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Using a Self-Instructional Empathy Training Approach With Substance Use Counselors

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Abstract

Initially, the importance of empathy as a therapeutic skill is reviewed. Then, a description of a Cognitive Self-Instructional Model for Empathy (CSIME) approach is given. This approach is applied to the training and supervision of substance abuse counselors. Using CSIME, addiction counselors have access to all of the benefits of empathic communication, primarily in building a strong therapeutic alliance and in helping clients move beyond resistance in counseling.

Keywords: empathy training, substance abuse counselors, therapeutic alliance, cultural understanding

Carl Rogers' (1980) definition of empathy has served as the basis of understanding empathy for most counselors: "Empathy is the therapist's sensitive ability and willingness to understand client's thoughts, feelings, and struggles from their point of view" (p. 85). In addition, counselor educators have emphasized the importance of taking one step beyond "understanding": Empathy also involves *communicating* the counselor's on-going effort to understand the client. This effort takes the form of letting the client

know what the counselor perceives about the client's feelings within the context of the content discussed by the client. The effort to let the client know the counselor's guess as to what it feels like to be "wearing the client's shoes" is vital to counseling, directly helping (a) to develop an understanding of the client's view of the world and of their presenting concerns, (b) to create and strengthen the therapeutic bond by clarifying how much the counselor has comprehended of the client's issues, (c) to encourage a continued self-exploration by the client who often (when feeling understood) is willing to add to the counselor's insights, and (d) to communicate awareness of cultural differences (e.g., Clark, 2010; Elliott, Bohart, Watson, & Greenberg, 2011). One additional product of the effective use of empathy is particularly relevant to substance abusing clients: Empathy serves to manage potential client resistance while increasing trust in the counselor (Beutler, Moleiro, & Talebi, 2002). This use of empathy in addressing resistance will be expanded upon a bit later in this manuscript.

The connection between the counselor and client is the most important element in creating client change (Horvath & Bedi, 2002; Miller, 1985). Empathy statements and advanced empathy statements build therapeutic relationships and promote effective counseling (Angus & Kagan, 2007; Norcross & Wampold, 2011). Yet there are very few specific, concrete models providing a road map to assist students and professional counselors in building and delivering empathy statements (Rosen & Yager, in press).

Research has established that effective development of empathy skills enhances the therapeutic alliance (Garza, Falls, & Bruhn, 2009; Grace, Kivlighan, & Kuncze, 1995; Neukrug, Bayne, Dean-Nganga, & Pusateri, 2013; Norcross, & Wampold, 2011; Pickover, 2010). Clients need to feel heard and understood by their counselors (Gerdes, Segal, Jackson, & Mullins, 2011; Marlow, Nyamathi, Grajeda, Bailey, Weber, & Younger, 2012). With the importance of empathy as a starting point, this paper describes a Cognitive Self-Instructional Model for Empathy (CSIME) approach that assists beginning trainees and, more recently, substance abuse counselors to develop empathy and, thereby, to access all the benefits of empathic communication, as cited above.

Cognitive Self-Instructional Model for Empathy

For over 40 years, the authors of this article have implemented a method for training counselors to develop empathy (Hector, Elson, & Yager, 1977; Ochiltree, Yager, & Brekke, 1975). This approach is based on the empathy-training model inspired by Rogers (1951) and developed by Carkhuff (1969). Directly and indirectly, this model of teaching empathy has also been used in the training and supervision of students during techniques courses and field placements, and with practicing, professional counselors. Essentially, CSIME assists counselors to slow down a counseling session, take a "step back," and pause long enough to be more intentional in responding with empathy (Rosen & Yager, in press). Slowing down is in direct contrast to a typical student's or busy counselor's tendency: (a) to think of a response before the client has finished talking and (b) to deliver that next response before the client has fully processed what has been stated already. Often, a client is simply not yet ready to move the next step toward an overall counseling goal. Pausing to reestablish the client-counselor connection (alliance) via CSIME has empowered professional counselors to examine their perceptions of the client and to recognize the impact that perceptions have on the counselor-client relationship.

