

# Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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# WPPNT Reminders

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**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

# **Listening Well**

Wisconsin Public Psychiatry Network Teleconference  
January 13, 2022

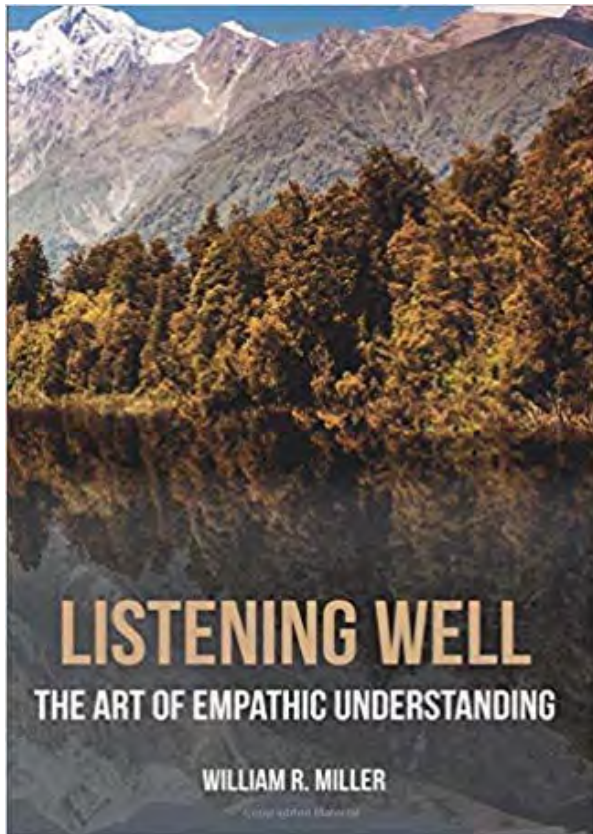
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# Presentation outline

1. Listening well defined
2. Research base
3. Skillful practice
4. Demonstration
5. Debrief with attention to fidelity
6. Closing

# Listening well defined

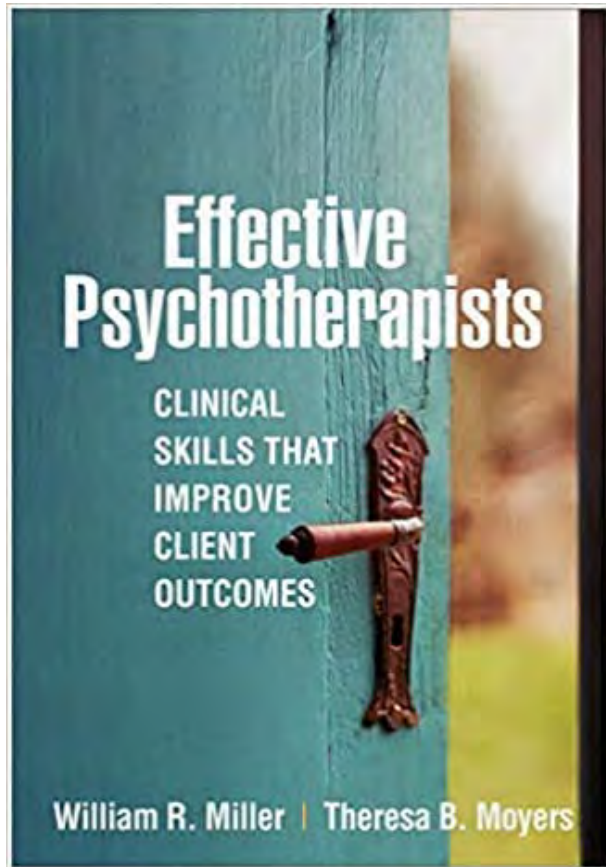
Listening well comprises a way of being and doing.



- **Accurate empathy** is a way of being with people that involves careful listening, genuine interest, and curiosity to understand another's experiences and perspectives.
- **Reflective listening** is what a listener does as an expression of accurate empathy.

