Using AI to Scale Quality in the Mental Health and Substance Abuse Workforce

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We know empathy is foundational to the helping professions

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Is low therapist empathy toxic?

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Affiliations + expand

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Abstract

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.



We know how to measure empathy

Empathy				
Low				High
1	2	3	4	5
Clinician has no	Clinician makes	Clinician is	Clinician shows	Clinician shows
apparent interest	sporadic efforts to	actively trying to	evidence of	evidence of deep
in client's	explore the client's	understand the	accurate	understanding of
worldview. Gives	perspective.	client's	understanding of	client's point of
little or no	Clinicians'	perspective, with	client's worldview.	view, not just for
attention to the	understanding may	modest success.	Makes active and	what has been
client's	be inaccurate or		repeated efforts to	explicitly stated but
perspective.	may detract from		understand client's	what the client
	the client's true		point of view.	means but has not
	meaning.		Understanding	yet said.
			mostly limited to	
			explicit content.	

We know how to reliably identify empathic communication

CLIENT

Yeah. I think I'm sad that I haven't seen my kids in a couple days. Like I really miss them and I'm pretty pissed that my neighbor like called the cops. I mean I was only gone for 10 minutes. Like I'm not I'm not a bad mom. Like I'm not one of those moms that like leaves her kids at home all day while she goes to work or like. Doesn't. Like I care about my kids a lot and I love them. And I just like I'm not a bad mom.

PROVIDER

Mm hmm (affirmative). Yeah. It sounds like you've got some conflicting emotions going on. **EMPATHIC** you're sad that they're not around but you're also frustrated that this would even happen in the first place. **EMPATHIC**



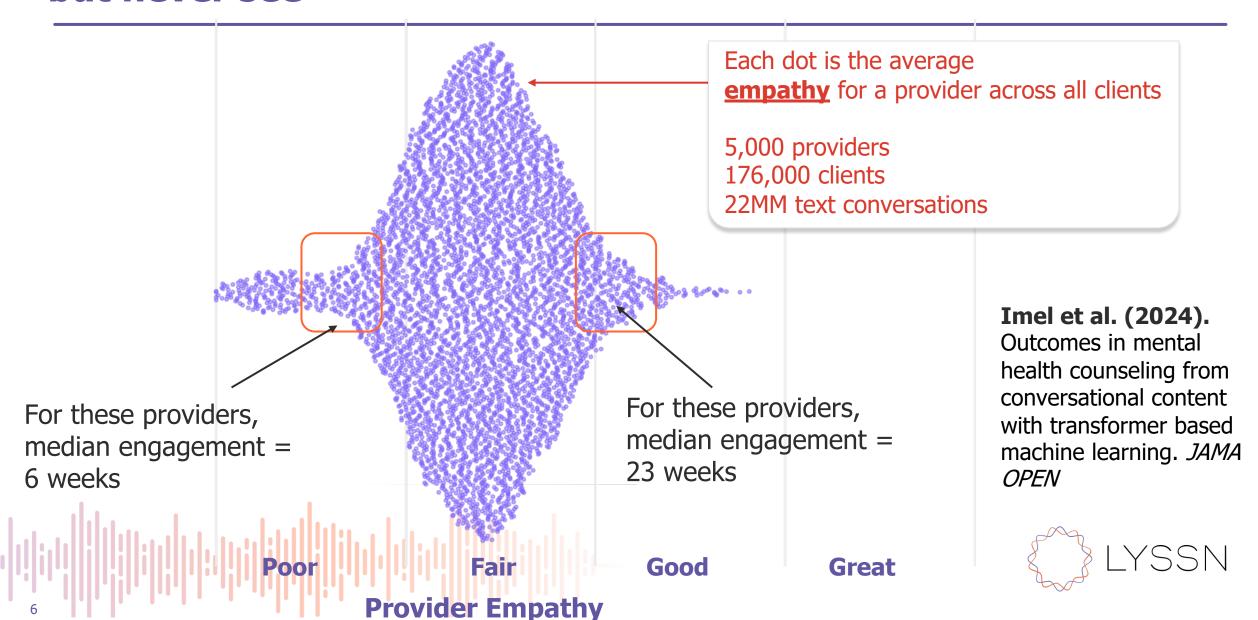
"Okay, so what's the problem?"