CSIME Model

More specifically, the Cognitive Self-Instructional Model for Empathy (CSIME) training model provides a guide to creating an empathic response through six simple questions dedicated to training student counselors and professionals in developing empathy statements (Rosen & Yager, in press). Initially, these questions are asked (and answered) aloud in early training role played interactions. With more practice, the same questions are reviewed (much more quickly) in the counselor's thoughts. In essence, taking the time to think through these questions and answer each one virtually guarantees that the next response will convey the counselor's sincere effort to communicate understanding of the client and his/her issues (Rosen & Yager, in press). These questions, with a brief explanation of each, follow:

1. How can I pat myself on the back for something I've actually said or for something I may have learned about the client? [Essentially, this "odd" initial question is designed to push the counselor out of the very ingrained and unhelpful habit of focusing immediately and almost exclusively on "what I've done wrong." Redirecting attention to the positive aspects of the counseling session serves to free up a counselor's openness and creativity.]
2. What has the client expressed verbally about emotions?
3. What has the client indicated nonverbally about emotions?
4. How do I feel right now? [This question is also unusual and almost appears irrelevant. But we so often "know things" that we don't immediately have words to express. Awareness of our own feelings as counselors may later lead to valuable insights about the client.]
5. How would I feel if I had experienced the same situation that the client has described to me? [If I were this client, with the same background and life experiences, how might I feel in the situation that has just been discussed?—Not 'How would I feel?' but 'How would I feel if I were really this person?']
6. How can I combine the emotions that I have identified in the above question with the content that I heard as I listened to the client, in order to make a response that clarifies what I understood? I will say the response once to myself before I speak it aloud. "You feel [emotional word] because [content]."

Often, counseling programs teach relationship-building therapeutic skills in their techniques course. Students learn micro-skills such as paraphrasing, summary statements, and empathy statements. Students know from class discussion that feelings are important, but many are left trying to figure out what feeling might be reflected without instruction on how to make such a determination. Employing CSIME gives a student and professional counselor concrete, slowly-paced steps to generate emotional words and communicate understanding.

In most cases, CSIME is introduced within a pre-practicum, techniques, or practicum class as students practice in peer groups. The six questions are explained to everyone in the class with a direct effort to generate answers for each question. These practices may involve creating responses as a group, to role-played or video

representations of client statements. As a second step, role-plays with students' smaller peer groups are initiated (three to four with an advanced student or faculty member as supervisor), with the small peer group generating answers to the questions. As the skill of each student counselor increases, students begin to abbreviate the questions and need less help to generate likely client emotions. The next step in the learning occurs with student counselors in role-play situations generating responses aloud individually. These practice role-plays are recorded so that the supervisor can review the trainee's clarity in answering the questions. The final stage is that the student counselor thinks the questions silently, practicing the empathy responses in role-plays that are recorded and reviewed by the supervisor.

Clearly, for student counselors, this model takes the guessing or "magic" out of creating a response. By breaking the process into six questions, the counselor is "forced" to take a short pause to think, and a brief period of silence gives the client more time to integrate what's been said and to explore a bit more in thought. The crucially important secondary benefit of the use of CSIME comes in the form of reduced stress and anxiety in the practicing counselor (cf., Meichenbaum & Deffenbacher, 1988). This anxiety reduction allows counselors to consider many more options in their responding.

Application of CSIME to Substance Abuse Counseling

With the many years of training that this manuscript's authors have completed, experience has established the positive impact of CSIME training on the learning of counseling skills. The logical question, then, is: How did these six questions become relevant to practicing substance abuse counseling professionals? Essentially, one of the authors (C.R.) found herself supervising a significant number of professional counselors and began to apply the same six questions to discussions with these supervisees. And similar to Ali Baba (with the 40 thieves), she found herself exclaiming: "Open Sesame (in this case CSIME)!" The Cognitive Self-Instructional Model for Empathy served to help her supervisees formulate empathy *and* become more effective counselors.

How does this model apply to professional counselors working in the substance abuse field? In substance abuse counseling, a counselor often experiences clients who are directly confrontational (Rosen & Yager, in press). These client confrontations tend to be forms of resistance to counseling. Beutler et al. (2002) defined resistance as "both a dispositional trait and an in-therapy state of oppositional, angry, irritable, and suspicious behaviors" (p. 207). They suggested that "resistance bodes poorly for treatment effectiveness. Nondirective and paradoxical strategies have been found to be quite successful in overcoming resistant and reactant states" (p. 207).

The variety of resistance responses are likely familiar to all substance abuse counselors: (a) "You just don't understand me." (b) "I'm really angry that my boss has forced me to come in to see you." (c) "Are you in recovery yourself?" (d) "You don't even have the slightest idea how hard it is to deal with this problem!" or (e) "My friends are everything to me and . . . they all drink heavily!" Further complicating such existing resistance is the likelihood that most clients are reacting, internally or externally, to earlier harsh judgments generated from a moralistic viewpoint (e.g., "If substances are a problem, pull yourself up by your own bootstraps and STOP using them! If you don't, clearly you are not morally competent to handle your own life!").

