Learning Objectives

After this session, participants will be able to:

1. Describe how to build rapport
2. List at least six effective communication skills
3. Describe assertive, passive, and aggressive behavior
Building Rapport

Building rapport is the key to a successful case/health care worker relationship

What is Rapport?
Definition:
1: relation of trust between people
2: a feeling of sympathetic understanding
3: in accord, harmony
4: having a mutual understanding

How Do You Build Rapport?

Methods to build rapport
• Use effective communication skills
• Find common ground
• Display respect and empathy

Effective Communication Skills
Effective Communication Skills

A. Active listening
B. Using appropriate nonverbal communication
C. Using appropriate voice and tone
D. Communicating at the case’s level of understanding
E. Giving factual information
F. Using reinforcement
G. Summarizing important points from the conversation

A. What is Active Listening?

• Hearing what is said and paying attention to how it is said so the conversation can be adjusted to elicit the needed response
• Utilizing various verbal and nonverbal techniques

What are Some Active Listening Techniques?

• Paraphrasing and summarizing
• Reflecting
• Being silent
Active Listening
Paraphrasing and Summarizing (1)

What is paraphrasing and summarizing?

- Rewording or rephrasing a statement to
  - Verify information
  - Demonstrate engagement in the conversation

Active Listening
Paraphrasing and Summarizing (2)

How do you do it?

- Do not repeat the person’s exact words
- Avoid phrases like “I know what you mean.”

Active Listening
Paraphrasing and Summarizing Example (1)

Case: “I am feeling very tired these days and the meds mess up my drug use. I don’t know if it’s all worth it.”

How would you paraphrase this statement?
Active Listening Reflection (1)

What is reflection?

- Putting words to a case or contact's emotional reactions
  - Acknowledging a case or contact's feelings shows empathy and helps build rapport
  - Helps to check rather than to assume you know what is meant

Active Listening Reflection (2)

How do you do it?

- Reflect back to the case or contact what you think they have said
- Examples...
  - It sounds like you are feeling worried...
  - I understand you are having trouble with...

Active Listening Reflection Example (2)

Example 2:

Case: “I don’t want an HIV test. I don’t want to know if I have AIDS. If there is nothing I can do about it, what’s the point in knowing?”

How would you reflect this statement?
Active Listening
Using Silence

How can silence indicate you are actively listening?

• It allows the case an opportunity to answer questions

Active Listening Exercise
Refer to Appendix 1

B. Using Appropriate Nonverbal Communication

Nonverbal communication
  — Is an important aspect of building rapport
  — Can be both what the interviewer or case conveys with his/her body language

• Interviewer should
  — Display appropriate body language
  — Be observant of the case’s body language

Communication Skills
6
Appropriate Nonverbal Communication for Interviewer

- Eye contact
- Facial expressions
  - Looking attentive
- Posture
  - Leaning forward
- Gestures
  - Nodding head
- Movement and mirroring

Refer to Appendix J

Interpreting Body Language

<table>
<thead>
<tr>
<th>Nonverbal Cues</th>
<th>Possible Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faltering eye contact</td>
<td>Boredom or fatigue</td>
</tr>
<tr>
<td>Intense eye contact</td>
<td>Fear, confrontation, or anger</td>
</tr>
<tr>
<td>Rocking</td>
<td>Fear or nervousness</td>
</tr>
<tr>
<td>Stiff posture</td>
<td>Discomfort or nervousness</td>
</tr>
<tr>
<td>Elevated voice</td>
<td>Confrontation or anger</td>
</tr>
<tr>
<td>Prolonged and frequent periods of silence</td>
<td>Disinterest, loss of train of thought, or fatigue</td>
</tr>
<tr>
<td>Fidgeting</td>
<td>Discomfort, disinterest, nervousness, possible drug use</td>
</tr>
</tbody>
</table>

C. Using Appropriate Voice and Tone

Voice and tone
- Use natural volume and tone
  - If voice is too loud, the case may be intimidated
  - If too soft, the message may be inaudible or sound hesitant

Pace
- Use regular pace
  - If too fast, it can indicate a feeling of being rushed
  - If too slow, it can sound tentative
D. Communicate at Case or Contact’s Level

- Avoid technical terms and jargon
- Limit the amount of information shared
  - “Need to Know” vs. “Nice to Know”
- Clearly explain necessary medical and technical terms and concepts
- Repeat important information

E. Give Factual Information

- Correct misconceptions
- Provide comprehensive TB information
- Avoid irrelevant information

F. Use Reinforcement

- Use smiles and affirmative nods and words
G. Summarize Conversation (1)

• Throughout the conversation, periodically summarize what has been said

• Summarizing gives the case an opportunity to correct information that you may have misunderstood

Communication Pitfalls

Communication Pitfalls to Avoid (1)

• Being defensive or distant

• Interrupting, not allowing patient to finish speaking

• Giving false assurances

• Providing personal opinion and advice
Communication Pitfalls to Avoid (2)

- Overpowering the case
  - Speaking loudly
  - Standing over the case
  - Making condescending statements
- Asking several questions at once
- Being aggressive

Group Discussion
Barriers to Communicating

- What are some barriers to communicating with cases?
- What impact could they have on the interview?
- How can these be prevented or overcome?

Assertive, Passive, and Aggressive Behavior
Assertive, Passive, or Aggressive

Definitions

- **Assertive**: to maintain one’s rights without compromising the rights of others
- **Passive**: to relinquish one’s rights in deference of others
- **Aggressive**: to demand one’s rights at the expense of others

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Assertive, Passive, or Aggressive

Examples (1)

- **Passive**: “When you have an opportunity, it would be helpful to get the names of people you spent time with.”
- **Assertive**: “It’s important to identify your contacts. Let’s start making a list of the people you spend the most time with.”
- **Aggressive**: “You must give me all the names of your contacts. NOW!”

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Being Assertive

- By being assertive with cases and others we are not only asserting our rights but also the rights of those not present – the contacts who may have been exposed to TB
- To be effective in this role, a belief in what you are doing is required
- Remember: You have the responsibility and obligation to elicit information that will reduce TB in your community
**Assertive, Passive, or Aggressive Exercise**

Refer to Appendix K