



### Paul Burke Training Group

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*Beyond training: Looking at learning MI in a whole new light!*

### Thoughts on Improved Practice (TIP) #1731

Last weekend, on my way back home to Victoria, I was seated beside an airline pilot who was “deadheading” back to Victoria on a WestJet flight. We got to talking and he asked me what I did for a living. I explained and of course he wanted to know more about what MI was and how it worked. We got to talking about the concept of “empathy”. I explained that empathy is a skill – and that MI is all about helping helpers to learn to develop enhanced competency with the empathic way of interacting. My airline friend was fascinated. He said “you know, it’s good to hear that someone is teaching people how to listen better these days. It seems like it’s kind of a lost art. In the old days people listened. Nowadays we’re too busy. Everybody just talks.”

There is little doubt that the world would be a better place if we could get back to listening to what people mean – beyond just hearing what they say. That’s **the way of the empath**, and it’s also the foundation of MI conversations when they are practiced at a competent level.



Increasingly, there’s evidence that the overall competency of a helper in empathic listening is correlated with the outcome of a helping encounter. Yep – research indicates that one of the most powerful determinants of good client outcomes is the counsellor to whom the client is lucky enough, or unfortunate enough, to be assigned!<sup>1</sup> High empathy providers have higher success rates than those with low levels of empathy. Low empathy helping is correlated with higher drop-out rates, higher relapse rates, weaker therapeutic alliance, and, ultimately with less client change (Moyers & Miller, 2012, p. 1)

*Is empathic incompetence toxic for clients?*

That’s important. And – not just on economic grounds. Lack of empathic capacity, at best, delays improvement and, at worst, can cause harm. It leads to inefficient and ineffective attempts at helping.

One rationale for investing in the development of MI competency for professional helpers is simply that MI training itself invests heavily in promoting the competent practice of therapeutic empathy. And there’s solid research to indicate that *empathic incompetence is toxic*. (Now there’s an attention-getter if ever I heard one!)

[Holy “What-The-Heck” Batman! Did I hear that right?]

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<sup>1</sup> Studies yielding this conclusion in the Moyers & Miller article were focused on addictions treatment. There is no reason however to assume that the same outcomes would not be predicted



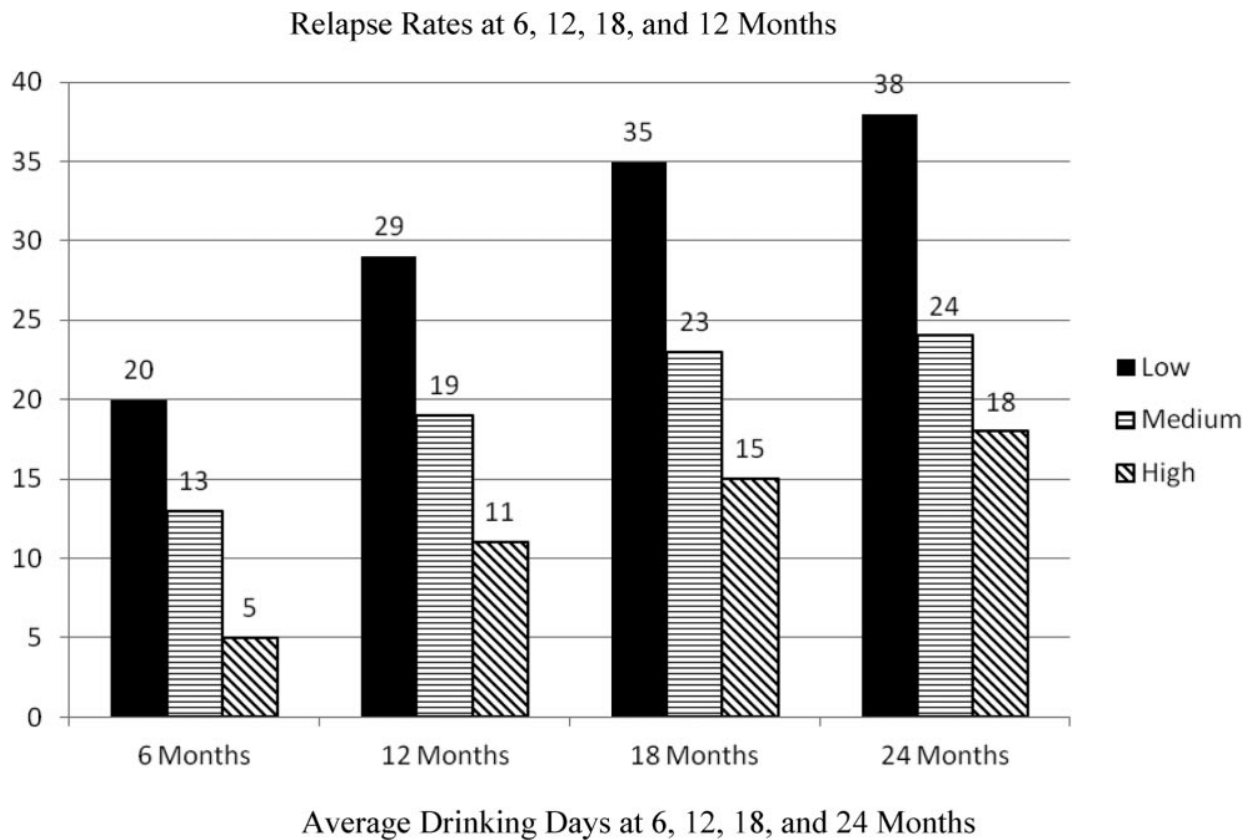
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[Yep, Robin. That's what the evidence shows.]

