

The Mindset and Heart-set of Evidence-Based Practices

Best practices are conducted *for* or *with* people, not *on* or *to* them.

–William R. Miller

The mindset and heart-set of evidence-based practice are tied directly to the underlying core values of what it means to provide care, or to help someone. It is widely acknowledged that evidence-based practice occurs at the intersection of evidence-based assessment, empirically supported treatments, and the therapeutic relationship. It is well known that the manner or spirit in which care is provided (i.e., *how* we do *what* we do) can significantly influence the extent to which people will benefit from treatment. In fact, a number of studies indicate that therapeutic outcome is best predicted by the quality of the therapeutic relationship, as opposed to the specific techniques used (Briere & Scott, 2015). Good technique, while necessary, is not always sufficient. The mindset and heart-set must be genuine and sincere; it cannot be fabricated. It is expressed in ways both subtle and overt, through body language, non-verbal facial expressions, tone of voice, attitudes, and how we use language to express ourselves. This mindset and heart-set are the essence of what people experience in our presence.

Miller and Rollnick (2013) identify four elements of the spirit of motivational interviewing, an approach that offers a foundation for implementing evidence-based practice and providing care in a variety of settings. These four elements – partnership, acceptance, compassion, and evocation – are briefly described below.

PARTNERSHIP – demonstrating profound respect for the other; acknowledging that both parties have expertise; dancing rather than wrestling.

ACCEPTANCE – prizing the other’s inherent worth and potential; offering accurate empathy; supporting autonomy; affirming strengths.

COMPASSION – coming alongside in a person’s suffering; actively promoting the other’s welfare; giving priority to the other’s needs.

EVOCATION – eliciting the person’s own knowledge, wisdom, strengths, and motivation: “You have what you need and together we will find it.”

Another way to describe and approach the mindset and heart-set of evidence-based practice involves the notions of hospitality, story, and care.

Hospitality – Creating Space for the Other

Estrangement, a sense of not belonging, is common to the human experience. Offering the gift of hospitality is an antidote to this estrangement. Henri Nouwen (1986) defines hospitality as creating and holding free and friendly space for the other. As such, it is an invitation to relationship. A hospitable relationship provides a welcoming presence and creates a safe refuge from an often impersonal, hostile world. Thus, a person can experience a sense of being “at home” in the context of this dependable, trustworthy relationship.

Hospitality comes with no strings attached. It does not pass judgment or make demands. Instead, it provides space in which a person can freely explore one’s own situation, needs, concerns, strengths, and

hopes. It invites the telling of one's own story – past, present, and future. It allows for self-reflection and restoration. It provides the fertile ground from which seeds of hope, change, and growth can flourish.

Hospitality can be offered in many ways – by a simple gesture of acknowledgement, a warm smile, a cup of tea, listening patiently without interrupting, a word of encouragement, or simply by being present with the other person in silence. Hospitality cannot be rushed. It requires time, patience, and kindly persistence. It sees the “bigger picture” rather than seeking the “quick fix.”

-Ken Kraybill

Care

The word care finds its roots in the Gothic "Kara" which means lament. The basic meaning of care is to grieve, to experience sorrow, to cry out with. I am very much struck by this background of the word care because we tend to look at caring as an attitude of the strong toward the weak, of the powerful toward the powerless, of the haves toward the have-nots. And, in fact we feel quite uncomfortable with an invitation to enter into someone's pain before doing something about it.

Still, when we honestly ask ourselves which people in our lives mean the most to us, we often find that it is those who, instead of only giving advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a gentle and tender hand. The person who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not-knowing, not-curing, not-healing and face with us the reality of our experiences, that is the person who cares.

To care means first of all to be present to each other. From experience you know that those who care for you become present to you. When they listen, they listen to you. When they speak, you know they speak to you. And when they ask questions, you know it is for your sake and not for their own interests. Their presence is a healing presence because they accept you on your terms, and they encourage you to take your own life seriously and to trust your own path.

Our tendency is to run away from painful realities or to try to change them as soon as possible. But cure without care makes us into rulers, controllers, manipulators, and prevents a real community from taking shape. Cure without care makes us preoccupied with quick changes, impatient and unwilling to share each other's burden. And so cure can often become offending instead of liberating.

-Henri Nouwen

Story

Everyone has a story. Sharing our stories creates a common ground on which we can meet each other as human beings. Our stories are neither “right nor wrong.” They are simply our stories. Some of us can tell our stories with an unclouded memory for our past, clarity about our present situation, and a realistic understanding of where our journey is heading in life.

Some of us find that telling our story is extremely difficult. Our past may be painful and deeply hidden from memory. The experience of trauma, mental health concerns, addiction, and physical challenges can limit our capacity to tell our story and locate ourselves with others and the world. In the midst of such challenges the narrative of our lives can become fragmented or take on unusual dimensions. The

difficulty people may experience with sharing their story requires a patient, especially careful approach to working together.

Inviting another to share their story can be a non-threatening way to gain mutual trust, and develop a picture of a person's situation and needs. A willingness to share a little of our own story in the conversation helps build the common ground. We end, in a sense where we began. As stories are shared over time, hopefully we are both enriched. At best, I have been able to add a little something to another's story – some hope, some concrete help, some encouragement – and they have added something of their courage, their humanness, and their experience to my story.

-Craig Rennebohm, Mental Health Chaplaincy, Seattle, WA