300 million counseling sessions

10 million 988 contacts



Workforce challenges: The problem we live with but never see





How do we learn new skills?



How we train *other* skills



- 1. Practice (lots)
 - 2. Feedback
 - 3. Practice small components



"The acquisition of skills requires a regular environment, an adequate **opportunity to practice**, and **rapid and unequivocal feedback** about the correctness of thoughts and actions."

— Daniel Kahneman, *Thinking, Fast and Slow*





In-person training with coaching and feedback is the gold standard... and totally infeasible

High training costs

Few expert trainers

High turnover

Time constraints

CQI is impractical



What we typically do: Provide content (without practice)



Slides and written

Watch lectures and role play examples

CME quiz

Outcomes:

- 1. What content was offered
- 2. How many providers accessed content
- 3. Demonstration of knowledge via quiz

Nothing about quality of skills or skill development



"It was not a wholly unexpected finding. *There is little empirical reason to believe that a one-shot training workshop would be sufficient to change durable practice behavior.* The question, then, is how to enhance training so that broader changes are produced."

— Bill Miller, Founder of Motivational Interviewing





Practice #1: Education about alcohol and the brain

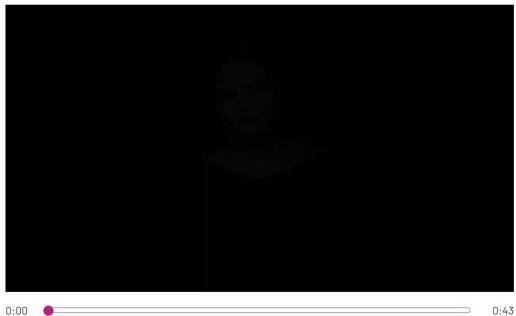
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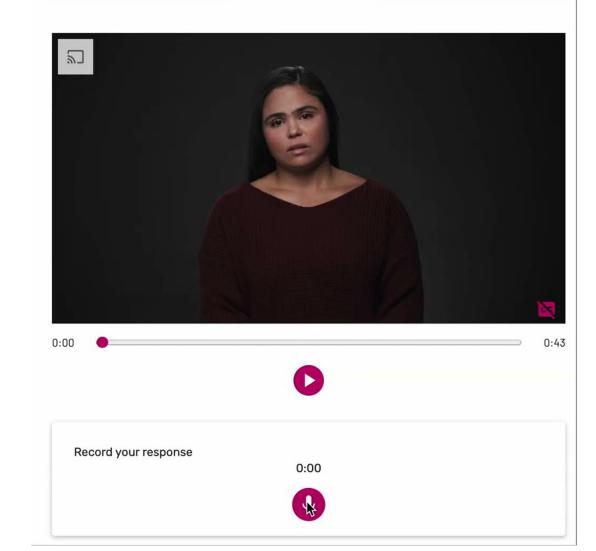
Watch

Practice with your clients.

So there is your second tool: Exploring Questions that dig in to the client's own motivation for change. Now it's your turn to try!



