

Minimizing Disruptions in Care

Behavioral Telehealth (Video and Phone): Skill Development Webinar Series



Empathic Communication & Engagement in Behavioral Telehealth WEBINAR 2 – May 6, 2020

Participant Questions and Presenter Answers

Presenters: Elizabeth Morrison, LCSW, MAC and (Bryan) Knowles, LMSW

Webinar

Access information about the webinar, including presenter's information, handouts, resources and a recording of the event:

<https://www.cibhs.org/post/empathic-communication-and-engagement-behavioral-telehealth>

Question	Answer
Do you have any good examples for Clinician's who work with people with Borderline Personality Disorder?	(Elizabeth) this is such a good question; I think you are asking about empathic engagement for those with BPD. In my experience it is even more important to empathize, as people who have BPD are so attuned to those who are not 'with' them, or who are abandoning them, in any sense. I do find that I need to be much more focused on eliciting and empathizing with their deeper feelings, so I don't end up in the trap of feeling I am agreeing with the content of their issues with others, but instead am empathizing with the feeling of anger, and what is underneath it (fear, shame, sadness, etc.). I hope this helps!
Presenters: Has there been research on how clients feel when a clinician is using affective empathy vs cognitive empathy?	(Elizabeth) Hi! Love this question, I relate to it, I am super interested in empathy research. Here is a super interesting study about this (Reward and empathy in the treating clinician: the neural correlates of successful doctor-patient interactions Karin Jensen ¹ , Randy L. Gollub ² , Jian Kong ² , Claus Lamm ³ , Ted J. Kaptchuk ⁴ and Predrag Petrovic ¹) Also I have a super extensive annotated bibliography on my resources website, under the empathy tab (www.rsourced.com) if you want to see more!

<p>In supervision, I like to use parallel processing as one technique to assist with examining affective empathy for my supervisees.</p>	<p>(Elizabeth) I LOVE this. Thank you for sharing. The parallel process is so helpful in reflecting on how we are feeling, in the moment, and what that can tell us about how the patient might be feelings; it also helps us move from affective empathy (distress) to cognitive empathy, just by 'noticing' it.</p>
<p>So much of what helps heal clients is the relationship with the clinician and feeling felt by someone else. With younger youth, they build trust by observing actions/behavior/etc. How do you make this work with young youth (3-6 yr. old) via video/phone? I.e.: In a clinic you may get down to youths' level, play a game, laugh, etc. Via video/phone it's more challenging as communication is mostly verbal.</p>	<p>(Elizabeth) This is such a good question. I don't have an answer to this, as younger children are not my specialty. I think right now, best practices/emerging promising practices on engaging with young children via video is super interesting. Please continue to experiment and write what you are seeing/learning, to share with the larger field!</p> <p>(Bryan) – Unfortunately, I also don't have a solid answer for this. The one idea I have off the top of my head would be to attempt to engage using shorter, more frequent sessions given that kids may not tolerate the “just verbal” interaction for long.</p>
<p>As therapists, how can we avoid affective empathy, and instead, feel more of the cognitive empathy? (so, we can protect ourselves against burnout)</p>	<p>(Elizabeth) You nailed the big question, so important! I don't want to be flip or trite as this is such a complex question. I do, though, want to just share a couple things:</p> <ul style="list-style-type: none"> • Affective empathy/distress empathy tends to be strongest in areas that we may not be totally healed in. In this way, it is so helpful when we see we are feeling it, as it is a bit of a map, as an opportunity for us to look at something in ourselves with compassion and kindness. • Practically speaking, in the moment, we can't do anything about it unless we recognize we are feeling some level of empathic distress, so mindfulness practices that help us stay present with our own feelings, while also attending to others, are really important in being able to recognize it in the moment, 'label' it in our minds and move away toward more cognitive empathy. <p>(Bryan) – Elizabeth touched on this, but I just want to emphasize that affective empathy can be difficult to deal with if we only pay attention to it in the moment. It's important to identify “our own stuff” on an ongoing basis and prepare ourselves for how we hope to handle it in the moment. Consultation with other professionals can be an important part of this.</p>
<p>When affective empathy does hit, which it does whether we like it or not, what are some</p>	<p>(Elizabeth) Love your questions and agree affective/distress empathy does hit, whether we like it or not and I agree with you that affective empathy can be</p>