To move beyond the “stuck places” cited above, clients with substance use disorders desperately need to encounter counselors who strive to be non-judgmental, empathic, and curious about the clients’ culture. For addictions counselors (especially those who are *not* in recovery), the establishment of empathic statements is essential to developing an understanding that can allow a new counselor to manage client resistance (Angus & Kagan, 2007; Conner, Rosen, Wexler, & Brown, 2010; Fiorentine & Hillhouse, 1999; Miller, 1985; Nguyen, Clark, & Belgrave, 2011). A classic study by Miller, Taylor, and West (1980) served to make this point:

The degree to which therapists showed accurate empathy accounted for two thirds of the variance in their success . . . It appears that at least for this type of intervention (i.e., treatment for problem drinkers) with this type of client with this sort of problem, the therapeutic skill of accurate empathy is an important dimension for the behavior therapist. (p. 600)

Just as with the beginning student, a review of the six questions slows the counselors’ response time and helps to avoid a quick and unconsidered response to client statements. The skills of avoiding quick response and of communicating empathy are clearly important for addictions counselors who may be dealing with a client’s feeling of hostility, fear, or impending disaster. This method assists counselors in detaching from their personal reaction to the emotions of the client while focusing on listening and understanding the client’s feelings and worldview.

Motivational Interviewing

Over the course of recent years, motivational interviewing has become a major component of the training of substance abuse counselors. Motivational interviewing provides a focus on effectively engaging the substance abusing clients, increasing their motivation to change and enhancing their efficacy in the process (Feldstein & Forchimes, 2007; Miller, 1985; Miller, Benefield, & Tonigan 1993; Norcross & Wampold, 2011). Although the developers of the motivational interviewing approach, in fact, strongly endorse the importance of empathy and the therapeutic alliance, it is the view of the present authors that professional addictions counselors can, in the attempt to motivate clients, move too quickly by mistakenly over-focusing on the use of techniques to motivate client change. This misplaced focus can result in the counselor forgetting the crucial development of a counseling *relationship between client and counselor*. By solely mastering the techniques of change, counselors may lose crucial concentration required to develop high quality empathic responses (Rosen & Yager, in press). The achievements of a motivational interviewing approach are extremely valuable if the counselor does not miss a key step of understanding and connecting with the client by moving too quickly to motivational efforts (Gaume, Bertholet, Faouzi, Gmel, & Daeppen, 2010; Gaume, Gmel, Faouzi, & Daeppen, 2009). The supervisor’s role is to assist counselors in recognizing that they have not mastered either the technique or intention of motivational interviewing unless and until a therapeutic relationship has been solidly initiated (Rosen & Yager, in press).

Counselors must concentrate on direct listening skills *with no agenda attached* (i.e., counselors need to go beyond a simple, focused agenda on “motivating” the client; Rosen & Yager, in press). To accomplish this “direct listening” skill, counselor educators

and supervisors must focus trainees (i.e., students or professional colleagues) on developing effective empathy *without an exclusive* concern on motivating a client toward change. Furthermore, supervisors monitor counselors to identify any needed remediation related to effective empathy. Even with a clinician who had previously developed solid empathy skills, feelings of burnout and being overwhelmed with paperwork can quickly produce a lack of focus on the core skill of understanding.

Supervision

The same six CSIME questions can be used effectively in supervision when a counselor feels stuck, burned out, fatigued, and forgetful with a client. Seasoned counselors need ongoing supervision (Bernard & Goodyear, 2013). Regardless of experience, counselors will struggle with understanding a client or in avoiding interpreting a client's statement as personal. A peer supervisor reviewing the CSIME questions with a colleague would provide the counselor with the chance to avoid reactivity and to act with careful contemplation and intentionality (Rosen & Yager, in press).

Instructions for Teaching/Supervising

Supervisors can recognize when CSIME has been used, or when a student counselor has asked the questions silently, because pauses precede a quality response, there are no reactive responses, and there are limited lower quality responses, which can be observed and shared with the supervisee.

Clinical supervisors, using CSIME in the mental health field specializing in substance abuse and mental health treatment (e.g., dual diagnosis), are aware when counselors have incorporated a way of being with clients, peers, and supervisees. With abbreviated versions of these questions, using associated pauses before responding, the counselor's thinking becomes an integral part of these counselors' approaches to their work. The outcome is that clients often report feeling deeply heard, as do peers and supervisees. When resistance and conflict inevitably came up in counseling or in consultation with peers, these same empathy skills tend to eliminate the unwanted responses of argument or debate. Counselors' reactivity to anger and stress is greatly reduced by being able to slow down the process and develop understanding of the listener's point of view.

