

# Participant Materials

## Module 4: Communication and Developing Rapport



Ethnic Communities Council of NSW and  
NSW Community Options  
2006



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**- DISCLAIMER -**

*This training and the handouts are general in nature and give a broad overview of cultural competency within the context of providing community care case management services. This training package may not provide you with ALL the information you may need to know about this topic, or your role.*

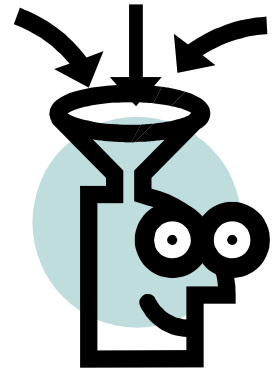
*Independent professional advice should be sought about specific issues.*

# Module Outline



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# Learning Objectives and Assessment Tasks



## Learning outcome

1. Identify behaviours, attitudes or values that are not conducive to creating a psychologically safe work environment.
2. Apply the LEARN Framework to the community care setting.
3. Discuss the cultural dimension of verbal and non-verbal communication.
4. Describe the procedures and techniques for working with an accredited interpreter.

## Assessment task

1. Using a case study, identify behaviours, attitudes or values that are not conducive to creating a psychologically safe work environment.
2. Using a case study, apply the LEARN Framework.
3. Using a video scenario, discuss the cultural dimension of verbal and non-verbal communication.
4. Using a video stimulus, identify and describe the techniques for working with an accredited interpreter and discuss how these techniques would translate to the case management context.

## Introduction

In this module, Communication and Developing Rapport, we will focus on how we engage clients in the case management process using communication strategies to develop rapport and establish trust.



How do we engage clients in order to assess them, develop care plans and implement those plans?

This module is about how we communicate with a diverse range of people. It will provide you with a brief overview of the relevant knowledge and skills required in this area. Accordingly, you are encouraged to use the extensive reading list provided in this training package and other resources that can be found on the Internet and elsewhere.

These communication skills are needed in your day-to-day case management practice. High order communication skills are needed when there is tension or conflict, or where a situation need to be challenged because of safety or other significant issues.

### Activity 1 (Introduce Yourself)

Introduce yourself, telling us:

- your name;
- the service you work for and the programs you case manage in; and
- what you'd like to get out of the day, or what you expect of the day?

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## Activity 2 (Ground Rules)

If we are going to get the maximum benefit out of the day, we need to feel free to engage and explore this topic. To be able to do this, we will need to feel safe and supported

What ground rules do you think the group should have?

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### PLEASE NOTE

One case study in this Module contains language that you may find challenging. The nature of the language is DIRECTLY RELATED to the purpose of the activity – that is, how to manage a challenging situation.

## TOPIC 1: Communication and Rapport

### Rapport

We have all experienced rapport. When developing rapport we are sending messages to the client that say:

- I accept you;
- I respect you;
- I'm interested in you;
- I understand you;
- I'm on your side; and
- I'm genuine.

At the same time, we are trying to get the client to understand who we are and what our role is, as well as to identify their needs, provide options and finally, to ask the client for their decisions.

And we usually have only a few visits to achieve this.

We need excellent communication skills.



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This diagram below represents a hierarchy of the communication skills that a case manager needs. Cultural differences permeate every level.



Cultural competency involves possessing and building upon these core communication skills by developing knowledge of how cultural differences affect each level.

Underpinning all communication as a case manager, is REGARD. Having regard for the client as a unique human being and deserving respect is a fundamental element of cultural competency and case management. On top of regard, we have the technical elements of communication. These include:

- observation and listening skills;
- knowledge and skill in verbal and non-verbal communication patterns;
- the ability to use or find out how to use a variety of communication aids such as interpreters, or for people with a disability, devices such as spelling boards; and
- the skills of reflective listening, which include checking for accuracy, meaning, feeling and understanding.

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Above the technical levels, we have the higher order skills. These skills are classified as higher order because they require active self-awareness. These skills include the ability and willingness to:

- suspend judgement;
- identify and acknowledge one's own deficiencies; and
- to seek assistance such as advice or background information when needed.

Let's consider the foundation stone of all these skills, which is regard.

It is a fact of life that we are bound to encounter people, clients, their family, or other workers, that we simply do not like.

This doesn't mean we cannot show them regard. Liking them and showing them regard are not the same thing.

Whether or not to show regard for a person requires us to take an ethical position.

