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The Use of Empathy in Human Services: Strategies for Diverse Professional Roles

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Abstract

Human service professionals must manage a variety of roles and responsibilities in order to meet individual, group, and community needs. Managing these roles often necessitates the use of empathy in order to correctly understand issues, build trusting relationships, and meet the needs of client populations. This article presents a brief overview of empathy and applies it to the human service roles of direct service worker, advocate, administrator, and evaluator. In each professional role, examples are provided of how empathy can help human service workers achieve optimal outcomes. Implications for human services training and professional development are also provided.

The Use of Empathy in Human Services: Strategies for Diverse Professional Roles

The human service profession is characterized as a broad and varied field that draws on many disciplines in order to meet the diverse needs of individuals, groups, and communities (National Organization of Human Services [NOHS], 2009). These needs can include limited access to services, mental health concerns and challenges, and unemployment. To effectively respond to these needs, human service professionals are required to fulfill many roles including, but not limited to, direct service worker, advocate, administrator, and evaluator (Neukrug, 2013). Regardless of the role assumed by the human service professional,

the ability to demonstrate basic empathy is required to effectively provide services to a wide variety of populations in diverse settings. Therefore, this article provides an overview of empathy, describes the human services roles of direct service worker, advocate, administrator, and evaluator, and explores empathy as an effective tool in service delivery.

Overview of Empathy

The concept of empathy has existed for centuries. However, it was not until the 1900's that the definition of empathy was used to describe the process of connecting with another's experience in the context of mental health treatment (Clark, 2004; Feller & Cottone, 2003; Pigman, 1995). Carl Rogers was pivotal in establishing empathy as a core condition of the therapeutic process (Clark, 2004; Rogers, 1957), describing it in the following way:

To sense the client's private world as if it were your own, but without ever losing the "as if" quality – this is empathy, and this seems essential to therapy. To sense the client's anger, fear, or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it. (p. 99)

Another conceptualization of empathic communication portrays it as a continuum of basic, additive, and subtractive responses (Carkhuff, 1969; Ivey, Ivey, & Zalaquett, 2010). Through basic empathy, the helping professional accurately reflects the content of the client's message and conveys a sense of understanding. In contrast, subtractive empathy, which is seen as unhelpful to the relationship building process, occurs when the helping professional's response does not address or capture the content of the client's message. Additive empathy involves reflecting content beyond the level the client was able to communicate, capturing deeper meanings and/or broader themes. This form of response, if accurate, can help clients achieve new insights and may facilitate movement towards new ways of thinking about issues (Carkhuff, 1969; Neukrug, Bayne, Dean-Nganga, & Pusateri, in press).

The benefits of empathy have been well documented within research on counseling and the therapeutic process. Empathy is oftentimes regarded as the cornerstone of the therapeutic process among mental health professionals, as it facilitates the building of rapport and a strong therapeutic alliance (Clark, 2010; Corey, 2005; Elliott, Bohart, Watson, & Greenberg, 2011; Feller & Cottone, 2003; Glauser & Bozarth, 2001; Hartley, 1995; Lux, 2010; Neukrug, 2011; Rogers, 1957; Sinclair & Monk, 2005). When empathy is a part of the client-clinician relationship in a therapeutic setting, clients report benefits above and beyond traditional modalities. For example, empathy was found to be a moderately strong predictor of positive therapeutic outcomes such as reduced client distress, client satisfaction, and positive outcomes in group therapy settings (Elliott et al., 2011). In addition, the integration of empathy has been found to reduce client anxiety and is related to client's ownership of personal change (Angus & Kagan, 2009).

Though these conceptualizations of empathy are helpful, the application of empathy in the human service field is often different from traditional counseling and psychotherapy in that human service professionals are not usually focused on therapeutic change in clients. Instead, empathy is used to build a relationship, which is key for gaining access to important information and helping the client feel accepted (Neukrug, 2013). The field of human services "involves close listening to understand a situation, being able to feel what it might be like to be in a person's situation, and giving feedback to the client or family" (Russo-Gleicher & Bennett, 2011, p. 19). Though current literature specific to the human services does not delineate how empathy might appear different within a less therapeutic role, the medical professions are fairly active in examining contributions of empathic skills to briefer communications and interventions. Empathy in the medical setting has been shown to result in greater patient compliance, more successful outcomes, lower malpractice claims, and greater patient/physician satisfaction (Bayne, 2011;

Hojat, 2007). Additionally, incorporating empathy often results in more efficient office visits due to more accurate understanding of patient concerns (duPre, 2001). Attention to empathic behavior in these settings is less focused on understanding deeper affective meanings and more so on drawing out important details and identifying barriers. This briefer and more goal-focused implementation of empathy seems to still contribute significantly to successful outcomes and patient satisfaction (du Pre, 2001; Hojat, 2007).