<p>concrete ways we can respond effectively, both for the clients, and for ourselves? Similarly, while I understand it is stressful and contributes to burnout, I have a visceral sense that affective empathy can be helpful and beneficial for connecting, too. Can you speak more to that?</p>	<p>effective and beneficial for connecting - as long as we recognize it, label it mentally (ah, I am feeling hopeless right now, like there is no solution for this person), then check out if our affective empathy was accurate: 'I am wondering if you can talk about how you are feeling right now, talking about this?' In that way, the affective empathy is recognized and used in the moment to connect more deeply with someone, however we don't stay in it.... hope this helps!</p>
<p>Elizabeth! I am interested in research about how empathy helps improves all types of outcomes. Where can I find all of this amazing stuff?! Brian and Elizabeth, this has been another fantastic webinar. Thank you. On another note: do young people or age specific findings differ? I work with children and youth and would love specific strategies.</p>	<p>(Elizabeth) Aw, so sweet, thank you so much! There is so much awesome research out there. On my resource's website, www.rourced.com, under the 'empathy tab' there is an annotated bibliography of empathy research that you can search for what specifically you are interested in. It is so interesting!</p> <p>(Bryan) – Thank you so much for the kind words. I'll defer to Elizabeth's answer about the research on empathy.</p>
<p>Are there no techniques or strategies for working with the ENEVITABLE affective empathy? This is not something that we can really escape, I think.</p>	<p>(Elizabeth) Love your questions, and agree affective/distress empathy does hit, whether we like it or not! A couple thoughts:</p> <ul style="list-style-type: none"> • Affective empathy/distress empathy tends to be strongest in areas that we may not be totally healed in. In this way, it is so helpful when we see we are feeling it, as it is a bit of a map, as an opportunity for us to look at something in ourselves with compassion and kindness. • Practically speaking, in the moment, we can't do anything about it unless we recognize we are feeling some level of empathic distress, so mindfulness practices that help us stay present with our own feelings, while also attending to others, are really important in being able to recognize it in the moment, 'label' it in our minds, and move away, toward more cognitive empathy. • I agree with you that affective empathy can be effective and beneficial for connecting - as long as we recognize it, label it mentally (ah, I am feeling hopeless right now, like there is no solution for this person), then check out if our affective empathy was accurate: 'I am wondering if you can talk about how you are feeling right now, talking about this?' In that way, the affective empathy is recognized and used in the moment to connect more deeply with someone, however we don't stay in it.... hope this helps!

<p>What is the main difference from affective empathy and vicarious trauma?</p>	<p>(Bryan) I think affective empathy is (for most people) a natural response that, unfettered, can lead to vicarious trauma. As professionals, what we try to do (though it's not foolproof) is to prepare ourselves for topics we may be especially sensitive toward. We also seek out our own supports (whether informal or formal) to help us manage those experiences that can be traumatic.</p>
<p>Do you have study references regarding the neurobiological effects of empathy?</p>	<p>(Elizabeth) There is so much awesome research out there. On my resource's website, www.rourced.com, under the 'empathy tab' there is an annotated bibliography of empathy research that you can search, for what specifically you are interested in. It is so interesting!</p>
<p>At some point, can you talk more about how to shift in the moment from using affective empathy to using cognitive empathy?</p>	<p>(Elizabeth) Love your question - that is the important thing, the 'shift', since we most likely can't avoid feeling affective/distress empathy!</p>
<p>Do you have any advice for how to engage high school youth on the phone who have a lot of anxiety using the phone and are used to texting more?</p>	<p>(Elizabeth) Are you talking about my daughter?! She is 15 and does NOT want to use the phone for therapy; and I have adolescent patients too, who do not want to. I am a big fan of text therapy and offer it as a service. I am also now a therapist for 'TalkSpace' a text therapy app, because I am so interested in it! So, my first thought is that if someone prefers text, ideally, we can engage with them by text. I do know however, most organizations cannot support this, it isn't reimbursed by payers, etc. Short of this, I do have adolescent clients who like using video, just not telephone, so getting up and running with at least video, so we can give them that choice, is important.</p>
<p>Is this correct? Affective empathy - mirroring and feeling the emotion that other feel.</p> <p>Cognitive Empathy - understanding the feeling and taking a step back to be curious.</p>	<p>(Elizabeth) Love this! I would just add that affective empathy is also often a feeling of distress. Love your use of the word 'curious' in the cognitive empathy definition, I'm going to use that, it is so great.</p>
<p>Racist society? Implicit Bias? Are we in the "helping professions" in danger of making a prior assumption that all of us are "liberal democrats" who ascribe to the view that we must all ascribe to a "leftist" sociological/political perspective?</p>	<p>(Elizabeth) I am not sure about this, I am wondering though if I might have offended you in the webinar, talking about implicit bias. If so, it does sound like we may have disagreements in this area, as I don't see implicit bias research as political, in terms of liberal/left or right. Thank you for sharing this in the chat, I respect it when others are forthright about their views and share disagreements.</p>