This requires a high degree of self-awareness and self-honesty. These attributes cannot be underestimated.

Remember in *Module 3: The Ethics of Culture in Case Management*, you completed a questionnaire that included questions about whether you felt you could greet, help, accept or advocate for a certain person. You may have identified certain types of people that you may have difficulty working with. What happens when you don't have regard for a person?

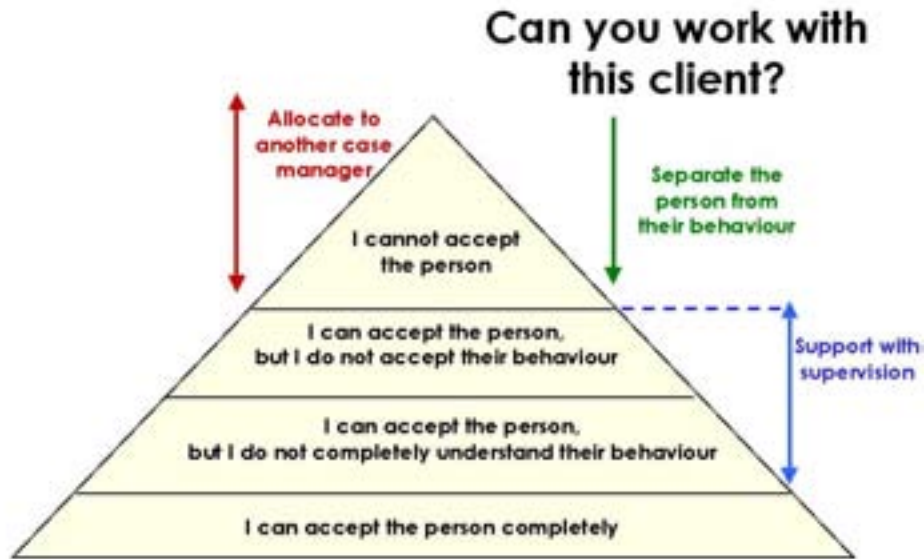
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The above diagram represents a range of responses a case manager may have to a client however, there may be others that you can identify.

On the bottom of the pyramid is having regard for the person. You can accept them completely and work with them.

You may be able to accept the person, but are not able to fully understand their behaviour. This is a common response when faced with situations of diversity, especially ones that are completely new to you.

You may encounter situations where you can accept the person as a human being but cannot accept their behaviour.

For example: a client who is, at times, extremely racist, sexist, or abusive.

The first strategy in such cases would be to attempt, possibly with the support of a supervisor, to separate the person from the behaviour. For instance, the behaviour may be a result of a disability. In doing so, you may be able to develop regard for the person, by working beyond the effects of the disability. If you still cannot accept the person, be honest. You'll need to speak to your supervisor and discuss the option of another case manager being allocated to the client.

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## Eliminating Bias

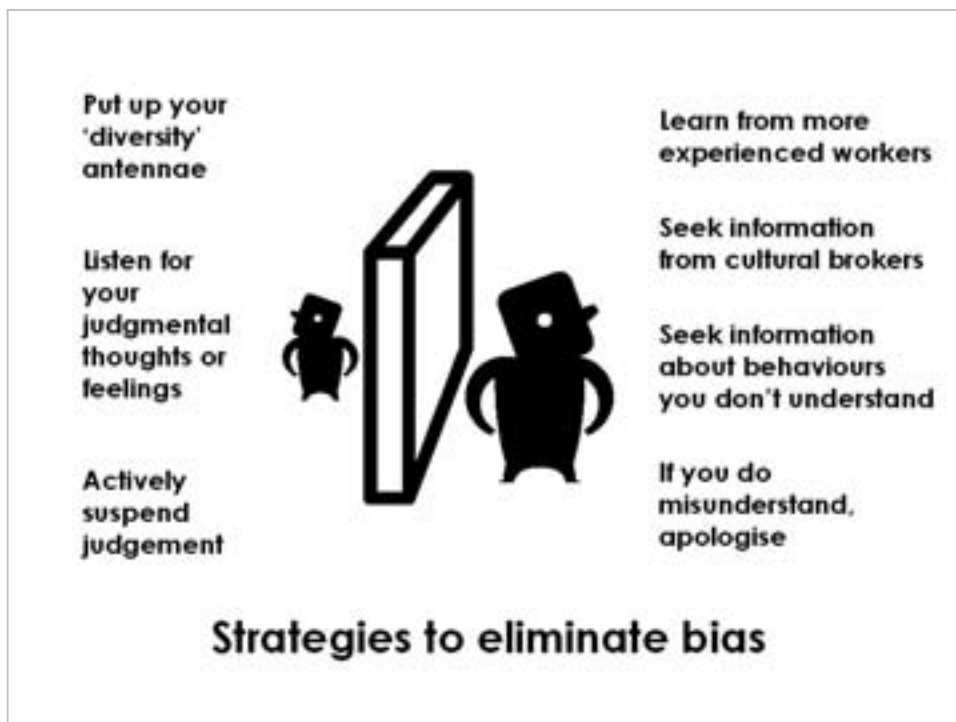
Where bias does exist, you will need specific strategies to address it.

