

## **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 attentive 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 audiologic 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 audiologic 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, social-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 audiologic 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-

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porated 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 attempt 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; Luterman, 1976, 1984; Pollack, 1978; Wylde, 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 incongruently 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 warmth 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 (Cormier & 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 appreciative smile and verbal response, "I know," accompanied by a harsh tonal shift; an unconscious response to the negative headshake. This output can also be received by several channels, thus eliciting further incongruent responses from the 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 incongruent with how the audiologist perceives him, so the message 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 reinforce, 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 I assist you. I'm listening . . . ," while leaning back in the chair, looking at a watch, writing notes, or appearing preoccupied.

Cormier and Hackney (1987) stated that nonverbal attentive skills for developing rapport include eye contact, head 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 (1984) 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 distracting.

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 one'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. Interrupting a client's communication may discourage full expression, unless the client is rambling. The selective use of short verbal encouragers such as "Mm-hmm," "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, paraphrasing, and reflecting feeling. By tracking the content expressed, the audiologist is encouraging 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 to 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 counselors and their clients 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 mirroring portions of the client's nonverbal and verbal behavior (Cameron-Bandler, 1985; Lankton, 1980), and can establish an affinity with a client.

#### **Direct Matching**

Visual paramessages 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 vertical 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 readjusts his/her posture several times during the communication exchange, one maintains postural congruence by subtly matching these postural changes. If the client smiles, frowns, widens the eyes, wrinkles the nose, puckers the lips, or raises the eyebrows, the clinician can subtly mirror these identified facial expressions. If the client crosses arms, wrists, or legs; nods the head; uses hand gestures; tilts the head; taps a hand, finger or foot; one follows suit. Lankton (1980) reported that matching the client's rate and depth of breathing is the single most important way of establishing rapport. The audiologist can also match the prosodic elements of the client's speech such as tone, tempo, timbre, inflection, and intensity.

#### **Cross-Over Matching**

It may not be appropriate to match directly every client. For example, gender- or age-specific mannerisms, an asthmatic breathing pattern, a palsy, 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 cross-over matched by a verbal "uh huh," "yes," finger or foot tap, smile, or hand gesture. A crossed-arm posture can be cross-over matched with a crossed-leg or -wrist posture. A deep sigh can be cross-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 conversing. 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 kinesthetic 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 accessing 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 like 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 in a readily-identified sensory system.

**Table 1**

Examples of Nonspecific and Sensory-Based Clue Words  
to the Visual, Auditory, and Kinesthetic Representational Systems

Visual	Auditory	Kinesthetic	Nonspecific
see	hear	feel	sense
picture	tone	touch	think
bright	loud	warm	contemplate
clear	tune	smooth	believe
vague	amplify	soft	aware
focus	harmonize	handle	experience
flash	screech	grasp	understand
perspective	shout	light	learn
dark	scream	rough	process
colorful	ringing	hard	decide
look	sound	concrete	motivate
appear	silence	solid	consider
illuminate	talk	suffer	perceive
show	call	firm	conceive
foggy	question	pressure	know
imagine	listen	hurt	distinct
hazy	mellifluous	contact	change

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 nonmatching conditions have shown that counselors who match clients' sensory systems with their verbal behavior are perceived as more empathetic than counselors who do not (Brockman & Matthews, 1981; Hammer, 1983; Paxton, 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 kinesthetic 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.

Chermack (1981) noted that a key component to achieving satisfactory and useful results from audiologic 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.

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