Using Accurate Empathy to Create A Place of Safety For Clients In Your Care To Describe Their Ambivalence

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“Institutional Memory”

Has characteristics of believing that people with disabilities, mental illness, substance use disorders, etc. must be dealt with for the “good of the community” which prompts a need or urge by the system or practitioner to “stop” a behavior rather than to begin a change that replaces or improves a behavior.

The lean is toward an approach that has activities like “Take – Place – Stabilize – Maintain”.

The urge is to “control” or “take over” as a central theme.
This norm puts the focus on the practitioner as being responsible for changing the person causing them to use various strategies for treating, rehabilitating or taking over undesirable behaviors, regardless of antecedent. 

Hence, there is a need, even a reliance for knowledge and expertise on the part of the practitioner, who must be able to identify the problem and prescribe the remedies.

(Mark Lowis 2015)

Q.D.F.

Question

Diagnosis

FIX ALL THE THINGS
What people experience from others.
Culture Shift?

Blame
Shame
Label
Judge
Punish
Fix

Why Don’t People Change?

- Negative Reinforcement
- Humiliation, shame, guilt, logic
- Coercion, punishment, threat
- Failure to apply client-centered skills with empathy
Accurate Empathy

What is Accurate Empathy?

How do you do Accurate Empathy?

Why Do People Change?

• Genuinely accepting the client.

• Leaving the choice to change wholly up to them. (Equipoise)

• Genuinely accepting their right NOT to change.

Safe To Disclose

When we are able to listen and accurately understand without Blaming, Shaming, Labeling, Judging, Punishing or Fixing, we become safe for the client to disclose those things they may not have disclosed before.

To be most helpful, we need to know the clients story.
When we listen, they talk.
When they talk, they discover!

Our Clients need to be able to
Say what they need to say
The way they need to say it
And feel heard the way they need to be heard