First, you need to be aware of common areas of difference between you and the client. We'll be looking at some of these areas in Module 5: Collecting Cultural Information.

Another key strategy is being aware of judgemental thoughts and then actively interrupting those thoughts, which we learnt in Modules 1, 2 and 3.

Other strategies include:

- learning from other more experienced case managers by observing them and asking for their suggestions;
- seeking explanations or background information from trusted cultural brokers (people who are part of a cultural group and have a thorough and respected bank of knowledge about that group);
- seeking information about behaviours you don't understand; and
- where you do make mistakes or incorrect assumptions, acknowledge the fact and apologise.



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### The Maintain-Adapt-Repattern Continuum

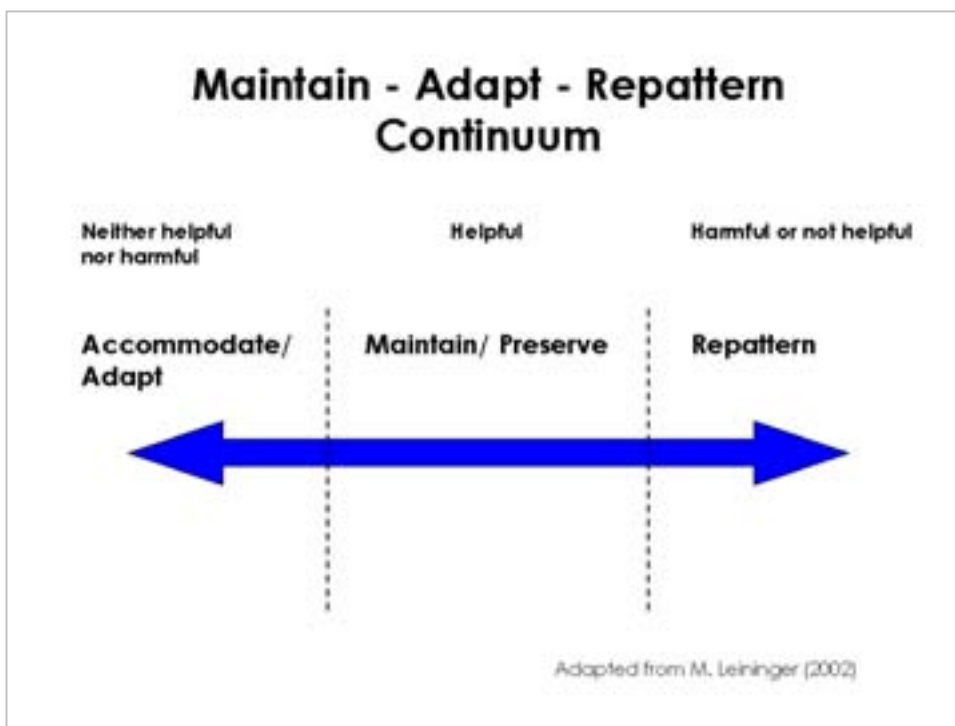
In very rare circumstances, it is not your behaviour and attitudes that need to be addressed, but the client's or their family's. You will still need to consider whether the behaviour is illegal or harmful in some way, either to you, your colleagues or others.

In the following topic, the Maintain-Adapt-Repattern framework, you are asked to keep in mind the ethical considerations addressed in Module 3. This is an essential backdrop to this topic.

Leininger (2002) developed the Maintain –Adapt – Repattern framework for use in the context of trans-cultural health.