<p>Hi, can you point us to the resources or discuss a little more about practicing and distinguishing between affective empathy vs. cognitive empathy? I get the concept, but are there techniques for increasing the latter and decreasing the former? Thx</p>	<p>(Bryan) I think both take practice. To most effectively manage our affective empathy/distress response, we need to practice self-awareness and try to figure out (on our own or, preferably, with a colleague) “What happened there? What did this situation touch in me that caused a certain level of activation/distress?”</p> <p>Cognitive empathy takes practice, especially when we’re trying to express that empathy to the person (rather than just in our heads)! I think curiosity about the person’s worldview and experience in the moment is key. I’m also a big fan of using reflections to express empathy. For a more in-depth discussion, I highly recommend <i>Motivational Interviewing: Helping People Change (3rd edition)</i> by William R. Miller and Stephen Rollnick.</p>
<p>What about Compassionate empathy?</p>	<p>(Elizabeth) I love the term! I think there are many definitions of empathy/compassion out there, none of them ‘right’ and certainly none that are wrong! I try to clarify my definition of empathy when I am talking about it, although I think I did not do that on this webinar 😊. Thank you for writing in!</p>
<p>I have some concern about not seeing affective empathy as negative, but rather a valuable tool that we need to learn how to modulate.</p>	<p>(Elizabeth) Thank you for sharing this, it is such a great point. Affective empathy is so useful to us, in terms of being a map, it can tell us how others are feeling and can also point us in a direction where we may need more healing. Thank you for articulating that better than I did.</p>
<p>Thank you for the handouts. These are great. Could we make copies of anything in your communication guide and use it in our practices or is this copyright?</p>	<p>(Elizabeth) Please feel free to copy, thank you for asking!</p>
<p>I was successful in regulating a parent in person but could not do with the same parent on the phone. I really want to be able to be successful in reaching children and families via phone or telephone.</p>	
<p>I love what Elizabeth said about the research about Empathy. We are told not to "sympathize" with clients. So, highlighting what is sympathy could help us discern also?</p>	<p>(Elizabeth) Thank you so much for this, such a good point, how to discern ‘sympathy’, a great topic for a future discussion!</p>
<p>Do you have these abilities naturally...? I mean you can't really teach this.... So, there are</p>	

<p>plenty of clinicians that lack cognitive empathy.</p>	
<p>What are some ways to overcome the racial empathy gap, particularly the notion that African Americans feel less pain, and therefore don't need much empathy?</p>	<p>(Elizabeth) Love this question. You also must be reading the same research I am where we see over and over that people of color are treated with less empathy, and it looks like it may be the result of implicit (maybe even explicit sometimes) bias. As a society, we don't treat African American's pain the same at all, medically or emotionally. I also often reflect on the family separation policy, young children being taken from their parents, and wonder if this was happening to white people if there would've been much bigger outcry/protests. I think you are referring to the field of 'bias awareness' training. I created a bias workshop for an organization called the Institute for Healthcare Communication called 'The Empathy Effect: Countering Bias to Improve Health Outcomes' that you might be interested in. On my resource's website, www.rourced.com, under 'empathy' there is more information on this. Thank you for this important question.</p>
<p>This can be so challenging with clients who are suicidal. How do we handle this when a client constantly talks about wanting to die?</p>	<p>(Bryan) This is a very real challenge. When we see someone in this much pain, it's tempting to try and make them "feel better" both to help them and to ease our own discomfort. I don't feel I can do this topic justice with a short answer, so this is certainly not a comprehensive take: I like the way this is framed in Applied Suicide Intervention Skills Training (ASIST by LivingWorks): The person needs a chance to tell their story (filling the need to feel heard) while the helper listens for "life connections," those things that have kept the person going up to this point. Cognitive empathy can be used to reflect both sides and potentially open up a conversation about moving forward and staying safe.</p>
<p>I think affective and cognitive empathy are an incorrect distinction as empathy is rather the other way around and in its TRUE form, empathy is, by nature, always both affective and cognitive at once.</p>	<p>(Elizabeth) Thank you so much for sharing your disagreement about the way I framed cognitive and affective empathy. It sounds like you believe true empathy is always both. Thank you for being a part of the conversation about this complex area. I wish we were in person and could've heard more from you on this. It is such a complex area and for sure, I do not think I am 'right', so thank you.</p>
<p>Are all these techniques also effective using with family members?</p>	<p>(Elizabeth) You are speaking my language with this question ;). My favorite thing about empathic communication practices is that they are applicable with our families, friends, etc..... I bet you are using many of the strategies now with your family members!</p>
<p>Can empathy be taught? I experience where people seem to lack it.</p>	<p>(Bryan) There is some research suggesting cognitive empathy can be improved through teaching/training, though I wouldn't call the body of research "robust". This</p>