Counselor Educators

Addiction Courses and Clinical Experiences

Counselor educators can readily adapt these same questions in teaching internship or substance abuse courses by giving students a tool to understand the client from the client's situation and perspective around addiction, recovery, and relapse. This instruction involves using all six questions directly to build empathy. The use of these reflective questions can be illustrated through the teacher modeling responses or in class activities or demonstrations of counseling skills. During internship courses, the questions can be introduced (or re-introduced), as needed, to assist students as a means to slow down

response time (i.e., developing a pause) and to increase the quality of listening to the client.

Students' Common Responses to CSIME

Counseling students in addictions classes ask if the implementation of these six questions serve as an aspect of motivational interviewing. The answer is both “yes” and “no.” Certainly, the advocates of motivational interviewing would champion the importance of solid empathy training. But, “no,” the six questions are one specific (and unrelated to motivational interviewing) way to teach the skills of empathy, paraphrasing, and making challenging statements. Moreover, when a counselor/supervisor demonstrates this technique, without saying the questions aloud or telling the students what is happen, students feel deeply understood and unable to hide their feelings. Giving students a personal experience of the impact of a careful, slow, intentional process that CSIME provided, reinforces practicing CSIME. Often, there is a need to work with new learners to address how each of the following sample questions might keep them from making an effective empathy statement:

“Maybe I shouldn’t say anything about feelings because I’m not certain how the client is feeling?”

“Do I want to risk ‘putting words in the mouth’ of my client?”

“Why don’t I just simply suggest what my client needs to do to avoid this uncomfortable situation?”

Counselor Self-Awareness

Grace et al. (1995) identified a positive correlation between the therapeutic working alliance and the counselor’s own insightfulness with clients, rating a closer relationship with counselors who communicate more self-awareness in session as important. A byproduct of CSIME is increasing counselors’ self-awareness of internal processes, including thinking dialogues and personal emotions. Livingston, Milne, Fang, and Amari (2012) discussed the need for counselors to understand and challenge their own biases and stereotyping in order to reduce harm to the therapeutic alliance. For counselors to stay effective and reduce harm to their clients, it is imperative that they understand themselves (e.g., prejudice, myths, and stereotypes). Without this self-knowledge, counselors place themselves at risk of being culturally insensitive.

Counselors will not necessarily share their internal dialogue directly with a supervisor, especially if they are feeling inadequate or culturally incompetent (Rosen-Galvin, 2005). The CSIME questions allow students to start their reflections with looking at what they did well (Question 1); this moves the focus off what they did not like about themselves or about the client (e.g., “I really was bumbling in my last response.” “I hate the way I say ‘um-hmm’ so often.” “The client’s response was so disrespectful, and I have no idea how to address that.”) and onto more positive thoughts. Another way that self-awareness is increased for the counselor is through reflecting on their current feelings and thoughts (Question 4), which are separated from the client’s feelings, thoughts, and non-verbal behaviors (Questions 2 and 3). Such a change in focus can help to avoid projections, reactions, or confusion around the feelings and thoughts of the client. It gives space to the counselors to check their own emotions before speaking. In addition, counselors rehearse (in Question 6) what they will say before speaking aloud to

the client. This process assists counselors to hear themselves prior to speaking, a process directly helpful in building self-awareness and insight.

Reactiveness Responses

Pausing and reflecting are essential self-awareness builders and valuable tools for any substance abuse counselor to think of before being reactive, especially during times of feeling defensive. For example, novice counselors can be taken by surprise when asked by a client “are you in recovery” in a tone that sounds judgmental. This may leave the counselor with a feeling of being attacked, judged, threatened, or defensive, yet the client is merely expressing emotions and thoughts. Clients’ motives could vary from wanting to manipulate the counselor, to simply ensuring that they are receiving “good treatment.” In response to feeling attacked, a novice counselor is likely to feel compelled to be defensive and obligated to answer this question. A professional counselor can often feel annoyed with such questions. These responses would leave the client to perceive the counselor as defensive or aggressive and ,therefore, not trustworthy. Substance abuse clients have indicated that they want a counselor who understands their struggles (Miville, Carlozzi, Gushue, Schara, & Ueda, 2006).

Intentional Responses

Counselors using CSIME slow down their response and provides an understanding reply instead of a reactive one, causing a client to sense the attempts to understand them. Counselors accomplish this by reflecting on the six questions before giving the client a response. Questions 1 through 4 help counselors to explore the client’s thoughts and feelings as well as their own thoughts and feelings. The fifth question helps the counselor in trying to “wear the client’s shoes” by looking at the client’s world (i.e., feelings, thoughts, situations, and experiences). With such introspection, the subsequent response is more accurate for the specific client. The sixth question is the counselor practicing the response before saying the response aloud. By practicing one or more responses, the counselor can hear their response before saying it and thereby decide which response best fits. This gives clients a sense of being understood, which builds unconditional positive regard—the hallmark of the therapeutic relationship (Rogers, 1951).

