Establishing Rapport in Rehabilitative Audiology

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Techniques for an effective clinician-client relationship are proposed for client management in rehabilitative audiology: (a) verbal and nonverbal, intensive skills for establishing rapport, (b) matching to maintain rapport, and (c) listening to sensory-based words to understand the primary representational system clients use to access information. Responding to clients with similar sensory-based words is a means of expressing empathetic understanding and conveying support which facilitates listening, information gathering, and motivation. These are important skills because the desired outcome of counseling in audologic habilitation includes well-informed clients who are motivated to increase their effectiveness in communication and achieve their communicative potential. Examples illustrate the concepts and methods for establishing and maintaining rapport.

The delivery of counseling services is an integral part of audologic services. The Committee on Rehabilitative Audiology (1974) of the American Speech-Language-Hearing Association (ASHA) emphasized that counseling be designed to assist individuals with auditory disabilities in realizing their communication, socio-adjustment, and vocational placement potential. They listed four objectives for counseling hearing-impaired individuals: (a) enhancement of the individual's welfare, (b) assistance in the resolution of pertinent problems, (c) stimulation and motivation to achieve, and (d) improvement of self-concept and social relationships.

The ASHA Committee on Rehabilitative Audiology (1980) subsequently proposed that audiologists possess knowledge of counseling approaches necessary to manage hearing impaired individuals and their families regarding psycho-social, educational-vocational, communication, and economic problems associated with hearing loss. Although a myriad of counseling processes and techniques in audologic habilitation have been described, Schum (1986) suggested that counseling approaches can be used by clinicians in two ways. First, they assist the client in solving specific problems of coping with the communication impairment during formal counseling. Second, counseling techniques can be incor-
ported into treatment to enhance the relationship between client and clinician and increase the effectiveness of clinical procedures.

The desired outcome of audiologic habilitation includes well-informed clients who are motivated to increase their effectiveness in communication and achieve their communicative potential. The purpose of this paper is to present specific techniques for establishing and maintaining rapport, a first step in achieving this goal. These techniques facilitate specifically the listening and information-gathering processes for establishing rapport.

CHARACTERISTICS OF A HELPING RELATIONSHIP

Stewart (1986) emphasized that the establishment of rapport is vital to the success of any helping relationship. Rapport transcends a friendly greeting and superficial attempts to help the client feel comfortable and at ease. Empathy, genuineness, and unconditional positive regard are three conditions that have been reported to facilitate rapport and, thus, an effective counseling relationship with hearing-impaired individuals (Chermack, 1979; Erdman, Crowley, & Gillespie, 1984; Kodman, 1966; Lutenman, 1976, 1984; Pollock, 1978; Wylie, 1987).

Empathy is the ability to accurately sense a client's perceptual model of the world; that is, being able to see, feel, and hear the way the client perceives his/her world. Also, it involves verbally sharing that understanding with the client. Empathy is useful to convey support and understanding to the client in order to facilitate listening, information gathering, and motivation.

Genuineness means that audiologists are sincere and do not present facades to clients. One's words, actions, and feelings are consistent; that is, what one says reflects how one feels, looks, and acts. Clinicians who mask their feelings or convey ambiguous messages are behaving incongruously and contribute to client confusion and unnecessary emotional distance in the relationship. Genuineness involves spontaneity and expressing comfortably one's thoughts, experiences, and feelings with the client.

Unconditional positive regard is the ability to accept the client as a person with inherent worth and dignity, regardless of the client's behavior, demeanor, and appearance (Rogers, 1957). It serves to communicate (a) willingness to work with the client, (b) interest in the client as a person, (c) acceptance of the client, and (d) a caring attitude toward the client (Corcoran & Hackney, 1987).

DEMONSTRATING ATTENTIVE LISTENING BEHAVIOR

Ambiguous Messages

The messages we intend to send are not necessarily the messages received. Ambiguous or incongruent messages may be sent and received through several sensory channels simultaneously. For instance, a client who has been evaluated as a candidate for amplification states, 'I'm interested in wearing two-hearing aids,' while shaking his head back and forth to indicate, 'No.' The audiologist may hear the client's words consciously, but visually register the headshake unconsciously. This internal response to the client's words may initiate an equally incongruent multi-channel response, such as an expressive smile and verbal response, 'I know,' accompanied by a sharp nose sniff, or unconscious response to the negative headshake. This output can also be received by several channels, thus eliciting further incongruent responses from his client.

