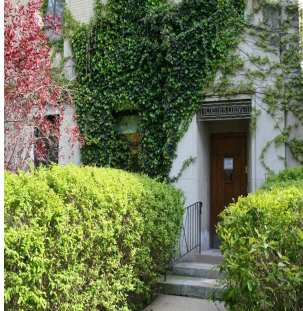


Building Empathy through Assessment



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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
- Evokes 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).

Flexibility

- 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

Non-judgmental stance

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

Encouraging dialogue

- 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., Gangsei, D., Engstrom, D.)