Case Example

CSIME’s six questions build on each other and must be practiced repeatedly before a counselor can relax and feel comfortable with the questions. Once the counselor masters these questions, the “understanding responses” create for the counselor the ability to provide an empathy statement from the client’s perspective.

Client A is a 55-year-old female, a successful businessperson, married with adult children, who comes for substance use disorder treatment. During the first 15 minutes with the new counselor, she has been cognitive in describing her situation, even though her situation would suggest she would be more based in emotion. She has attempted alcohol treatment unsuccessfully on three occasions. Recently, her husband asked to be separated and her children have not let her see the grandkids. Having accumulated her third DUI arrest, there is a definite possibility that she will both lose her license and

spend time in jail, which would also cause her to lose her job. After having explained all of this to her counselor, she turns to him and states: “I really want to know what you will do for me that the other two counselors did not do. You look too young to help me!”

What follows are the thoughts a counselor using CSIME might have (in silence) in response. (a) How can I pat myself on the back for something I’ve actually said or for something I may have learned about the client? Counselor thought: “I was able to keep quiet and stay calm, and I am answering these questions.” (b) What has the client expressed verbally about his/her emotions? Counselor thought: “No direct feelings were stated by the client.” (c) What has the client indicated nonverbally about their emotions? Counselor thoughts: “The client’s facial expression looks mad and scared; the voice tone sounds a bit abrupt and a bit tense. The client could be feeling scared, worried, angry, hurting, frustrated, or hopeless.” (d) How do I feel right now? Counselor thoughts: “Worried, scared, inadequate, uncertain, annoyed, and doubtful – I also wonder what will be different and if I can help the client.” (e) How would I feel if I had experienced the same situation that the client has described to me? Counselor thoughts: “If I were this client, a 55-year-old White female, on my third attempt at treatment, having had at least two relapses, on probation with work, possibly losing my license, recently separated from my spouse and grandchildren, with the threat of losing my career, I might say to myself: “I have to go to treatment with a counselor that just looks to be barely 24 years old, who is telling me I have to quit drinking for the rest of my life, but they don’t understand how drinking is a part of my work environment!” In addition, I imagine I would be feeling angry, scared, hurt and overwhelmed with a lot of doubt and little hope. (f) How can I combine the emotions that I have identified in the above question with the content that I heard? Counselor thoughts: “You feel doubtful that I am the best counselor for you because of my age. You wonder if I will be able to understand what you’ve been through.” or “You are scared that I might not understand your situation or be able to help you.”

Having carefully addressed each question, the counselor replies to the client with: “You are really worried that I will not be able to help you find long-term recovery.”

Discussion

Limitations

Clearly, this manuscript represents the authors’ shared experience in the use of CSIME with trainees and professionals. The method has been extremely useful in calming anxious beginners, slowing down seasoned but sometimes defensive and reactive professionals, and helping insure the continued growth of many therapeutic relationships. Nonetheless, there may well be an investigator by treatment interaction that aids in creating the positive impact of CISME with these two authors/investigators. Additional empirical data should be collected and evaluated to clarify the generalizability of this method with larger groups and other instructors/supervisors.

Tentative Conclusions

CSIME provides counselors with an avenue to develop empathy and advanced reflection statements, and therefore increases confidence in their skills. CSIME also gives supervisors a way to assist supervisees in becoming “unstuck.” By asking the supervisees

to listen to their own internal process (e.g., feelings and thoughts) and exploring misunderstandings with the client, the CSIME method allows both client and counselor to be human, with no right or wrong reactions. The questions can be infused directly in supervisory sessions (with either students or professionals) while reviewing recordings or verbatim transcripts. Supervisees can be asked to practice CSIME while at home in front of the television. (Of course, to avoid potential embarrassment, they should avoid doing this thinking aloud while in the company of others!)

This structure will feel familiar to the experienced counselor since it supports motivational interviewing. The difference between motivational interviewing and the CSIME model lies in the intentionality on “understanding the client” *without* any expectation about motivating the client to change. Interestingly, it is likely that change will occur as the client develops trust that the counselor is actively listening without any other agenda and feels deeply understood and supported. The client is more open and honest and, with the effect of an enhanced therapeutic alliance, is more likely to complete treatment. Finally, this structure gives supervisors and counselor educators a way to provide future counselors with a tool they can carry with them throughout their careers.

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Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: <http://www.counseling.org/knowledge-center/vistas>