In the Journal of Addictive Behaviors (October 1, 2012), Moyers & Miller published a compelling argument for formally measuring helper capacity with therapeutic empathy. Their article, entitled “*Is Low Therapist Empathy Toxic?*” speaks to the downside of having professional helpers who can’t get behind the logic of their client(s) in a deep and clear way.

The following graph represents **post-treatment drinking outcomes for clients of counselors with low, medium, and high levels of empathy** (from Valle, 1981, as cited in Moyers & Miller, 2012).



The American Psychological Association [APA] Task Force on Evidence-Based Therapy Relationships has designated **empathy as an evidence-based element of the therapeutic relationship** and has recommended that training programs implement **competence-based criteria** for educating practitioners in relationship elements.” (as cited in Moyers, T.B. & Miller, W.R. (2012)<sup>2</sup>)

<sup>2</sup> Moyers, T.B., & Miller, W.R. (2012, October 1) Is Low Therapist Empathy Toxic? Psychology of Addictive Behaviors. Advance online publication. doi: 10.1037/a0030274)



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So, what is this “empathy” thing that the APA thinks ought to be trained to a demonstrated level of competence?

In intro level MI training sessions there is often a considerable amount of confusion surfaces about what empathy actually is – and about how it differs from “therapeutic alliance” or “engagement” or “rapport”. While such things are also important determinants of good outcomes, all three differ from empathy. **Empathy does not arise out of the relationship between helper and client.** That’s important to understand because it means that the client is not in control of the helper’s ability to understand. It is the job of the helper to improve the quality of the conversation and the understanding that comes out of it. Empathy (or lack thereof) results from the helper’s skills abilities with accurately being able to “tap in” to the way the client sees and understands their situation – even as that understanding changes and morphs within a session. Elliot et al (2011, cited in Moyers & Miller 2012) note that empathy involves:

- a. Ability to develop an accurate understanding of both the cognitive and emotional aspects of a client’s experience, and
- b. the ability to convey this heard meaning back to the client through skillful use of reflective listening, and
- c. accurate attunement of the unfolding experience of the client as the helping conversation unfolds

Another study described in the Moyers & Miller article (Fiorentine & Hillhouse, 1999) measured helper empathy by asking clients to scale the empathic ability of their counsellors. Specifically, they were asked to rate for the accuracy of three inter-related statements:

1. My counsellor understands me
2. My counsellor realizes how my experiences feel to me, and
3. My counsellor understands me even when I don’t express myself.

Interestingly, self-assessment of empathic ability is not very accurate. Most often, it is the empathy rating given by clients of their helpers that is the best predictor of outcome for the client! (Moyers & Miller, 2012). “Clinician self-descriptions of their own listening skills are simply unrelated to actual skillfulness as rated from practice samples” (Miller, Yahne, Moyers, Martinez, and Pirritano, 2004).<sup>3</sup>



[What is the proof of that?]

<sup>3</sup> Miller, W.R., Yahne, C.E., Moyers, T.B., Martinez, J., Pirritano, M, (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology, 77*, 1113-1124. Doi: 10.1037/a0017189



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Still another study cited in the Moyers and Miller article (by Chamberlain et al.) showed that the use of skillful empathic listening reduced “client resistance” by 70% when compared to a more teaching/directing style. What’s important about that finding, in my opinion, is that avoiding the “expert trap” is not sufficient to prevent “resistance” (reactance). In addition to the avoidance of all the traps that thwart empathic communication in MI, the capacity to listen empathically ought to be a required (and measured) skill in professional helpers.

So, all-in-all, **what the APA is saying is that empathy is an evidence-based practice.** Scott Miller and Barry Duncan (of ORS/SRS/CDOI fame) have been telling us that for years. Their research is clear in its message that effective helping has little to do with clinical technique. They declare that who the therapist is accounts for far more of the variance of change than the model or technique administered<sup>4</sup>. If I can be so bold, I’ll challenge that a little and say that my hunch is that real success doesn’t even come from who the helper is. There is enough evidence now to suggest that the helper’s listening skills, underlying their capacity for empathy, is the key.



*Competence with empathic listening is what ends the chess game of strategy and outsmarting that can become the goal of many techniques. (MI is NOT a technique).*

#### So – who cares?

I think that anyone who hires professional helpers, and anyone who supervises their performance and measures their outcomes, ought to care.

Employers need to ask, “should we hold helpers accountable to train to competence level in empathic capacity?” I say yes.



*Empathy is an evidence-based practice that creates partnership, compassion, and understanding. Empathy creates “join up” – and that’s what counts in a helpful conversation.*

A handwritten signature in black ink that reads "Paul Burke".

Team Leader: Paul Burke Training & Consulting Group

<sup>4</sup> See for example <http://www.psychotherapy.net/article/therapy-effectiveness> (retrieved Nov 22, 2014).