(Miller, 2018; Miller & Moyers, 2021)

# Listening well defined



- Listening well is one of the most important skills in human services.
- It is foundational to all EBPs.
- Listening well can be measured, observed, assessed, taught, learned, and improved.
- Unfortunately, self-assessed listening does not correlate with actual practice.

(Miller, 2018; Miller & Moyers, 2021)

# The research base of listening well

An empathy scale,  
2 studies, 2 meta-analyses,  
and a bottom line

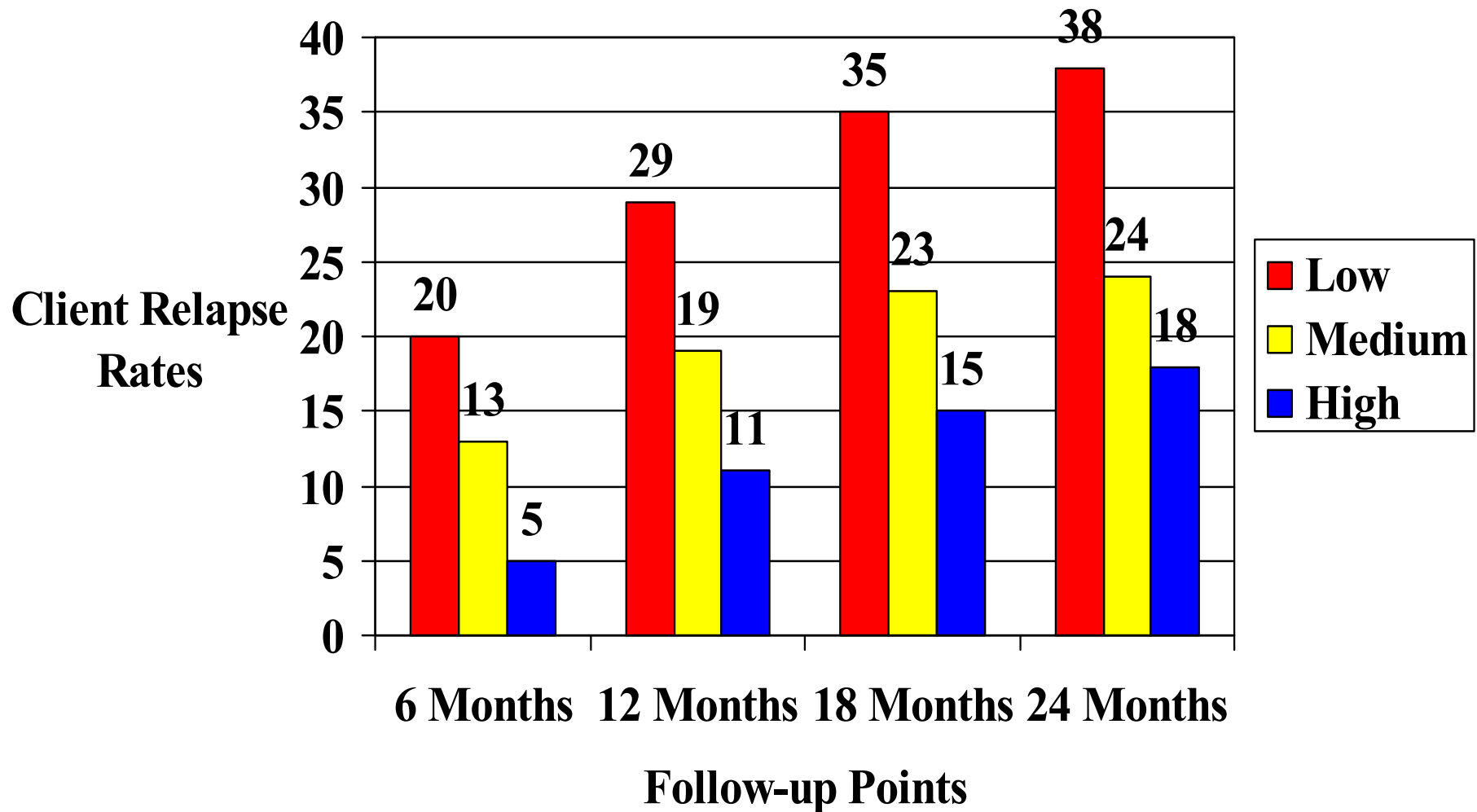
# Empathy scale

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

(Moyers, Manuel, & Ernst, 2015)



