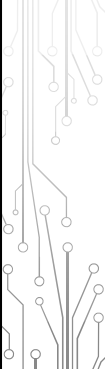




**THE IMPORTANCE OF EMPATHY:
USING MOTIVATIONAL
INTERVIEWING TO BUILD HEALTHY
PATIENT RELATIONSHIPS**

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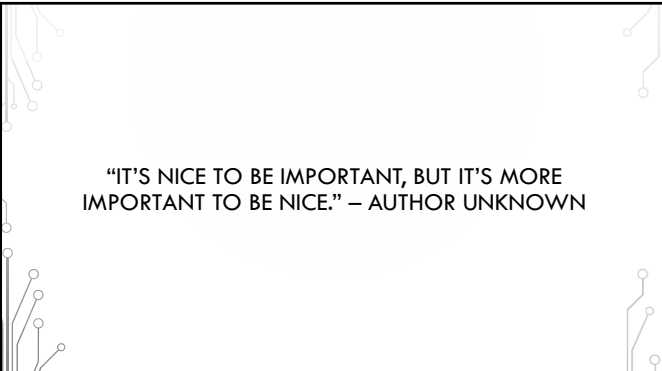
MARLEE STEBBINS



"RESOLVE TO BE TENDER WITH THE YOUNG, COMPASSIONATE WITH THE AGED, SYMPATHETIC WITH THE STRIVING AND TOLERANT WITH THE WEAK AND WRONG. SOMETIME IN YOUR LIFE, YOU WILL HAVE BEEN ALL OF THESE." – GAUTAMA BUDDHA

"IT'S NICE TO BE IMPORTANT, BUT IT'S MORE IMPORTANT TO BE NICE." – AUTHOR UNKNOWN



WHAT IS THERAPEUTIC EMPATHY?

Empathy is a mode of observation that involves "vicarious introspection," or imagining what it would be like to be the patient as the patient reflects on their experience. – Heinz Kohut

Therapeutic empathy is a peculiar kind of empathy which involves 3 key features:

- Understanding what a disease or issue means to a patient
- Communicating that understanding
- Acting on that shared understanding in a helpful way

WHY PRACTICE THERAPEUTIC EMPATHY?

Research has consistently demonstrated that therapist empathy is one of the most potent predictors of client progress in psychotherapy across every therapeutic modality (Constantino et al., 2008; Elliot, Bohart, Watson, & Greenburg, 2011; Norcross & Lambert, 2011a, 2011b; Norcross & Wampold, 2001; Sandage & Worthington, 2010; Watson & Watson, 2010)

Studies demonstrate empathy improves patient satisfaction, treatment compliance, and clinical outcomes. Patients are more likely to follow their treatment plan and practice self-care when they feel heard and understood. – Ted James, MD

IF THERAPEUTIC EMPATHY IS SO HELPFUL, HOW DO WE GO ABOUT PRACTICING IT EFFECTIVELY?



MOTIVATIONAL INTERVIEWING

A large and expanding number of controlled research studies of MI have demonstrated that it is significantly (10-20%) more effective than no treatment and at least as effective as other viable treatments for a wide variety of problems ranging from substance use to reducing risky behaviors and increasing client engagement in treatment. MI has proven effective in a variety of formats, and works for clients regardless of problem severity, age, or gender. MI may even work better for ethnic minority clients. – Lundahl, Burke, 2009.

MOTIVATIONAL INTERVIEWING

- Collaborative
- Evocative
- Respectful of Autonomy
- Compassionate

Collaboration

- Developing a partnership in which the patient's expertise, perspectives, and input (what is important to the patient) is central.

Evocation

- Motivation for change resides within the patient.

Autonomy

- Patient control and choice is emphasized.

Compassion

- Empathy for the experiences of the patient.
- Desire to alleviate the suffering of the patient.
- Motivation and commitment to act in the best interest of the patient.

MI PRINCIPLES

Express empathy.

