004).
59. I find it easy to put myself in somebody else's shoes (Baron-Cohen & Wheelwright, 2004).
60. I am good at predicting how someone will feel (Baron-Cohen & Wheelwright, 2004).
61. I am quick to spot when someone in a group is feeling awkward or uncomfortable (Baron-Cohen & Wheelwright, 2004).
62. I understand the perspectives of others.
63. I help other people develop their potential.
64. I am curious about other people's feelings when I am talking to them.
65. I try to promote diverse opinions among my peers.
66. I like to have conversations about politics.
67. I am sad when my friends are feeling sad.
68. I respond sensitively when I know somebody else is in pain.
69. I know whether someone likes me regardless of what they say.
70. I predict what other people will do by imagining myself in their position.
71. I serve my friends and family.
72. I volunteer my free time to give back to the community.
73. I do not enjoy helping other people develop a new skill (reverse).
74. Teaching other people is something I do.
75. People from all backgrounds deserve equal rights.
76. I can usually appreciate the other person's viewpoint, even if I don't agree with it (Baron-Cohen & Wheelwright, 2004).
77. I can tell if somebody is hiding their emotions.
78. I know if I made somebody upset, even if they do not tell me.
79. When speaking to others, I talk to them about their experiences rather than my own.
80. I imagine what my pets are feeling.
81. I ascribe emotionality to inanimate objects.
82. I find it hard to know what to do in a social situation (reverse) (Baron-Cohen & Wheelwright, 2004).

- 83. I am not able to feel the emotions of other people (reverse).
- 84. I usually stay emotionally detached when watching a film (reverse) (Baron-Cohen & Wheelwright, 2004).
- 85. People tell me that I have gone too far with teasing (reverse).
- 86. Seeing people cry does not upset me (reverse).
- 87. I judge people based on appearances (reverse).

Final Test Items:

- 1. I can relate to the feelings of others.
- 2. Friends ask for my advice.
- 3. I can understand the reason people act on their emotions.
- 4. I can sense what someone is feeling without them saying anything.
- 5. People say that I am a caring person.
- 6. My strongest quality is being empathic.
- 7. I enjoy making others feel better.
- 8. I find it easy to know how people are feeling in social situations.
- 9. I understand the perspectives of others.
- 10. I am curious about other people’s feelings when I am talking to them.
- 11. When speaking to others, I talk to them about their experiences rather than my own.

Validation Items: Eight-item Empathy Quotient (Loewen, Lyle, & Nachschen, 2009)

- 1. I find it easy to put myself in somebody else’s shoes.
- 2. I am good at predicting how someone will feel.
- 3. I am quick to spot when someone in a group is feeling awkward or uncomfortable.
- 4. Other people tell me I am good at understanding how they are feeling and what they are thinking.
- 5. I find it hard to know what to do in a social situation (reverse).
- 6. I often find it hard to judge if something is rude or polite (reverse).
- 7. It is hard for me to see why some things upset people so much.
- 8. Other people often say that I am insensitive, though I don’t always see why.
- 9. I am empathic (original).
- 10. I am egotistical (Reverse) (original).

Appendix B

Peer Edmonton Empathy Recruitment Scale (PEERS)

The following statements are intended to measure your situational awareness. For each item, please indicate how well it describes you by using the scale provided. **Please read each item carefully and respond as honestly as you can.**

1	2	3	4	5	6	7	8	9	10
Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	

- 1. When speaking to others, I talk to them about their experiences rather than my own.
- 2. I can understand the reason people act on their emotions.
- 3. I enjoy making others feel better.
- 4. I am curious about other people’s feelings when I am talking to them.
- 5. My strongest quality is being empathic.
- 6. Friends ask for my advice.
- 7. I can relate to the feelings of others.
- 8. I understand the perspectives of others.
- 9. People say that I am a caring person.

10. I can sense what someone is feeling without them saying anything.
11. I find it easy to know how people are feeling in social situations.
12. I care for myself before I care for others.
13. I reach out for help when needed.
14. It is best to help someone by directly being involved in their situation. (r)
15. It is that person's fault if they fail an exam. (r)
16. One of your peers tells you they finished a class with an A- letter grade instead of the A they wanted. The best course of action is to tell them it is not that bad. (r)
17. One of your peers tells you they have diagnosed themselves with a mental illness. The best course of action is to refer them immediately to a health care specialist.
18. Your project partner has consistently been unable to attend project meetings, and has not responded to your messages. The best course of action is to get angry with them.

Score Analysis:

Empathy Scale	< 54	55–81	> 82
	Poorly Empathetic	Moderately Empathetic	Highly Empathetic
Trained Scale	< 46	> 47	
	Untrained	Trained or Malingering	

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This research was supported by a Natural Science and Engineering Council of Canada grant and a Social Sciences Humanities Research Council grant.

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