In essence, Leininger argues that the health practitioner should categorise the client's cultural assessment information - beliefs, values and practices - into three categories:

- those that are helpful to the treatment plan and should be preserved;
- those that are neither helpful nor harmful and can be incorporated into the treatment plan; and
- those that are harmful and should be repatterned to enhance health but be culturally acceptable.




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In health services, there is a clear duty of care to ensure that the client's health improves. Any intervention by the health service ideally should be culturally acceptable and contribute to the health and wellbeing of the client.

Practices that do not do this, it is argued, should be repatterned in negotiation with the client.

For example, Mr. Abdul is an elderly gentleman who has type 2 diabetes. It has been his custom and practice to fast during Ramadan. This is not helpful and in fact dangerous with regard to his diabetes.

Repatterning could be achieved by asking the Imam to speak with Mr. Abdul to explain that fasting is dangerous in his condition. The Imam could also inform him that allowances are made for people with health conditions.

### **Can this framework be applied to community care?**

It is not the role of community care services to repattern anyone's behaviours or beliefs except in very specific circumstances. For instance:

- where behaviours are illegal and / or harmful to other family members; or
- where behaviours are threatening or harmful to workers.

For example, remember case manager Stephanie from an earlier Module? She worked with Roni who had three children with muscular dystrophy.

In that case study, a respite service manager reported that her worker refused to go back into the home because Roni was being physically and verbally threatening towards the worker. The worker reported that Roni stood over her as she worked with the children, yelled at her and shook his fists at her. The worker felt intimidated and concerned for her safety and refused to work in that environment.

Stephanie and her manager Sue, arranged to see Roni in person, in order to address the situation. During this visit, Roni was again verbally abusive and swore at them. Both Stephanie and Sue felt physically intimidated. Sue terminated the interview and said they would not continue the visit if he acts in a manner that is threatening and intimidating. Because Roni continued his tirade, Stephanie and Sue immediately discontinued the interview.

Later, after Roni called to apologise, a solution was negotiated. Stephanie and Sue worked to address Roni's concerns about the quality of the respite program being delivered and Roni agreed to interfere less with the worker.

In this example, there may have been cultural factors relating to Roni's behaviour. However, whether they are cultural or unique to him, they are not acceptable under Occupational Health and Safety legislation. Workers must not be threatened or intimidated.

In this example, the manager and case manager drew a firm line on acceptable and unacceptable behaviour and clearly explained the reasons. They then negotiated a solution that was acceptable to both parties.

## TOPIC 2: The LEARN Framework

You will occasionally encounter beliefs, values or behaviours that are simply not conducive to maintaining a psychologically safe environment for workers or others. Repatterning cultural behaviours should not be conducted as a routine solution to a mismatch between the client's culture and the service culture. Wherever possible, it is the obligation of service providers to adapt their service to the needs of the client.

Case managers need to be prepared to advocate on behalf of their clients and represent their needs to service providers and others.

Where there are ruptures, or clashes that involve illegal actions, behaviours or attitudes that are harmful to the wellbeing of another person, the case management service may need to discuss strategies to repattern behaviours.

The LEARN Framework was developed for these circumstances (Berlin and Fowkes, 1983). LEARN stands for:

### **Listen**

Listen to the client's point of view. Try to ascertain why the practice or behaviour is important to the client.

### **Explain**

Explain why the practice or behaviour is problematic or unacceptable.

### **Acknowledge**

Acknowledge the differences and similarities in the way the client sees the situation and the way the service provider or you, as the case manager, see the situation.

### **Recommend**

Recommend a plan that is mutually acceptable to both the client and the service provider or case manager. Always start from the client's frame of reference.

### **Negotiate**

Negotiate a plan that is acceptable to both the client and the service. Aim for a 'win-win' approach. Ultimately, unless a behaviour is illegal, the client has every right to choose their own cultural way of living. This choice must be respected. If a negotiated solution cannot be found, the case manager can only identify and explain the consequences for the client and service delivery, if the behaviour continues.

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### Activity 3 (Working with Terry)

Read the case study on the next page and indicate what level of regard do you feel you currently have for Terry. (Tick one)

- Greet:** I feel I could acknowledge and greet him.
- Help:** I feel I could put aside any feelings I may have about him and provide case management.
- Accept:** I feel I could really accept this person and get to understand their point of view.
- Advocate:** I would happily advocate of behalf of this person.

Why do you hold this view?

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Complete the following table identifying which behaviours, values or opinions of Terry's fit into each of the categories listed in the left column of the table. In the right-hand column, write down any factors that you think may be relevant to this particular behaviour, value or opinion (such as cultural or disability issues that may contribute, or situations that may 'trigger' problems).