Based on the current research in related professions, it would seem as though human service professionals could indeed utilize basic empathy to better meet the needs of client populations. However, little attention has been given to how the role of empathy might vary within the different roles and functions of human service professionals. This article presents a means of conceptualizing the use of empathy for four different human service roles: (1) direct service to consumers, (2) consumer and systems advocacy, (3) evaluation, and (4) administration.

Direct Care Workers

Direct service in the human services often involves assessing clients' needs and assisting them in creating and carrying out an individualized service plan (Moffat, 2011). The human service field involves working with diverse client populations, which also takes professionals into a variety of settings. According to the NOHS (2009), direct service workers may provide services in community-based agencies, residential facilities such as group homes or treatment centers, and institutional settings such as jails, schools, and court systems. This involves working with clients who may have mental, developmental, or physical disabilities, behavioral issues, or who are homeless, dealing with substance abuse issues, or involved with the legal system. Human service workers may provide direct services to children, adolescents, adults, groups, and families.

Use of Empathy

As a direct service professional, the starting point for expressing empathy lies within the relationship of the client and the helper (Corey, 2005). The direct service professional should be focused on the present with the client and unencumbered by personal issues. That relationship then potentially allows the client an opportunity to examine herself/himself and her/his current needs (Corey, 2005). After a relationship is established, the direct service professional should demonstrate a proficient use of basic empathy to help piece together an accurate picture of the client's needs.

Basic empathy can be utilized in a variety of direct service settings. For example, a caseworker may receive a referral to work with a client who is currently homeless. The client discloses that she is stressed and scared that she does not know where she will sleep tonight. The client also discloses that she has been having severe stomach pains, as she has not been eating much the last few weeks. Using the information the client provided, the caseworker has an opportunity to show empathy regarding the client's needs, which will be used later in the treatment planning process. An example of an empathic response from the caseworker might be, "It sounds like you are very afraid and frustrated about having to live on the streets these past few weeks. I also hear that the uncertainty of where you will live today and in the future is a major source of stress for you. On top of all of that, you haven't had much to eat due to your current circumstances and need medical attention." With the information presented, the caseworker is able to confirm that the client's needs include housing, food, and access to medical and psychiatric resources. The caseworker can now begin the intricate process of client referrals and acting as a liaison to community resources.

This example demonstrates the use of empathy that is most commonly taught within human services programs. The use of paraphrase and summary statements, as well as general reflections of feeling, can help clarify client perspectives and lead to goal

setting. Providing students with ample opportunities to practice these skills using human services specific case examples will likely enhance their empathic abilities with future clients.

Advocates

The need for advocacy often arises in the human services. In fact, the *Ethical Standards of Human Service Professionals* call for advocacy at both the client and systems levels (NOHS, 2009). Client advocacy, also referred to as brokering, involves the coordination of services for clients (Halley, Kopp, & Austin, 1998; Moffat, 2011). Client advocacy is needed when an agency is reluctant to provide services due to programmatic and/or personal reasons, clients are unaware of services available and/or feel powerless to advocate for themselves, or a client suffers an injustice by a service provider or agency. Closely related to client advocacy, systems advocacy encompasses efforts to create agencies or advocate for existing agencies in order to meet the needs of the community (Halley et al., 1998; Mosley, 2011). Systems advocacy involves lobbying and collaboration with constituents and decision makers to secure resources (Donaldson, 2007; Halley et al., 1998; Mosley, 2011). Common needs often expressed by clients fall under the following domains: emotional/mental health, education and employment, financial, transportation, family/social, housing, safety and security, spiritual and aesthetic, leisure and recreation, food and nutrition, and youth development (Halley et al., 1998; Moffat, 2011).

Use of Empathy

In order for client and systems advocacy to be effective, basic empathy is required of human service professionals. Empathy can facilitate the understanding of clients' needs as well as the circumstances under which systems are currently operating. While a problem or need may appear clear to human service professionals, valuable information may be overlooked if empathy

is not utilized, resulting in the potential mismanagement or creation of unnecessary or inefficient services.

