Building Empathy through Assessment

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Trauma-informed Care

- Trauma-informed care recognizes the importance of approaching services with knowledge and awareness about trauma in general and the ways in which traumatic experiences shape people's perceptions, behaviors and beliefs
  - Not necessary to directly engage with the person on their traumatic experience
  - All staff/volunteers trained

Trauma-informed Clinical Model

- Special considerations related to vulnerability:
  - Safety
  - Trust
  - Power
  - Control
  - Fear
Stress by Design

Psychological consequences of torture provokes:

• Unpredictability of stressors
• Uncontrollability of stressors
• Fear of developing new relationships
  • Especially with those perceived to be in positions of power + privilege

Healing by Design

Assessment has potential to:

• Minimize unpredictability
• Identify stressors, and offer hope for ways to reduce distress and sense life can get better
• Offer a helping relationship built on respect, partnership and empowerment.

Assessment

• A symbolic moment of breaking the silence about torture & trauma
• Encourages overcoming internal barriers to accessing care by survivor’s experience of empathy.
Can symptom questions build empathy?

- Content of questions* promotes trust that we might understand them and their responses to torture
  - *With milieu conveying warmth & welcome

- Symptom questions refer directly to client experience
  - “How did you know?”

- E.g. HSC and HTQ questions
  - PTSD
  - Anxiety
  - Depression

Content of questions

- **Normalizes** distress
- **Validates** extent and layers of trauma
- **Evolves** opportunities to bring more coherence to story, including psycho-ed

Multicultural

- **Mental health concepts**
  - “Normal response to abnormal circumstances”
  - Modify to reduce stigma of clinical language
  - Collaborate with interpreter
  - Gender + cultural barriers

- **We will meet you where you are**
  - We respect and encourage your own helpful healing methods

- **Help-seeking is a strength!**
Healthy Communication

• Our skilled integration of process and content in assessments can model respect, flexibility and making healthy social connections, even more so when interpreter involved.
  – Two empathic witnesses instead of one
  – Therapist and interpreter model flexible communication

Mental Health Concepts

• Many survivors from cultures with limited mental health paradigms
  • “crazy” or not

• Opportunity to bridge the divide in sensitive way
  • Identify ways own cultural practices have been helpful (or not)

• Confidentiality

Transparency

• Our transparency about expectations and frame frees survivor from conjuring the worst-case scenario
  • Explain intake evaluation: Why? How? When? How long?
  • “These questions can be painful reminders . . . “
  • “My intention is to understand your experiences but also to minimize the pain it causes you to remember . . . ”
  • We can take a break, stand up to stretch, use the bathroom, end early if needed, etc
  • Some people feel relief after talking about these things, others don’t feel or sleep well after . . . (this is normal).
• We offer trauma-informed sensitivity due to our flexibility, especially at start
  • Multiple intake sessions
  • Our concern + curiosity about missed appointments vs. rigid rules, assumptions
  • Pacing with attention to survivor reactivity

• Inclusion of psycho-education signals non-judgmental orientation
  • Limbic system (human) response to trauma
  • Goal to maximize individual capacity to cope

• We rely on survivors to inform our treatment planning and outcomes
  • Inclusion of survivors’ input through repeated invitations to choose what they think is best for them
    • Many survivors have found meeting with someone to talk about what is going well and what is not in their lives . . .
    • . . . Speak with a doctor about ways medication might be able to them sleep better
    • . . . Join with other survivors to share and organize to speak out against torture
Political stand against torture

- Responsibility for torture and its aftermath lies with perpetrators and corrupt systems
  - Instruments (Hopkins, HTQ) help us assess
  - Opportunity for us to provide counterpoint

Vicarious Trauma

- What effect does empathic connection with survivors have on us?
  - Provider risk of secondary trauma
  - Tension between mediating client trauma + despair
  - How we process information, interact with clients, and personal issues

“Understanding dangers of empathy” (Rothschild, Babette)

Vicarious Resilience

- Resilience – pattern of positive adaptation to adverse conditions
- Vicarious impact of repeated exposure to trauma survivors’ resilience
- VR may provide balance to VT

(Hernandez, P., Gangsel, D., Engstrom, D.)