	Behaviours, Values or Opinions	Influencing Factors
Which behaviours, values or opinions may be <b>ILLEGAL</b> ?		
Which may be <b>psychologically unsafe</b> (for a worker, or other person in contact with Terry)?		
Which behaviours, values or opinions are simply <b>UNPLEASANT</b> ?		
Which behaviours, values or opinions are <b>OK</b> ?		

### Case Study: Terry

Terry is a 50-year-old man who was born in England and migrated to Australia when he was 10 years old. Four years ago, he was assaulted and sustained a severe brain injury. Since that time, Terry has also been diagnosed as having a borderline personality disorder.

Terry has been referred to your service by a brain injury rehabilitation service. You contact him by telephone and make an appointment for an initial interview.

During the conversation you learn that Terry recently moved to a Department of Housing estate where there are a lot of people who are asylum seekers or refugees. Terry tells you he hates these people because they "make the place dirty". He also says that for fun, he sometimes goes outside to abuse and harass "the chink and nigger children."

Terry also tells you that another service had sent a "wog" to see him and that he told them to go away. "But", he says, "not in so many words."

Terry then goes on to tell you that he likes to fix up old stereos. He says he'd like you to help him to sell these fixed stereos down at the pub. He says he needs your help to do this so that he can get some extra pocket money for him to have a "flutter on the nags" (bet on horse races). He would also like you to help him to access a brothel.

Just before you terminate the conversation, Terry tells you one more thing, "Don't bother sending any wogs because I won't let them in."

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### Activity 4 (Apply the LEARN Framework)

Choose one of Terry's behaviours, values or opinions. Identify strategies for each of the LEARN stages.

Behaviour, Value or Opinion:	Strategies
<p><b>Listen</b> Listen to the client's point of view. Try to ascertain why the practice or behaviour is important to the client. How might you do this?</p>	
<p><b>Explain</b> Explain why the practice or behaviour is problematic or unacceptable. How?</p>	
<p><b>Acknowledge</b> Acknowledge the differences and similarities in the way the client sees the situation and the way the service provider or you, as the case manager, see the situation. How?</p>	
<p><b>Recommend</b> Recommend a plan that is mutually acceptable to both the client and the service provider or case manager. Always start from the client's frame of reference. How?</p>	
<p><b>Negotiate</b> Negotiate a plan that is acceptable to both the client and the service. Aim for a 'win-win' approach. Ultimately, unless a behaviour is illegal, the client has every right to choose their own cultural way of living and this must be respected. If a negotiated solution cannot be found, the case manager can only identify and explain the consequences for the client and service delivery, if the behaviour continues. How? How to monitor / sustain?</p>	

## Topic 3: Communication Skills

This section addresses the more technical aspects of communication.

There are two main forms of communication that we will briefly touch on: verbal and non-verbal communication.

### Verbal Communication

A number of factors are important to verbal communication. The most obvious – the use of interpreters – will be dealt with separately, later this afternoon.

#### Assuming English proficiency

The first and most obvious question is does the person understand the language you're speaking?

And don't assume that just because a person is nodding and smiling, or speaking some English, that they understand you. You'll have to TEST this assumption by asking questions or asking the person to explain what they understand about what you've said. Asking open-ended questions is one way you can begin to gauge if a person understands you.

(Multicultural Mental Health Australia, 2002; Narayan, 2003)

The first rule in effective communication is to use simple language. Next, speak clearly and slowly. When choosing your words, avoid:

- technical terms;
- abbreviations;
- professional jargon;
- colloquialisms;
- slang; and
- abstractions

(Multicultural Mental Health Australia, 2002).

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**Word choice**

Word choice is extremely important.

Some practitioners suggest using the same words as the client and their family and repeating them back in order to check information for meaning and context (Heineken and McCoy, 2000).

If you refer to your 'communication skills pyramid' you'll see that this is also a general communication skill. It is part of the basic listening sequence.

Developing knowledge of words that may not translate in other cultures is important, for example words like 'carer', or 'advocate'.

It may also be useful to learn some words in the language of the client or their family.

Doing this is also a way to show respect and assists with developing rapport.

**Self-awareness**

Develop awareness about our own speech patterns. The way we talk is heavily influence by culture (Orb and Wynaden, 2001).