The concept of empathy can be taught in an academic setting, but true empathic understanding often comes with exposure to the field and consistent practice (Clark, 2010; Kuntze, van der Molen, & Born, 2009; Neukrug et al., in press). Service and community-based learning can therefore be used as experiential methods of exposing human services students to the field and clients with whom they may be working (Desmond & Stahl, 2011; Nicholas, Baker-Sennett, McClanahan, & Harwood, 2011). Both types of learning require interaction between the student and the community, however service learning is focused on the student providing a service (Desmond & Stahl, 2011), while community-based learning involves social justice efforts or working with communities to reach a set goal (Nicholas et al., 2011). These experiential types of learning can be used to increase human services students' empathy by exposing them to "challenge, hardship, and injustice in ways that signal a deep affective reaction" (Desmond & Stahl, 2011, p. 7).

For example, a human services student completing her or his internship at a local agency that relies heavily on grant funding could identify a need for advocacy to preserve grant-funded programming. The student may observe the difficulties that arise when grants are revoked and organizations must search for other funding sources to maintain important initiatives for community members. The student's experience with this unfortunate event may lead to a greater empathic understanding of the difficulty associated with securing needed resources, both monetary and otherwise, when attempting to create or maintain programs. Though observable empathic skills may not be as apparent in this situation, the student's ability to emphasize with both community needs and the organization's limitations can inspire appropriate action and broader understanding of the issues.

Inevitably, at one or more points in their careers, human service professionals will be asked to advocate on a client or

systems level, and advocacy at either level requires a basic ability to demonstrate empathy. For example, a mental health case manager at a local agency may discover that a client is being denied access to the agency's medical services program because his symptoms do not appear to be severe enough to meet the basic admission criteria. After using empathy to understand the client's situation, the case manager might realize that the client has experienced a reduction in the severity of his symptoms due to compliance with medical treatment. His request for services is a proactive attempt to maintain progress and not decline to his original level of severity. The case manager can then petition support from her supervisor to change the process of evaluating referrals for medical services to include assessment of current treatment.

Administrators

Some human service professionals will find that their focus shifts from direct services for clients to more administrative tasks. Human service administrators must balance multiple roles, such as “planning, organizing, information processing, controlling, coordinating, evaluating, negotiating, staffing, supervising, and budgeting” (Knighton & Heidelman, 1984, p. 531). Therefore, administrators must be analytical and relational, business-savvy and compassionate (Knighton & Heidelman, 1984). Administrators must also know when and how to prioritize their focus between employee concerns, maintenance of a successful organization, and meeting client/community needs.

Use of Empathy

Though administrators must be very goal-driven, it is still essential that they utilize empathy within their various job responsibilities. As supervisors, human service administrators work directly with employees and must establish and maintain strong interpersonal relationships. A form of empathy similar to that used by direct service workers can serve to strengthen and

preserve supervisory relationships. Through empathic communication, supervisors can help employees process challenging situations and offer support in times of burnout. At times, administrators may need to make changes to better meet the needs of staff and clients. The utility of these changes relies heavily on the administrator's full understanding of the issues at hand.

In addition to their work as supervisors, administrators must make decisions on how to allocate resources. Due to the nature of human services, client needs often increase during times of economic decline, thus making it challenging for administrators to stretch limited funds to meet rising needs (Johnson, 2009; Knighton & Heildelman, 1984). The ability to see the big picture and understand the nuances of individual and community needs can help administrators make tough decisions in funding and resource allocation. Empathy, in this sense, becomes less of an interactional technique and more of a mindset, with administrators intentionally and compassionately exploring all options to optimally serve the community.

At times, administrators may also need to function as a spokesperson for the organization, explaining decisions and outlining the organization's mission statement (Johnson, 2009). Empathy can be useful in this role as well by understanding the potential concerns of community members and communicating this understanding along with an explanation of solutions or current initiatives. For example, an administrator might submit a statement to a local news program, saying, "I have spoken with many people within the community who are struggling right now to make ends meet. Many people are feeling desperate and want to look to us for help. We are currently looking at how to stretch our resources to make sure this need is met, but we also have many programs already in place that I hope can help lighten some of this burden." Statements such as these can help communicate empathy at a larger level as well as preserve the public opinion of the organization. Administrators who attempt to empathically

understand multiple sides will be able to acknowledge needs, explain an organization's limitations, and ultimately preserve positive community relationships (Johnson, 2009).

Evaluators

As the need for human service interventions increases, many organizations must simultaneously deal with shrinking budgets and financial resources (Eschenfelder, 2010). Determining how best to utilize limited resources, while also ensuring effectiveness of current initiatives, requires that professionals be skilled in evaluation. Though this work is often done outside of the direct relationship, the impact of evaluation can significantly affect treatment and advocacy efforts. Needs assessments can identify what services are needed, evaluate the effectiveness of current services, justify allocation of resources, and support new initiatives (Eschenfelder, 2010). Likewise, program evaluations can uncover ineffective practices, recommend new strategies, and involve key stakeholders in decision-making (Hoefer, 1994).