# Valle (1981): Reflective listening skill level and drinking outcomes



# Moyers et al. (2016): Therapist empathy and outcomes

Therapist Empathy, Combined Behavioral Intervention, and Alcohol Outcomes in the COMBINE Research Project

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**Objective:** Common factors such as therapist empathy play an important role in treatment for addictive behaviors. The present study was a secondary analysis designed to evaluate the relation between therapist empathy and alcohol treatment outcomes in data from a large, multisite, randomized controlled trial. **Method:** Audio-recorded psychotherapy sessions for 38 therapists and 700 clients had been randomly selected for fidelity coding from the combined behavioral intervention condition of Project COMBINE. Sessions were evaluated by objective raters for both specific content (coping with craving, building social skills, and managing negative mood) and relational components (empathy level of the therapist). Multilevel modeling with clients nested within therapists evaluated drinks per week at the end of treatment. **Results:** Approximately 11% of the variance in drinking was accounted for by therapists. A within-therapist effect of empathy was detected ( $B = -0.381, SE = 0.103, p < .001$ ); more empathy than usual was associated with subsequent decreased drinking. The Social and Recreational Counseling module ( $B = -0.412, SE = 0.124, p < .001$ ), Coping with Cravings and Urges module ( $B = -0.362, SE = 0.134, p < .01$ ), and the Mood Management module ( $B = -0.403, SE = 0.138, p < .01$ ) were also associated with decreased drinking. No between-therapist effect was detected, and the Empathy  $\times$  Module Content interactions were not significant. **Conclusions:** The results of the study appear consistent with the hypothesis that skills building and therapist empathy are independent contributions to the overall benefit derived from the combined behavioral intervention.

**What is the public health significance of this article?**  
This study suggests that the interpersonal skills of the therapist influence the effectiveness of a behavioral treatment for problem drinking.

**Keywords:** combine, empathy, therapist effects, skills-building, alcohol

Two decades of randomized controlled trials (RCTs) have yielded conclusive evidence that psychosocial treatments are a worthwhile addition to the array of interventions now available for problem drinking. Despite the clear advantage of these treatments for a person seeking to change problematic drinking, there is still little evidence to help us understand how they convey the advantage they do. Efforts to explore specific elements and theory-driven procedures as causal mechanisms in empirically supported treatments (ESTs) for addiction have often failed to support the theories generating them (Bergmark, 2008; Morgenstern & McKay, 2007; Magill & Longabaugh, 2013). An alternative perspective is that the value of these treatments derives from factors common to them, such as engaging the client's hope and providing an acceptable rationale for change (Anderson, Lannen, & Ogles, 2010; Bohart & Wade, 2013). Characteristics of therapists who deliver these treatments are sometimes cited as a possible ingre-

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“Therapist empathy was inversely associated with client drinking at the end of treatment. That is, when therapists expressed more empathy than they usually did, the client drank less at the end of treatment, and, conversely, when therapists expressed less empathy than they usually did, the client drank more at the end of treatment.” (p. 225)

# Moyers & Miller (2013): Is low therapist empathy toxic? meta-analysis

## BRIEF REPORT

### Is Low Therapist Empathy Toxic?

Theresa B. Moyers and William R. Miller  
The University of New Mexico

One of the largest determinants of client outcomes is the counselor who provides treatment. Therapists often vary widely in effectiveness, even when delivering standardized manual-guided treatment. In particular, the therapeutic skill of accurate empathy originally described by Carl Rogers has been found to account for a meaningful proportion of variance in therapeutic alliance and in addiction treatment outcomes. High-empathy counselors appear to have higher success rates regardless of theoretical orientation. Low-empathy and confrontational counseling, in contrast, has been associated with higher drop-out and relapse rates, weaker therapeutic alliance, and less client change. The authors propose emphasis on empathic listening skills as an evidence-based practice in the hiring and training of counselors to improve outcomes and prevent harm in addiction treatment.