For example, it is a characteristic of Anglo-Australian communication that questions be put in a direct manner. Answers are also usually expected to be direct and complete.

In some non-Anglo cultures it's considered rude to 'jump straight' into a conversation. It is always a good idea to start with some small talk and then, when you feel some rapport has been established, to ease into more direct questions.

In many non-Anglo cultures, an indirect conversational approach is considered as being more tactful and is used in crisis situations. Using an indirect approach can also be more effective and comforting for the client (Heineken and McCoy, 2000; Narayan, 2003).

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## Verbal Communication Styles

Fitzgerald et al (1996) identified three broad categories that describe communication styles. These styles exist as a continuum, meaning you may see various degrees of these styles in practice and are listed below.

### **Direct – indirect verbal communication**

Direct verbal communication uses active verbs. “Desires, feelings, wants and needs are directly conveyed through the choice of explicit words and statements” (Harris, 2005).

In-direct verbal communication uses passive tense. Meanings and feelings are hinted at rather than expressed directly.

### **Elaborate – succinct verbal communication**

Elaborate verbal communication uses expressive and colourful language. It is characterised by the use of many adjectives and adverbs.

Succinct verbal communication favours understatement and the frequent use of silences and pauses.

### **Person oriented – status oriented verbal communication**

Person oriented communication emphasises the ‘person’. In this form of communication, conversations are informal with equality between people being valued.

Status oriented communication maintains more formal roles and power relationships within conversations. Status and position are valued and acknowledged. People engaged in the conversation are not expected to be equal.

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## Non-Verbal Communication Styles

Non-verbal communication is a powerful way to convey and express attitudes and emotions such as interest, respect and attention towards others. It includes:

- eye contact;
- facial expressions;
- gestures;
- dress and appearance;
- style of speaking;
- pronunciation;
- rate and volume of speech;
- the complexity or simplicity of the words we use; and
- our tone

(Harris, 2005: 22).

Non-verbal expression differs greatly among ethnic groups (Giger and Davidhizar, 2002).

As a result, you **MUST** consider the cultural interpretations of non-verbal communication at all times.

To be a really effective communicator across cultures, you need to be aware of and take great care in interpreting non-verbal cues such as gestures and pauses. Part of this approach is to realise that "the meaning ascribed to the behaviour is not necessarily an accurate representation of what the person intended" (Fitzgerald, 1996: 24).

This is because our observations are culturally specific.

Think of this: when you go into a house for a home visit, you are constantly taking in information on conscious and unconscious levels.

The photos on the mantelpiece, the books on the shelf, the images on the walls all give clues about the client and their culture.

But what do these clues **MEAN**? Be aware that any perceptions are heavily influenced by your culture.

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So, by all means continue to notice things, objects and gestures. But try to SUSPEND JUDGEMENT as to their meaning until you can TEST your assumptions by cross-referencing them with other reliable sources of information.

Missing non-verbal cues can cause difficulties and offence (Harris, 2005:22). It is a good idea to develop a bank of knowledge about common non-verbal signals that are relevant to your client's culture. Once you have developed this understanding, you will be in a better position to develop rapport and trust (Campinha-Bacote, 1999).

Some examples of non-verbal behaviour that are interpreted differently across cultures include:

**Eye contact**

For Anglo-Australians, eye contact is important when engaging a person in a conversation. Lack of eye contact is often regarded as a sign of dishonesty or disrespect. In many non-Anglo cultures, it is considered disrespectful to look directly at people in authority (Orb and Wynaden, 2001; Salimbene, 1999).

**Personal space**

Personal space is the area that surrounds a person's body that when 'invaded' by a stranger, the person feels affronted or uncomfortable.

There are individual as well as cultural difference in the personal space required (Giger and Davidhizar, 2002) For example, Anglo Australians tend to like a bit of distance between themselves and others. Other cultures may not have the same requirements.

**Touch**

Touch is also interpreted differently by different cultures. For example, touching a person's head in many Asian cultures is disrespectful, even to children (Salimbene, 1999).

**Hand gestures**

Be careful of hand gestures. Hand gestures that are considered OK in one culture may be offensive in another.

Unless you are certain of their meaning in the particular context you find yourself in, it is best to avoid the use of hand gestures.

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## Activity 5 (Verbal and Non-Verbal Communication)

In this activity, you are asked to identify and critique the verbal and non-verbal communication you see in a video.