Also, a receiver's experience can alter the meaning of a message intended by the sender. Suppose a clinician has a resentful feeling because of a recent confrontation in
which a client was upset with the cost of hearing aids and fees for services rendered. The
client decides not to purchase the hearing aids and returns them with a smile and
verbal, "Thank you." The client's intention to establish a sincere and amicable exchange
with the audiologist is in-congruent with how the audiologist perceives him, so the session
intended is not the one received.

Nonverbal Cues

Johnson (1981) cited an investigation illustrating that 65% of meaning stems from
nonverbal cues during a two-person conversational exchange. Nonverbal messages can
reaffirm, modify, or contradict the words used by the speaker. We can also determine
whether a person is attentive by observing nonverbal behavior. For instance, there is a
conflicting message if one asks, "How can't I assist you. I'm listening . . . " while leaning
back in the chair, looking at a watch, writing notes, or appearing preoccupied.

Cornier and Hackney (1987) stated that nonverbal attentive skills for developing rapport
include eye contact, read nods, facial expressions, body posture, and physical distance.
 Appropriateness of these behaviors varies across cultures. The following guidelines are
most applicable to white, middle-class clients from Western cultures.

Appropriate eye contact lies somewhere between a fixed stare and frequent breaks of
eye contact. Sharpley (1964) suggested that increases in eye contact generally indicate
increased rapport. Occasional head nods, paired with eye contact, will reinforce a client's
perception of the audiologist's involvement and commitment. However, when overdone,
it can become disconcerting.

Facial expressions serve as a mirror for both reflection of clients' feelings as well as
an acceptance of them. Occasional smiles can be reinforcing and have a positive influence
upon a client's attentiveness, especially when paired with occasional head nods (Hackney,
1974).

A relaxed body posture reflects comfort with the client, physical setting, and topic
being discussed. Conversely, body tension may indicate active involvement between the
audiologist and client, or may suggest an's discomfort with the client, physical setting,
topic, or himself/herself. Either reduced or extreme distance, beyond 3-4 feet, may also
produce anxiety and facilitate emotional distance that can inhibit effective communication.

Verbal Cues

One way to signal attentiveness is to allow clients to complete their statements. Inter-
rupting a client's communication may discourage full expression, unless the client
is rambling. The selective use of short verbal encouragers such as "Mmmmm," "I see,"
"Go on," "Interesting," can have a positive effect toward developing trust and encouraging
full expression.

Maintaining a focus on the topics expressed by the client is called tracking (Minuchin,
1974), and is accomplished through the use of statements or questions for clarification,
parsimonious, and reflecting feeling. By tracking the content expressed, the audiologist
is constructing the client's communication, rather than initiating or changing topics.
Voice quality is another cue to attentiveness. Because clients differ in their reactions,
it is important for the audiologist to use voice effectively by adapting pitch, volume, rate
of speech, rhythm, and emphasis in both the client and situation.

MATCHING VERBAL AND NONVERBAL BEHAVIORS

It is important for audiologists to achieve some degree of synchrony with a client's
verbal and nonverbal behavior, especially during the initial stage of counseling when building rapport is critical. Maurer and Tindall (1983) found that synchrony of body movements between counselor and client conveys empathy and contributes to the establishment of rapport. Any pattern of the client that can be identified can be matched by adjusting one's verbal and nonverbal behaviors according to those of the client. Matching refers to the process of mimicking portions of the client's nonverbal and verbal behavior (Crowston-Bundler, 1985; Lankton, 1980), and can establish an affinity with a client.