- Assumes the patient's perspectives are understandable and valid.
- Seeks to understand the patient's feelings and perspectives without judging.

MI PRINCIPLES

Develop discrepancy.

- Discuss current behavior versus future goals.
- Gently discuss the gap between a patient's current situation and their self-reported description of "how the patient would like things to be."

MI PRINCIPLES

Roll with Resistance.

- Accept and reflect the client's perspective without judging, confronting, or attempting to persuade them.

MI PRINCIPLES

Support Self-efficacy.

- Remember that patients are always responsible for choosing and carrying out actions to change – not the clinician.

WHY IS EMPATHY IMPORTANT IN MI?

- Communicates acceptance, which can facilitate positive change.
- Encourages a therapeutic alliance, which can also facilitate change.
- Leads to an understanding of each patient's unique perspective, feelings, and values; this makes up the material we need to help the patient facilitate change.

METHODS FOR EXPRESSING EMPATHY

- Good eye contact
- Responsive facial expression (mirror expression)
- Body language
- Reflective listening
- Avoid expressing doubt/judgement

FOUR STEPS OF THE MI PROCESS

Engage

- Ask permission
- Ask open-ended questions
- Use affirmations
- Roll with resistance (if needed)

Start with an initial conversation to break the ice and build rapport. Ask permission to discuss the behavioral health topic with the patient. Build a relationship with the patient using these tools.

FOUR STEPS OF THE MI PROCESS

Focus

- Agreeing on an agenda (responsibility of the patient, not the clinician)
- Reflecting
- Summarizing
- Developing discrepancy

The focus needs to be on understanding what your patient is saying and how he or she feels. Empathize with the patient's perspective.

FOUR STEPS OF THE MI PROCESS

Evoke

- Draw out the patient's motivation, and concerns

Respectfully evoke the patient's thoughts, feelings, motivations, and concerns by getting the conversation going and directing it at underlying concerns that might increase or decrease motivation to change.

FOUR STEPS OF THE MI PROCESS

Plan

- Talk about a plan for change
- Support self-efficacy
- Address possible elements of change

The plan will depend on the persons responses and readiness to change. People are more likely to follow through with change when they have a specific plan and express to another person their intention to carry it out.

Avoid taking over the planning process, or attempting to direct the planning process. **It is still the patient's change.**

OARS (CORE MI SKILLS)

- Open-ended questions
- Affirmations
- Reflections
- Summaries

OPEN-ENDED QUESTIONS

- Require more of a response than yes/no, or fill in the blank.
- Start with words such as:
 - "How"
 - "What"
 - "Tell me about"

Ex. "Tell me about your reasons for wanting to _____."

"What are your concerns or worries about _____?"

AFFIRMATIONS

- Statements of understanding
- Praising of positive behaviors
- Provide support for patient's difficulties

1. Supports and promotes autonomy.
2. Can prevent discouragement.
3. Build rapport.

Must be done authentically.

REFLECTIVE LISTENING

- Helps the clinician understand the meaning of what the patient says.
- Empathy using reflective listening is a predictor of behavior change.
- The goal of reflective listening is to understand the meaning of what the patient says.
- Reflections are statements, not questions.
- Tone and demeanor count.
- Effective reflective listening strengthens the empathic relationship.

Repeating is the simplest reflection and merely repeats something the patient has said.

A more complex reflection consists of some degree of guesswork about meaning and feeling, and is designed to further draw the patient out.

SUMMARIES

- Periodically summarize what has occurred in the session
- Summaries are especially helpful at the beginning or end of a session, or when transitioning during a session





CONCLUSION

- Expressing empathy towards a participant shows acceptance and increases the chance of the clinician and patient developing a helpful rapport.
- Patients want to feel supported and understood; the facets of MI are an effective way to provide this for the patient.
- Empathy and acceptance improve self-esteem, and have been shown to be helpful in facilitating positive change.