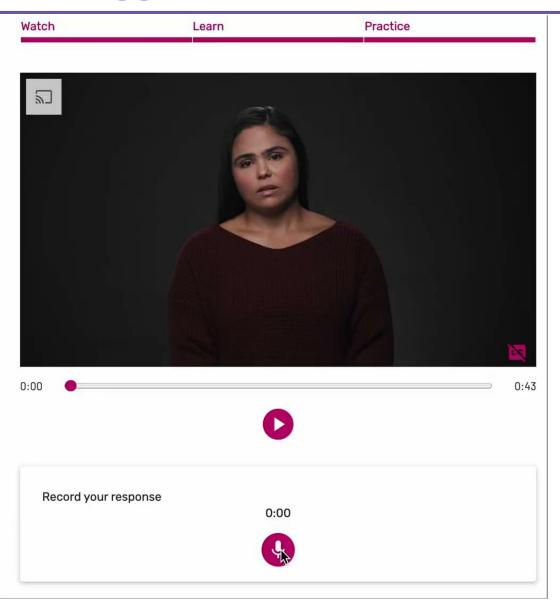




Learn

Practice

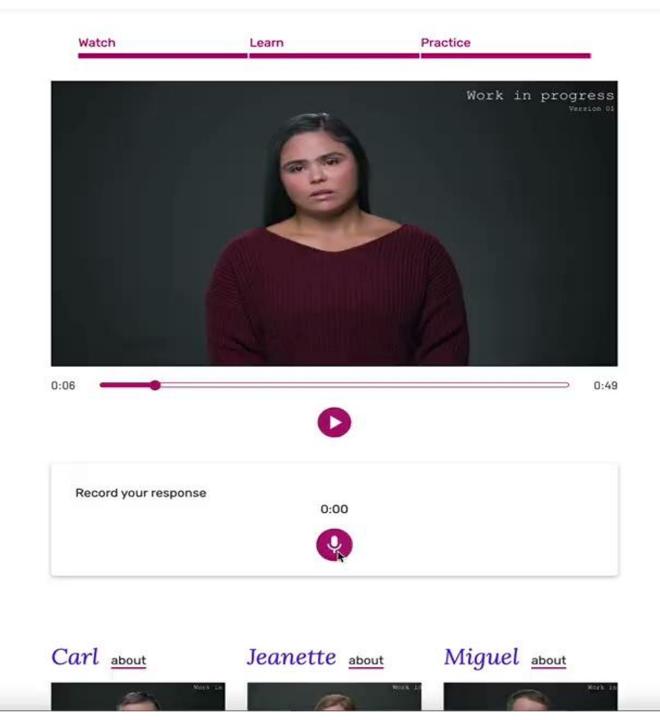
Practice #2: Specific suggestions and advice



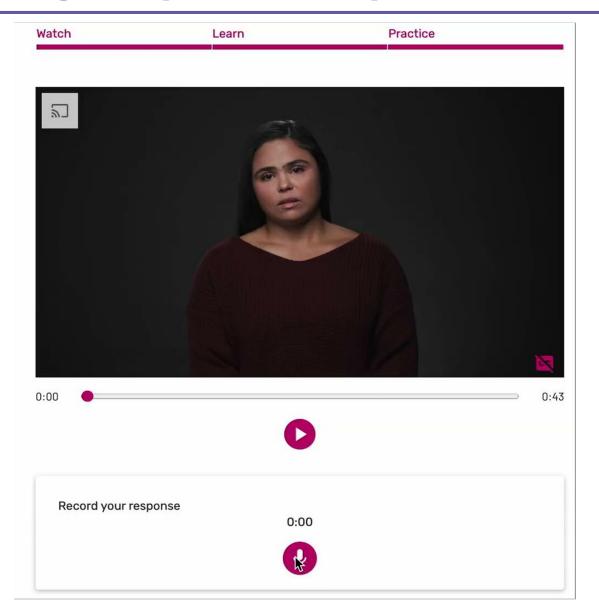


Lets Practice...

Now maybe pick a strength if I can find one....



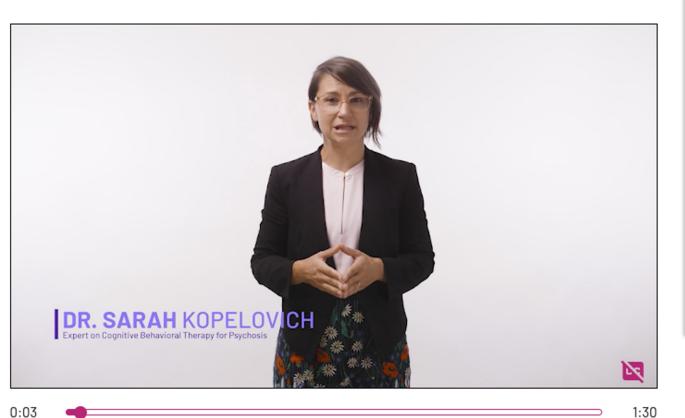
Practice #3: Asking an open-ended question