Use of Empathy

Though far removed from direct work with client populations, empathy can still be a critical skill in implementing effective evaluations. In order to know what questions to ask and how to ask them, evaluators must understand the needs and motivations of stakeholders and client groups (Eschenfelder, 2010; Wasserman, 2010). On an individual level, empathic communication with clients and administrators can increase awareness of current challenges or unmet needs that can spark the evaluation process. On a larger scale, however, a deeper understanding of social constraints and community issues can help evaluators know what to examine and what strategies to use (Wasserman, 2010). For example, in administering a community-wide survey to assess for client needs, evaluators must be sensitive to what questions to ask, how to get a high response rate, and levels of accessibility and literacy that could impact the survey

(Eschenfelder, 2010). A survey of low-income households that asks about the likelihood of utilizing services but neglects to assess for transportation accessibility may result in the creation of needed programs that have low attendance. Empathy, then, can be utilized prior to the design of evaluation tools to ensure the utility of results by developing a full understanding of the challenges impacting the population. Conversations with clients, other professionals, and previous data such as needs assessments and demographic information can all assist with understanding the nuances of the population.

An additional tool for evaluation is the use of interviews or focus groups with stakeholders or representatives from the target population. Empathy can be especially useful in this stage of evaluation in uncovering unknown issues or further exploring solutions. The use of empathy in an interview can also disarm key stakeholders who may be anxious or defensive about program evaluation or suggested changes. For example, an administrator may express frustration that a current program is being evaluated, stating that he/she created the program, and it has served many people within the community. An example of an empathic response in this situation might be, “It sounds like you put a lot of yourself into this last program, and are upset about any changes being made, particularly since you see how it has been a positive thing for a lot of people.” Such a response acknowledges the feelings involved that may impact the evaluation itself as well as the success of any future initiatives. By having these feelings acknowledged, the administrator may feel free to move toward processing the positive attributes of previous programming, while also brainstorming additional strategies to meet changing needs.

Conclusion and Limitations

With the many roles, responsibilities, and client populations available to them, human service professionals must manage a variety of tasks to meet individual, group, and community goals. Managing these roles often necessitates the use

of empathy in order to correctly understand issues, build trusting relationships, and meet the needs of client populations. As previously discussed, empathy can come in many forms, whether in the more traditional form of interpersonal understanding, or the more global form of sensitivity to systemic issues. This article has expounded upon the primary roles of direct service worker, advocate, administrator, and evaluator to demonstrate how empathy can be utilized to enhance outcomes. Human service professionals may find that they take on all of these roles at some point during their careers, thus, an understanding of how to adapt empathic skills within each task is essential.

Training programs can help to cultivate a mindset of empathic treatment by encouraging students to maintain an intentional focus on how best to utilize empathy within diverse situations. Skills in active listening and empathic responding can build the foundation of student skillsets, while brainstorming potential barriers to empathy can alert students to the challenges of maintaining these skills within professional settings. While some training programs are likely already teaching students empathic understanding, further instruction and the provision of supervised field experiences can portray to students the use of empathy in building strong therapeutic working alliances with clients, collegial relationships with colleagues, and community partnerships and relations. Training programs can thus portray to students that empathy is more than a basic communicative tool and that it is instead a core professional skill that can be creatively applied in providing services to individuals, families, groups, and communities. Using the classroom to brainstorm and work through specific examples, such as those provided in this article, can help students begin to conceptualize empathy as an integral part of professional practice. During field experiences students can also be asked to regularly demonstrate and document how they applied empathic skills to meet client, agency, and community needs.

One clear limitation of this article is that the lack of research on empathy within the human service setting prevents

comprehensive analysis based on empirical evidence. The authors thus present information on different roles and functions of human service professionals and suggest how empathy may be different for each of these functions. However, this information is primarily speculative and demonstrates the need for further research. Future research on this topic could add to or clarify how empathy is used within the different roles of human service professionals. Research demonstrating the results of incorporating empathy, specifically within the various settings and tasks of the human services field, would enhance understanding of how empathy can be applied, as well as potentially lend support to the positive outcomes that have been demonstrated in other closely related fields (Angus & Kagan, 2009; Elliott et al., 2011; Feldstein & Forcehimes, 2007). Further research is also needed in determining how best to incorporate empathy training within the human services curriculum.

This article has provided a general framework for conceptualizing empathy in human services, and can be a starting point for future testing and development of the roles of empathy within human service settings. Given the broad nature of human service settings, this is no easy task, but the positive outcomes of empathic behavior in related fields suggests that a deeper understanding of this construct in the human services could enhance treatment and training opportunities.

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