**Keywords:** empathy, therapist effects, listening skills, training

In discussions regarding the merits of evidence-based addiction treatment, prominent attention has focused on the effect of therapist variables on behavior change (Imel, Wampold, & Miller, 2008; Morgenstern & McKay, 2007). Indeed, it appears that one of the strongest determinants of clients' outcomes in addiction treatment in particular is the counselor to whom they happen to be assigned (Luborsky, McLellan, Diguier, Woody, & Seligman, 1997; Luborsky, McLellan, Woody, O'Brien, & Auerbach, 1985; Kraus, Castonguay, Boswell, Nordberg, & Hayes, 2011; McLellan, Woody, Luborsky, & Goehl, 1988; Miller, Taylor, & West, 1980; Valle, 1981). Research consistently shows that differences among therapists account for between 5% and 12% of the variance in a variety of client outcomes, including substance use (Elliot, Bohart, Watson, & Greenberg, 2011) and that a better relationship between the client and therapist is associated with higher levels of treatment engagement and retention in substance abuse programs (Meier, Barrowclough, & Donmall, 2005). Empirically based substance abuse interventions such as cognitive-behavioral treatment, 12-step facilitation, and motivational interviewing rely at least in part on the interpersonal skills of the provider for their impact, yet little research exists concerning which skills or attributes contribute to variation in the quality of the therapeutic interaction.

Psychotherapy research generally has suggested that therapist differences may be attributable in part to outlier counselors with

unusually adverse or particularly good client outcomes (Okishi, Lambert, Nielsen, & Ogles, 2003; Shapiro, Firth-Cozens, & Stiles, 1989; Wampold & Bolt, 2006). In the area of substance abuse treatment more particularly, at least four studies have reported therapists with unusually poor client outcomes. In a multisite clinical trial (Project MATCH Research Group, 1998), therapist differences were no longer significant after removing one or two outliers in each treatment condition whose clients showed particularly poor drinking outcomes. In a naturalistic experiment following the resignation of two drug counselors, McLellan and colleagues (1988) randomly reassigned their 62 cases to four other counselors. This allowed them to observe differences in outcomes for these reassigned clients as a function of the new counselor to whom they had been assigned. Relative to their functioning at the time of reassignment, the clients of three of these counselors showed varying degrees of improvement on all measures, but a fourth counselor's caseload showed *increased* rates of drug-positive urines, methadone dosage, and unemployment, and no reduction in arrests. In another clinical trial reported by this same group, one of three therapists providing supportive-expressive therapy had clients whose drug use on average *increased* during treatment, in contrast to significant improvement of cases assigned to two other therapists delivering the same manual-guided treatment (Luborsky et al., 1985). Finally, among clients randomly assigned to nine counselors providing manual-guided behavioral self-control training, the rates of within-caseload adverse outcomes ranged from zero to 75% (Miller et al., 1980).

What may account for such differences in efficacy among therapists treating substance use disorders? Reference is often made to common or nonspecific factors that influence outcome regardless of the particular theoretical orientation of a therapist (Hubble, Duncan, & Miller, 1999; Wampold, 2001). Evidence points in particular to therapists' interpersonal skills as a predictor of outcome (Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; Valle, 1981). Just how common such skills are among

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“We know of no therapeutic approach where low empathy has been linked to better outcomes in any area of healthcare... Of ‘evidence-based practices’ currently being promoted, [empathy] seems to us to be one of the most promising to improve outcomes and prevent harm in addiction treatment.” (p. 882)

# Elliott et al. (2018): Empathy meta-analysis

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Meta-Analysis > Psychotherapy (Chic). 2018 Dec;55(4):399-410. doi: 10.1037/pst0000175.