Direct Matching

Visual paramecias are those nonverbal messages that one can see and that co-exist with the client's verbally-presented message. Synchrony with this part of the message is achieved when the audiologist matches the client's nonverbal behaviors such as body posture and movements, facial expressions, gestures, and breathing. For example, if the client sits with a vertebral back posture, with the shoulders rotated back and head up, the audiologist would adjust his/her body posture to match that of the client. If the client's eyes squint or narrow, the audiologist would do the same. If the client pauses, the audiologist would pause. If the client smiles, frowns, widens the eyes, or raises the eyebrows, the audiologist can subtly mirror these facial expressions. If the client crosses arms, legs, or feet, the audiologist would do the same. If the client nods the head, the audiologist will nod the head. If the client touches the face, the audiologist will do the same. If the client moves, the audiologist will move. If the client spreads the hands, the audiologist will spread the hands. If the client gestures with the hands, the audiologist will gesture with the hands. If the client looks at the audiologist, the audiologist will look at the client. If the client looks at something else, the audiologist will look at something else. If the client moves the head, the audiologist will move the head. If the client moves the eyes, the audiologist will move the eyes. If the client moves the mouth, the audiologist will move the mouth. If the client moves the hands, the audiologist will move the hands. If the client moves the legs, the audiologist will move the legs. If the client moves the feet, the audiologist will move the feet. If the client moves the body, the audiologist will move the body. If the client moves the head, the audiologist will move the head. If the client moves the eyes, the audiologist will move the eyes. If the client moves the mouth, the audiologist will move the mouth. If the client moves the hands, the audiologist will move the hands. If the client moves the legs, the audiologist will move the legs. If the client moves the feet, the audiologist will move the feet. If the client moves the body, the audiologist will move the body.

Cross-Over Matching

It may not be appropriate to match directly every client. For example, gender- or age-specific mannerisms, an atonic breathing pattern, a pause, or a dysfluent speech pattern may be obvious to the client if matched directly. The technique of cross-over matching is an acceptable alternative to matching directly. For instance, a head nod can be crossed-over matched by a verbal "uh huh," "yes," "oh," or a nod of the head. A crossed-arm posture can be crossed-over matched with a crossed-leg or crossed-foot posture. A deep sigh can be crossed-over matched by a verbal pause. Lankton (1980) emphasized the need to respond without labeling or judging behaviors, because every behavior has a positive function in some context. The client may be responding to information that is out of the audiologist's immediate awareness.

ACCESSING VERBAL CUES

Sensory-Based Clue Words

An essential ingredient for an effective relationship is the listening behavior of the clinician. Clients reveal the sensory perspective from which they are operating by the adjectives, adverbs, and verbs they select while communicating. Perceptual predicates are sensory-specific clue words that provide a means by which an audiologist can identify and empathize with a client's sensory system for representing the world and organizing his/her thoughts, feelings, and experiences.

Table 1 lists examples of common sensory-based clue words and nonspecific words.
that do not carry sensory-specific clues. The prototypic perceptual predicates for each system are "see," "hear," and "feel" for the visual, auditory, and kinesesthetic systems, respectively. For example, an audiologist completes a discussion of the daily care, maintenance, and trouble-shooting of a hearing aid and asks the client, "Do you understand?" The client may respond, "Yes, I see what you mean. I’ve got the picture now." The verb "see" and the noun "picture" suggest that the client is representing the meaning of what the audiologist said visually, by processing internal pictures or images. If the client responds, "Yes, I hear what you’re telling me. It’s clear as a bell," the client is processing the audiologist’s response in the auditory mode by generating internal words or sounds. If the client were to reply, "Yes, I feel that I’ve got a handle on it now. It’s not difficult to grasp," the client is generating tactile, visceral, or internal sensations. If a client were to state, "Yes, I think I understand your point. It makes sense to me," the client is not responding to a readily-identified sensory system.