The video is one you may have seen in *Module 1: What is Cultural Competency*. You are required to identify any non-verbal cues you see and to jot down what you think the meaning could be.

Also describe the verbal communication that you see.

### Questions

What non-verbal communication did you observe?

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What did you take these to mean?

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What strategies could you use to check your understanding is correct?

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What did you think of the worker's choice of words?

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How would you characterise the worker's communication style? (Direct/Indirect, Elaborate/Succinct, Person Oriented/Status Oriented)

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How would you characterise the client's communication style? The carer's?

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## Topic 4: Using Interpreters

We're now going to look at when to use interpreters as well as some basic tips about using them.

This will be an introduction only. There are a number of excellent training products and videos on the subject that can be used in addition to this section.

Interpreters assist us in providing clear and accurate communication between the client and the service.

Even when a client understands day-to-day spoken English, their command of the language may still not be adequate enough to deal with complex topics or enable them to give proper and informed consent.

Also, neither is it professional nor appropriate to use the client's family or friends to interpret.

It is also inappropriate to use anyone other than an accredited interpreter because of the following:

### **Confidentiality**

Family are not bound by a code of confidentiality the way accredited interpreters are. The client may feel they cannot be honest and open in front of family members.

### **Misinterpretations**

There can be misinterpretations. Family members may not have the language skills to translate the types of concepts you are trying to communicate.

### **Conflict of interest**

Family members could have their own agenda regarding the provision of service. This could seriously affect what they tell the client as well as what they tell you.

### **Lack of objectivity**

This is similar to conflict of interest. A family member or friend, because of their relationship with the client may not be able to interpret in an objective manner. They may embellish what you or the client say.

Accredited interpreters are trained to avoid these issues and are covered by a code of ethics.

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## Role of the Interpreter

It is the role of the interpreter to provide an objective and accurate communication channel between the client and the service.

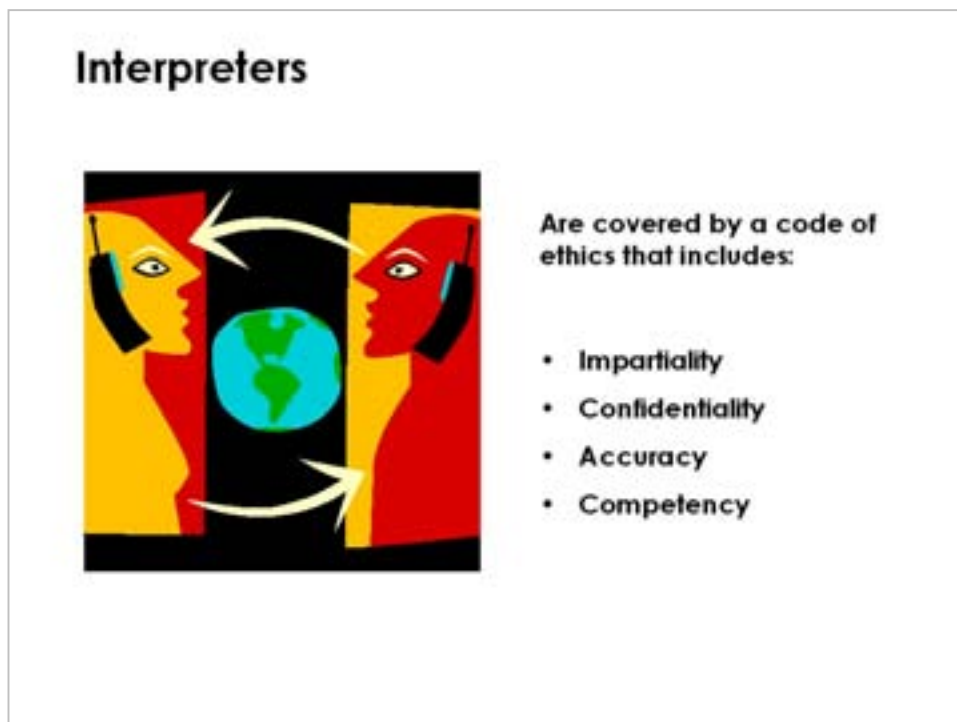
Accredited interpreters must adhere to a code of conduct that includes:

- impartiality;
- confidentiality;
- accuracy; and
- competency (in both languages).

