

~~Communication Skills for~~
**Building Rapport
During Contact Investigation
Interviewing**

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

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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**

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?

- **Use phrases such as “What I’m hearing is...” or “It sounds like you are saying...”**
- **Do not repeat the person’s exact words**
- **Avoid phrases like “I know what you mean.”**

Active Listening

Paraphrasing and Summarizing Example (1)

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

Paraphrasing and Summarizing Example (2)

Example 2:

Case: “I can’t tell you the names of all my contacts. I just hang out at the pool hall; there is a guy we call Slim, another one named JD.”

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 (1)

Example 1:

Case: “I’m feeling tired and this whole interview is making me nervous. YOU are asking me too many questions.”

How would you reflect this statement?

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?

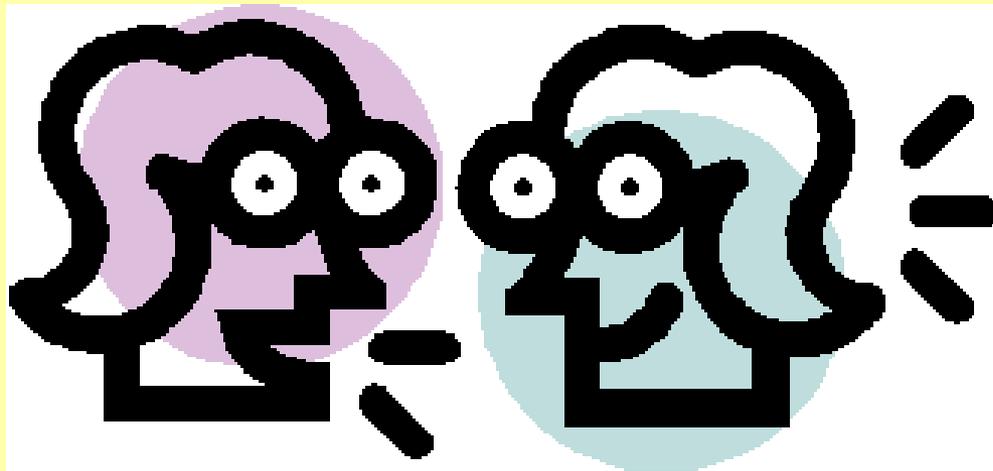
Active Listening Using Silence

How can silence indicate you are actively listening?

- **It allows the case an opportunity to answer questions**

Active Listening Exercise

Refer to Appendix I



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**

Appropriate Nonverbal Communication for Interviewer

- **Eye contact**
- **Facial expressions**
 - Looking attentive
- **Posture**
 - Leaning forward
- **Gestures**
 - Nodding head



Refer to Appendix J

Interpreting Body Language

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

**C. Using Appropriate
Voice and Tone**

Voice and

tone

● Use natural³

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

- **Sincerely compliment or acknowledge the case after hearing intentions to use, or descriptions of, healthy behaviors**
- **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**

G. Summarize Conversation (2)

- **Give the case an opportunity to summarize the conversation, for example:**
 - **“We have covered a lot today. In your own words, review for me what we have discussed.”**
 - **“Please tell me what you heard me say. This will help me provide you with any additional information you need.”**
- **Avoid phrases such as:**
 - **“Do you have any questions?”**
 - **“Do you understand?”**

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

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!”

Assertive, Passive, or Aggressive Examples (2)

- **Passive**: “That smoke really bothers me. I’ll go outside while you smoke in here.”
- **Assertive**: “Although you may smoke outside in the courtyard, smoking is not permitted in the building because it is a health risk to others.”
- **Aggressive**: “How can you be so disgusting and insensitive smoking in here. Get out of here!”

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



Review

- 1. What are some ways to build rapport with a case?**
- 2. What are six effective communication skills?**
- 3. What is the difference between assertive, passive, and aggressive behavior?**