	<p>is a common area of discussion among motivational interviewing trainers, given that empathy is such a key component of MI. Anecdotally among trainers (and in line with the research I mentioned), it does seem that the expression of cognitive empathy (attempts to understand the perspective of the other person) can be improved. All this still leaves the question of whether there are people who are truly devoid of empathy and whether such people (if they exist) could be “taught” the skill of empathy.</p>
<p>To Elizabeth: What is the difference between cognitive empathy and compassion, both definitions seem very similar.</p>	<p>(Elizabeth) Great question. I think that there are many definitions of empathy and compassion out there, and I would include loving kindness as well. For me, I do group compassion with cognitive empathy, although I don’t think there is a ‘right’ definition, it is just helpful to clarify what we mean when we are talking about empathy, so it is clear to others. So, thank you for doing that 😊</p>
<p>Can you provide more examples of affective empathy in therapy that therapists might do unintentionally?</p>	<p>(Elizabeth) Great question and great feedback too, as I think I could have done a better job at giving examples. Here are a few I get caught in sometimes:</p> <ul style="list-style-type: none"> • I feel hopeless for a patient, like they just have too many things against them, and maybe I see so little strength or resilience. I am feeling this affective empathy unconsciously, so I just feel down and hopeless in this session and it feels bad. So I try and ‘cheerlead’ the patient by saying things like ‘you just need to think positive’ and ‘you just have to have faith everything will work out’ or I get a bit irritable or I get ashamed and think to myself ‘I am not even sure I can help this person’. <p>My clues that I might be in affective empathy are:</p> <ul style="list-style-type: none"> • I am giving advice • I am ‘cheerleading’ too much • I am trying too hard to push someone to do something • I am judging • I ‘check out’ mentally <p>All these things can mean other things too, so it doesn’t always mean I am in affective empathy, there are just examples that might be indications.</p>
<p>How do you model empathy for kids so they can learn it?</p>	<p>(Elizabeth) Such a great question. I pondered this before I had kids and then became 10x more interested once I had kids 😊. When parents do that thing where after your 5-year-old has snatched a toy from a 3-year old’s hand and we say, ‘how do you think Clara felt when you snatched that toy from her?’ we are helping them</p>

	<p>develop cognitive empathy. If we can add, 'I wonder how you felt, seeing Clara with your toy? I wonder if you felt mad...' then 'I can understand why you felt mad, it is normal sometimes to get angry when someone uses our stuff without asking', we are modeling empathy for them as well. My favorite resource for empathy research in this area is The Greater Good Science Center- it is awesome!</p>
<p>If you could provide insight regarding encouraging a balance as a helping professional, after spending a significant amount of time in the field, and those that start to lose the passion and motivation to relate to others.</p>	<p>(Bryan) I think the dulling of empathy in helpers often serves a protective purpose. For instance, "If a person isn't making progress, it can't be because I (as the helper) need to change my approach. The person simply isn't trying hard enough." OR "I'm here to help people who WANT to change." This helps shield us from feeling ineffective, burdened to learn skills we don't already know, worried about people whose lives are very difficult, etc.</p> <p>How to address this is a broad topic, but here are some ideas:</p> <ul style="list-style-type: none"> • Apply new learning on a small, experimental scale (rather than trying it with an entire caseload at once) to avoid being overwhelmed. • Measure and celebrate even the smallest progress (both on the part of the helper and the person in services). • Encourage a safe work environment where colleagues can help reframe thoughts/statements from judgmental to empathic.
<p>How do we support clients when most resources that we typically link them to are unavailable right now?</p>	<p>(Elizabeth) This is so tough right now. Feeling like during this time, we don't have the same tools or resources to help others that we usually do. I can hear how much you want to support your clients; you really sound like you have a heart for the work you do. I imagine that even without the same resources to share with clients, that just your 'being' with them, hearing them, seeing them, and empathizing with them is helpful.</p>
<p>How can this be applied to marginalized populations? I am very empathetic in person but over the phone it is different, and people do not respond the same. I work with people with low socioeconomic or homeless.</p>	<p>(Bryan) Obviously, it's important to validate that things may be especially hard and/or scary right now, especially for marginalized populations. As is always true (but especially now) people will have situations and obstacles that we can't fix. However, I think it's important to acknowledge that things are different and you're aware of it. One possibility is to ask questions that serve an empathetic purpose: "Given that we're limited to phone contact, how has that changed things for you?" OR "With all the changes, what needs are getting met and what are you still needing help with?" You can also use transparency: "I miss being able to see you in person. It's not the same over the phone." I think it's also important to explore resiliency: "Given that things are so hard, what have you been doing that works?" OR "What's the best resource you've found so far?"</p>