<table>
<thead>
<tr>
<th>Visual</th>
<th>Auditory</th>
<th>Kinesesthetic</th>
<th>Nonspecific</th>
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<tbody>
<tr>
<td>see</td>
<td>hear</td>
<td>feel</td>
<td>sense</td>
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<tr>
<td>picture</td>
<td>tone</td>
<td>touch</td>
<td>think</td>
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<tr>
<td>bright</td>
<td>loud</td>
<td>warm</td>
<td>contemplate</td>
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<tr>
<td>clear</td>
<td>tune</td>
<td>smooth</td>
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<td>vague</td>
<td>amplify</td>
<td>soft</td>
<td>aware</td>
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<td>focus</td>
<td>harmonize</td>
<td>handle</td>
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<td>flash</td>
<td>sememe</td>
<td>grasp</td>
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<td>perspective</td>
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<td>dark</td>
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<td>colorful</td>
<td>sing</td>
<td>hard</td>
<td>decide</td>
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<td>look</td>
<td>sound</td>
<td>concrete</td>
<td>motivate</td>
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<td>appear</td>
<td>silence</td>
<td>solid</td>
<td>consider</td>
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<td>illuminate</td>
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<td>show</td>
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<td>imagine</td>
<td>listen</td>
<td>hurt</td>
<td>distinct</td>
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<td>buzzy</td>
<td>multifluous</td>
<td>connect</td>
<td>change</td>
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This technique involves tracking the client’s use of perceptual predicates and responding with ones from the same sensory system. Audiologists will literally be speaking the client’s language, resulting in heightened feelings of trust and empathy. Recent experimental investigations comparing matching, mismatching, and nonmismatching conditions have shown that counsellors who match clients’ sensory systems with their verbal behavior are perceived as more empathic than counsellors who do not (Brockman & Matthews, 1981; Hammer, 1983; Paason, 1981).

The following exchange demonstrates a communication mismatch:

Client: If people would speak more clearly, I would get a better picture of what’s being said.
Audiologist: I feel that it is important for you to get a better handle on what others are saying. What do you feel you can do in order for people to speak more clearly?

Client: I see myself wearing my hearing aids and sitting closer to the speaker in order to focus in on the speaker's lips and facial expressions. I also see myself becoming more assertive and educating others about my communicative needs.

As illustrated, the client is using primarily visual words to describe his/her concerns; whereas, the audiologist is responding to the client's needs by using primarily kinesesthetic or feeling words. The audiologist could have achieved a communication match by identifying the client's use of visual words and responding similarly.

SUMMARY AND DISCUSSION

The concepts and strategies presented in this paper are meant to assist the audiologist in developing an effective relationship with clients in rehabilitative audiology. The following outlines the step-by-step procedure for gathering information needed to establish rapport.

1. Determine whether clients are presenting congruent or ambiguous messages by observing body posture and movements and by attending to the prosodic elements that coexist with the client's verbal messages.

2. Determine the client's lead representational system by identifying the sensory-based clue words and phrases present in the client's verbal messages.

3. Match the visual and verbal paramessages that co-exist with the client's verbal messages to assist in establishing rapport.

4. Match the sensory-based clue words and phrases present in the client's verbal messages to assist in establishing rapport.

Chernack (1981) noted that a key component to achieving satisfactory and useful results from audiological services is the degree to which one can motivate clients to act on a course of action that they perceive to be the most effective. Motivation can be generated through rapport-building techniques. Empathy, genuineness, and unconditional positive regard are three facilitative conditions that are important for establishing and maintaining rapport with clients. Rapport is conveyed by nonverbal and verbal cues that indicate attentive listening through, for example, matching a client's use of sensory-based clue words.

Most people naturally match nonverbal behavior, but it is more difficult to match verbal predicates. Matching perceptual predicates can be especially useful during the initial stages of the communication exchange in which the audiologist's primary task is to establish an effective relationship. However, during the later stages of counseling, excessive use of predicate matching can be inappropriate.

Effective use of matching techniques may require practice. Initially, matching may feel mechanical and awkward, and one may find it difficult to listen to the client when concentrating on matching skills. In such situations, the clinician can state, "Would you please summarize? I would like to be very clear on what you just said."

All of these techniques for establishing and maintaining rapport will entail active listening, observation, concentration, and planning. They are tools that can augment the effectiveness of an audiologist's personal style of communication, and are not suggested as an alternative to an existing communication style.

REFERENCES

Brockman, W., & Mathews, C. (1981). Representational system matching: A major dimension of...