## When to Use an Interpreter

An accredited interpreter should be used:

- when the client shows hesitation or difficulty in understanding or communicating in English;
- if the client requests one;
- if the client is under stress or in a highly emotional situation as this can dramatically decrease competency in a second language;
- if you do not feel comfortable working without an interpreter; and
- if a person begins to revert to their first language (associated with dementia).



## On-Site and Telephone Interpreters

There are two types of interpreters – on-site interpreters and telephone interpreters.

Generally, an on-site interpreter is preferable because they can also respond to non-verbal communication from the client.

Telephone interpreters are useful when communicating with a client over the phone. They are also useful when immediate interpreting is required or in an emergency. Telephone interpreting can also provide an extra feeling of privacy because there is not an extra person in the room.

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## Activity 6 (Telephone Interpreters)

We're now going to watch a video of a general practitioner using a telephone interpreter. This video will illustrate some of the reasons why we need to use accredited interpreters. It also provides examples of verbal and non-verbal communication skills.

During the video, try to identify verbal and non-verbal communication that you observe and also to think about how you could apply the use of telephone interpreters to the community care (case management) sector.

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### Questions

What verbal communication strategies did you identify? How did they work within the consultation?

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What non-verbal communication did you observe? How was non-verbal communication used in the consultation?

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How could you apply this strategy to clients who do not speak English or do not speak English well?

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What benefits could the use of TELEPHONE interpreters have for case managers in community care? Can you think of instances where they would or would not be useful?

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## Activity 7 (Working with Interpreters)

We are now going to compare the telephone-interpreting situation to an on-site interpreter. Although this video was made for Centrelink officers, think about how these techniques could be applied to your own work situation.

In this Activity, you are asked to identify the techniques the interviewer used to develop rapport as well as to identify the techniques used when using an accredited interpreter.

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### Questions

In what ways did the interpreter develop rapport with the customer?

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Did you think the interviewer 'kept control' of the interview? If so, how was this achieved? If not, what led to this occurring?

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How would you describe the interviewer's choice of words and phrasing? Can you give examples?

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In what ways do you think the interpreter assisted the situation?

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## Summary

Today we looked at some underlying and practical factors related to communication in a cross-cultural environment.

We began by looking at the meaning of rapport and defined it as sending messages to the client that convey:

- I accept you;
- I respect you;
- I'm interested in you;
- I understand you;
- I'm on your side; and
- I'm genuine.

We then looked at the communication pyramid, to identify general communication skills in order to concentrate on the potential cultural dimensions of these.

Next, we looked closely at the issue of regard, which is an ethical position that you are required to take.

We considered strategies to reduce or eliminate bias, such as:

- becoming aware of areas of difference between your client and yourself (we will be exploring this more in Module 5);
- being aware of judgemental thoughts and then actively interrupting those thoughts, which we learnt in Modules 1, 2 and 3.
- learning from other, more experienced case managers, by observing them and asking for their suggestions;
- seeking explanations or background information from trusted cultural brokers (people who are part of a cultural group and have a thorough and respected bank of knowledge about that group);
- seeking information about behaviours you don't understand; and
- it was also suggested that where you do make mistakes or incorrect assumptions, acknowledge the fact and apologise.

We then considered situations where you may not be able to accommodate the client's beliefs, values or behaviour. We considered strategies for addressing these situations.

For instance, we looked at the Maintain-Adapt-Repattern continuum and the LEARN framework.

These frameworks should be used with caution and within the context of ethical discussions concerning the role of community care.

In most instances, it is expected that the community care service sector should adapt to the cultural beliefs and practices of the client. However, there may be

instances where these practices are illegal, dangerous or harmful to others. In these instances, you may need to plan and discuss how to encourage a repatterning of behaviour using the LEARN Framework.

Finally, we looked at the technical aspects of communication, both verbal and non-verbal.

Verbal Communication included:

- word choice and phrasing; and
- being aware of communication styles – your own and your client's, such as direct/indirect, elaborate/succinct and person oriented/ status oriented.

Non-verbal communication included:

- eye contact;
- facial expressions;
- gestures;
- style of speaking;
- pronunciation;
- rate and volume of speech;
- the complexity or simplicity of the words we use; and
- our tone

(Harris, 2005: 22)

We finished off by looking at some examples of using telephone and on-site interpreters. There are a number of resources available on using interpreters that you should become familiar with. It can also be useful for training to be arranged with an actual interpreter present so that you can practice phrasing and wording in the community care context.

PLEASE COMPLETE YOUR EVALUATION FORM