## Therapist empathy and client outcome: An updated meta-analysis

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Affiliations + expand  
PMID: 30335453 DOI: 10.1037/pst0000175  
Free article

### Abstract

Put simply, empathy refers to understanding what another person is experiencing or trying to express. Therapist empathy has a long history as a hypothesized key change process in psychotherapy. We begin by discussing definitional issues and presenting an integrative definition. We then review measures of therapist empathy, including the conceptual problem of separating empathy from other relationship variables. We follow this with clinical examples illustrating different forms of therapist empathy and empathic response modes. The core of our review is a meta-analysis of research on the relation between therapist empathy and client outcome. Results indicated that empathy is a moderately strong predictor of therapy outcome: mean weighted  $r = .28$  ( $p < .001$ ; 95% confidence interval [.23, .33]; equivalent of  $d = .58$ ) for 82 independent samples and 6,138 clients. In general, the empathy-outcome relation held for different theoretical orientations and client presenting problems; however, there was considerable heterogeneity in the effects. Client, observer, and therapist perception measures predicted client outcome better than empathic accuracy measures. We then consider the limitations of the current data. We conclude with diversity considerations and practice recommendations, including endorsing the different forms that empathy may take in therapy. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

- 80 studies
- 6,000+ participants
- Results: therapist empathy was a moderately strong predictor of clinical outcomes

# The research base of listening well: Bottom line

- Decades of scientific studies consistently show that listening well is a robust predictor of positive outcomes:
  - Client engagement, retention in services
  - Strong therapeutic alliance
  - Positive clinical outcomes
  - Client satisfaction with services
- Not listening well runs the risk of client disengagement, drop out, and poor outcomes.

# Skillful practice: 4 steps to listening well

1. Hear what the person is saying.
2. Make an educated guess about the person's underlying meaning.
3. Choose your reflection direction.
4. Share your guess as a concise reflective listening **statement** (not a question).

# Listening well

## Step 1

Hear what the person is saying. Avoid your listening roadblocks.

- Directing: telling the person what needs to be done.
  - You are going to have to....
  - You need to do something about this situation.
- Warning: pointing out the risks of what the person is doing.
  - I would not proceed like that if I were you.
  - If you do, you might regret it.
- Advising: making suggestions, providing solutions.
  - Here's what I think you should do...
  - Have you thought about...
- Persuading: providing reasons or trying to convince with logic.
  - It's the right thing to do and here's why...
  - I think you need to try this because...
- Agreeing: approving, praising.
  - Yes, you are absolutely right.
  - That's exactly what I would do!
- Analyzing: explaining what the person is doing or saying.
  - The underlying issue is...
- Probing: asking questions to get information or gather facts.
  - What happened?
  - When did you...? How did you...?
- Reassuring: consoling the person.
  - Everything will be okay.
  - This will work out.
- Sympathizing: sharing pity or sorrow
  - I'm so sorry this happened to you.
  - I feel bad for you.

(Miller, 2018; Miller & Rollnick, 2013, p. 49)

# Listening well

## Step 1

Hear what the person is saying. Avoid your listening roadblocks

- What is one strategy for listening well?
- Make the decision to listen.

(Miller, 2018; Miller & Rollnick, 2013)



# Listening well

## Step 2

Make an educated guess about the person's underlying meaning.

- It is not possible for a person to put into words a lifetime of experiences, therefore, listening well requires listening for underlying meaning.
- An educated guess is not an assumption because of Step 1.

# Listening well

## Step 3

Choose your reflection direction.

Type of Reflection	Direction
Simple Reflection	Repeat or rephrase what was said for clarification or emphasis
Feeling	Reflect implied emotion; name the feeling
Double-Sided	Both sides of ambivalence (cons/pros of change) contained in single reflection
Metaphor	Picture language to convey understanding
Coming Alongside	Reflect in the direction of no change; side with the negative
Continuing the Paragraph	Reflect the next thing that might be said... in the direction of change

# Listening well

## Step 4

Share your guess as a concise reflective listening statement (not a question). Infect your voice down at the end:

- You've got a lot on your mind? (up for question)
- You've got a lot on your mind. (down for statement)
  
- You're feeling anxious?
- You're feeling anxious.