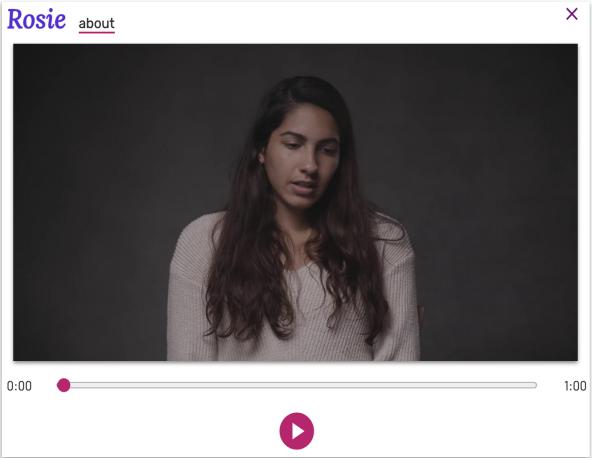




Skill Module 1: Psychoeducation and Normalization

In this module, we'll cover the basics of providing recovery-oriented psychoeducation to clients with psychosis. After working through the module content, you'll have a chance to practice providing psychoeducation with each of your four CBTpro clients.



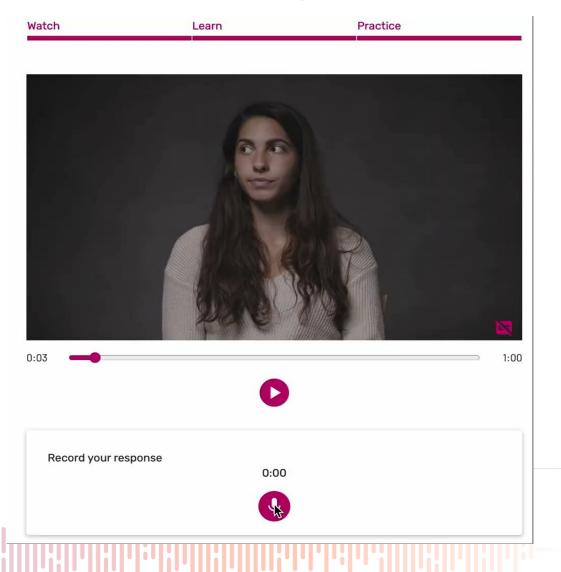




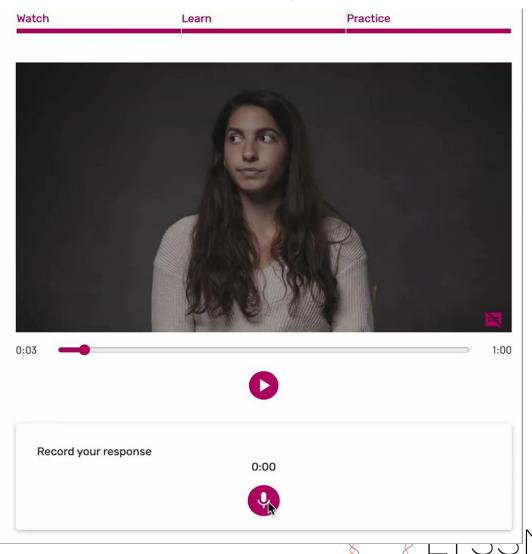




1st Try



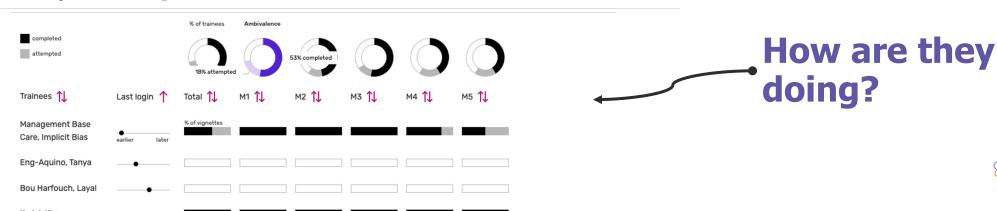
2nd Try



38% of trainees have logged in



67% of those completed a module ullet





Thank you so much!

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