

Listening Well Practice Profile¹

This practice profile describes and operationalizes practitioner competencies (knowledge, attitudes, skills) for listening well with fidelity standards for expected use in practice.² Assessment is based on direct observation of practice, such as a 15-20 minute audio recorded sample of practice.³

Core Component	Contribution to Outcome	Expected Use in Practice (Fidelity)	Developing Use in Practice	Unacceptable Use in Practice
Knowledge of listening well includes being able to identify the four steps of listening, types of reflections, and general findings from research.	Knowledge of listening well underscores skillful listening practice.	Score of 90% or higher on written test of knowledge.	Score of at least 70% on written test of knowledge.	Score lower than 60% on written test of knowledge.
Attitudes toward listening to people in the delivery of routine services.	Attitudes toward listening well underscore skillful listening practice.	Practitioner views listening well as central to professional development. Approaches people with openness and curiosity. Self-aware of biases, judgments, and listening roadblocks.	Practitioner views listening well as somewhat central to professional development. Approaches people with openness and curiosity. Somewhat self-aware of biases, judgments, and listening roadblocks.	Practitioner does not view listening well as central to professional development. Discounts peoples' perspectives. Not aware of how biases, judgments, and listening roadblocks impact service delivery.
Accurate empathy as a way of being with people.	Accurate empathy and skillful reflective listening are robust predictors of client engagement and of positive clinical outcomes. <small>4, 5, 6, 7, 8</small>	Global measure of empathy ⁹ is at least 4 on 1-5 scale.	Global measure of empathy ⁹ is at least 3 on 1-5 scale.	Global measure of empathy ⁹ is 2 or lower on 1-5 scale.
Reflective listening expressed as a statement. Simple reflection repeats or rephrases what a person said; complex reflection offers paraphrase about underlying meaning.		Percentage of complex reflection is at least 50% of total reflection.	Percentage of complex reflection is 30-40% of total reflection.	Percentage of complex reflection is less than 20% of total reflection.
Reflective listening is frequent relative to questions.		Ratio of reflection to question is at least 2:1.	Ratio of reflection to question is at least 1:1.	Ratio of reflection to question is less than 0.5:1.
Absence of listening roadblocks ¹⁰ such as confronting, directing, warning, disagreeing, and judging.	Practitioner listening roadblocks can lead to poor client engagement and undesirable clinical outcomes. ¹¹	Absence of listening roadblocks during a client encounter.	One occurrence of a listening roadblock during a client encounter.	Several occurrences of listening roadblocks during a client encounter.

Notes:

1. Practice profile was inspired by the book of the same title: Miller, W. R. (2018). *Listening well: The art of empathic understanding*. Eugene, OR: Wipf & Stock.
2. Fidelity standards for listening well taken from Miller, W. R., & Rollnick, S. (2013, p. 400). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press; and Moyers, T. B., Manuel, J. K., & Ernst, D. (2015, p. 33). *Motivational Interviewing Treatment Integrity coding manual 4.2.1* [unpublished manual]. University of New Mexico, Center on Alcoholism, Substance Abuse, and Addiction. Retrieved from https://casaa.unm.edu/download/miti4_2.pdf
3. Direct observation of practice is critical for reliable assessment of listening skills because research consistently shows that practitioner self-report does not correlate with actual practice, for example, see Carroll, K. M., Martino, S. & Rounsaville, B. J. (2010). No train, no gain? *Clinical Psychology: Science and Practice*, 17, 36-40.
4. Miller, W. R., & Moyers, T. B. (2021). *Effective psychotherapists: Clinical skills that improve client outcomes*. New York, NY: The Guilford Press.
5. Moyers, T. B., & Miller, W. R. (2013). Is low therapist empathy toxic? *Psychology of Addictive Behaviors*, 27(3), 878-884.
6. Moyers, T. B., Houck, J., Rice, S. L., Longabaugh, R., & Miller, W. R. (2016). Therapist empathy, combined behavioral intervention and alcohol outcomes in the COMBINE research project. *Journal of Consulting and Clinical Psychology*, 84(3), 221-229.
7. Moyers, T. B., Miller, W. R., & Hendrickson, S. M. (2005). How does motivational interviewing work? Therapist interpersonal skill predicts client involvement within motivational interviewing sessions. *Journal of Consulting and Clinical Psychology*, 73(4), 590-598.
8. Elliott R., Bohart, A. C., Watson J. C. et al. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy*, 55(4), 399-410.
9. Global measure of empathy, reproduced with permission, from Moyers, Manuel, & Ernst (2015, pp. 11-12):

1 (low)	2	3	4	5 (high)
Practitioner gives little or no attention to the client's perspective.	Practitioner makes sporadic efforts to explore the client's perspective. Practitioner's understanding may be inaccurate or may detract from the client's true meaning.	Practitioner is actively trying to understand the client's perspective with modest success.	Practitioner makes active and repeated efforts to understand the client's point of view. Shows evidence of accurate understanding of the client's worldview, although mostly limited to explicit content.	Practitioner shows evidence of deep understanding of client's point of view not just for what has been explicitly stated but what the client means but has not yet said.

10. Listening roadblocks identified in Miller & Rollnick (2013, pp. 49-50).
11. White, W., & Miller, W. R. (2007). The use of confrontation in addiction treatment: History, science and time for change. *Counselor*, 8(4), 12-30.