# Listening well

## Step 4

Share your guess as a concise reflective listening statement. Reflection starters:

- Sounds like you...
- You mean...
- It seems to you that...
- For you it's a matter of...
- From your point of view...
- You're feeling...



What I hear  
you saying is...

# Listening well practice summary

- ✓ Make the decision to listen and avoid your listening roadblocks.
- ✓ Take risks to offer educated guesses about underlying meaning.
- ✓ Be mindful of reflection direction.
- ✓ Offer reflection as concise statements.
- ✓ Get the “I” out of it.

(see *Reflective Listening Cheat Sheet*)

# Listening well practice

1. I'm really struggling with life right now; things are not going well.
2. People have let me down so much in the past. How can I trust you?
3. I could probably make this change, but I really don't want to.
4. I'm not sure I can meet with you in the next couple of weeks.

# Listening well demonstration

- **Practitioner** - make the decision to listen
- **Speaker** - real play (not role play)
- **Observers** - use observer sheet to count and categorize practitioner behaviors

# Observer sheet

	Type of Reflection	Count (hash mark)	Practitioner Example
Listening Statements	Simple Reflection		
	Feeling		
	Doubled-Sided		
	Metaphor		
	Coming Alongside		
	Continuing the Paragraph		
	Question		
	Listening Roadblocks		



# Debrief: To what extent was listening well demonstrated?

- Listening can be observed, measured, and assessed
- Key measures:
  - Skill counts
  - Presence/absence of listening roadblocks
  - Empathy scale

# Listening well fidelity standards

Measure	Basic	Advanced	Demo results
Global measure of Empathy (1-5)	= 3.0	$\geq 4.0$	
% Complex Reflection (of total Reflection)	$\geq 40\%$	$\geq 50\%$	
Ratio of Reflection to Question	$\geq 1.0$	$\geq 2.0$	
# of Listening Roadblocks	= 0	= 0	

(Miller & Rollnick, 2013, p. 400; Miller & Moyers, 2021; Moyers et al., 2015)

# Closing

- What is one thing you learned or relearned about listening well?

OR

- If you made one adjustment to your everyday listening, what might you try?

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# Reflective Listening Cheat Sheet

- **Simple Reflection.** Repeat or rephrase what the person said. Useful for clarifying or emphasizing what was said.
- **Paraphrase.** Restatement which brings in an educated guess about a person's underlying meaning or inference to add meaning to what the person said.
- **Feeling.** Reflection of implied underlying feeling; name it.
  - Client: If I keep smoking marijuana my Probation Officer is going to lock me up.
  - Practitioner: You're *worried* about the consequences.
- **Double-Sided.** Both sides of ambivalence (pros/cons) are contained in a single reflection; end with the positive or change side.
  - On one hand, the medication side effects are uncomfortable, and on the other hand, you've benefited from taking it.
- **Metaphor.** This is "picture language" or statements that evoke an image.
  - It's like a dam finally broke this week and everything is flooding out.
  - It's like climbing a ladder: you're reaching for the next goal.
  - You hit a wall trying to figure this out.
- **Coming Alongside.** Take up and reflect the side of no change; side with the negative; empathy in action.
  - Client: I can't give up drinking – it's how I socialize. Practitioner: Drinking is very important to you.
  - Client: This program isn't helpful. Practitioner: You're having a bad experience here.
- **Continuing the Paragraph.** Anticipate the next statement that has yet to be said. Starts with conjunction (and... because...) to make a guess in the direction of change or future action toward change.
  - Client: I have to get my kids back. Practitioner: ...and you're ready to take a step toward change.



**Reflect back more than the person said, but not more than the person meant to say.**

## Reflection starters:

- It sounds like you...
- It seems to you that...
- From your point of view...
- For you, it's a matter of...
- You mean that...
- You're wondering if...
- You're feeling...
- You must be...
- So you...

## Best practices:

- Make the decision to listen.
- Take risks for educated guesses.
- Be mindful of reflection direction.
- Reflection as concise statements.
- Get the "I" out of it.