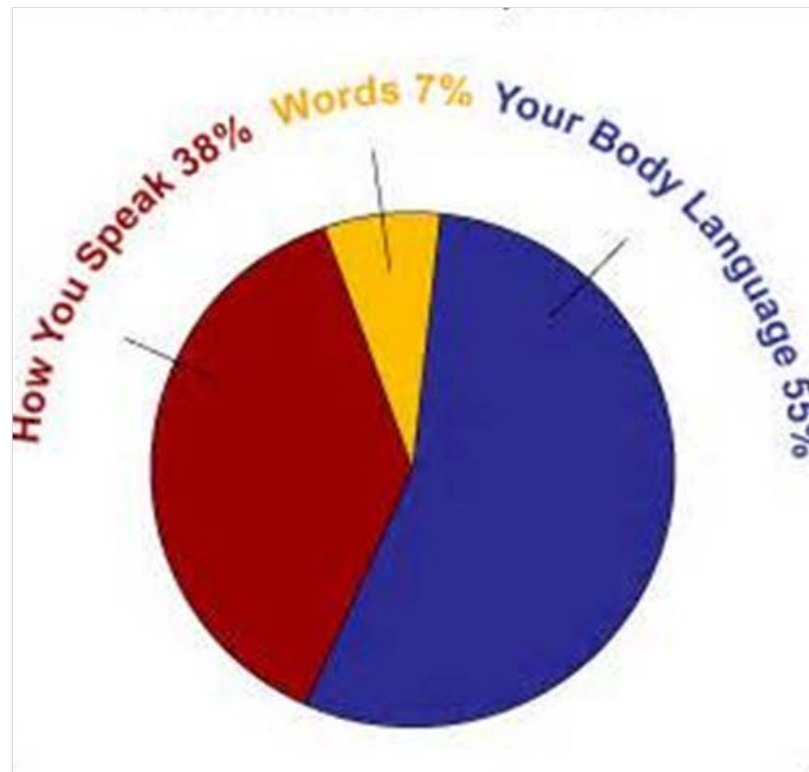


# Lab Module 1: Communications



# Table of Contents

Foundational Concepts

Genuineness

Respect

Empathy

Florida's Diverse Population

Florida's Refugee Population

What is Culture?

Assessment of Cultural Differences

Culturally Competent Practice

Phases of Interviewing and Engagement Skills

Phases of Interviewing and Engagement Skills

How Meaning is Conveyed

Non-verbal Behavior in Cross Cultural Interactions

Non-verbal Behaviors

Physical Attending

Psychological Attending

Physical Attending

Psychological Attending

## Foundational Concepts

1. People can change.
2. All families have strengths.
3. The family is the expert on their family.
4. Families should be empowered to generate solutions.
5. Productive working relationships are imperative.

## **GENUINENESS**

“Being you,” being congruent in what you say and do, being non-defensive and spontaneous. You demonstrate genuineness by:

- Being yourself and not taking on a role or acting contrary to how you feel or believe
- Making sure that your nonverbal behavior, voice tone and verbal responses match or are congruent
- Communicating trustworthiness and acceptance
- Being able to express yourself naturally without artificial behavior
- Self-disclosing in a purposeful and brief manner.

## **RESPECT**

Is believing that there is value in each human being and that there is potential in that person as well. There are two aspects of respect: 1) your attitude or value about people and 2) your ability to communicate respect in observable ways. Respect is communicated and demonstrated by:

- Communicating warmth
- Showing commitment
- Recognizing and using a person’s strengths
- Being open-minded.

## **EMPATHY**

Is a process in which you attempt to experience another person’s world, then communicate an understanding of and compassion for the person’s experience. You develop a sense of what the situation means to the other individual. The two-step process involved in demonstrating empathy is:

- Recognizing the person’s experience, feelings and nonverbal communication, and
- Communicating with words your understanding of the person’s experience.

## Florida's Diverse Population

2013 US CENSUS DATA	Florida	USA
Population, 2013 estimate	18,802,690	308,747,716
White alone, percent	78.1%	77%
Black or African American alone, percent	16.7%	13.2%
American Indian and Alaska Native alone, percent, 2013	0.5%	1.2%
Asian alone, percent	2.7%	5.3%
Native Hawaiian and Other Pacific Islander alone, percent	0.1%	0.2%
Two or More Races, percent	1.9%	2.4%
Hispanic or Latino, percent	23.6%	17.1%
White alone, not Hispanic or Latino, percent	56.4%	62.6%

**Source:** 2013 US Census, United States Census Bureau. Data also available by county at: <http://quickfacts.census.gov/qfd/states/12000.html>

## Florida's Refugee Population

**Largest refugee population in the nation** - Based on state data, over the last five federal fiscal years (FFY 2009-2013), 140,256 eligible refugees, entrants, asylees, parolees, and Certified Victims of Human Trafficking arrived to Florida. During the second quarter of FFY 2014, an additional 14,875 arrived. This includes federal Office of Refugee Resettlement (ORR) adjustments due to secondary migration from other states to Florida and from Florida to other states.

**Florida's Refugee Population** - Cuba is the country of origin of most refugee clients in Florida; however, Florida's refugees come from 97 different home countries, including Haiti, Iraq, Burma, Venezuela, Egypt, Colombia, and Sudan. Refugees resettle primarily in Miami-Dade County with significant populations in Hillsborough, Broward, Duval, Palm Beach, Orange, Pinellas, and Collier Counties.

**Resettlement of refugees is governed by federal law** - Refugee Act of 1980, Refugee Education Assistance Act of 1980, Regulated at 45 Code of Federal Regulations Part 400 and 401, 409.953, F.S. Admission to the U.S. of other categories of persons eligible for Refugee Services is also governed by Federal laws and policies.

**Eligible Clients:** Eligibility for programs of Refugee Services is determined by federal law and includes the following:

- **Refugees** are individuals who have been forced to flee their home country due to persecution or a well-founded fear of persecution. Refugees are granted status before they arrive in the United States.

- **Advance Parolees** is a term used to describe Cuban nationals who are granted advance permission to enter the United States through the parole authority of the Department of Homeland Security as agreed in the U.S. - Cuba Accords.
- **Cuban/Haitian Entrants** is a term used to describe Cuban and Haitian nationals who enter the United States and are granted a parole upon entry, apply for asylum, or are in removal proceedings.
- **Asylees** are persons already in the United States who, due to persecution or a well-founded fear of persecution in their home country, apply for and are granted asylum by asylum officers or immigration judges in the United States.
- **Afghan and Iraqi Special Immigrants (SIV)** are Iraqi and Afghani nationals who worked with the U.S. military and who were granted special immigrant status.
- **Certified Victims of Human Trafficking (VOT)** are individuals from foreign countries who, through the use of force, fraud, or coercion, have been forced to perform a commercial sex act, or have been subjected to involuntary servitude, peonage, debt bondage, or slavery.

**Source:** Office of Refugee Services, Department of Children and Families  
**<http://www.myflfamilies.com/service-programs/refugee-services/quick-facts>**

# What is Culture?

## Culture is...

"the shared set of assumptions, values, and beliefs of a group of people by which they organize their common life." Gary Wederspahn

"the collective programming of the mind which distinguishes the members of one group from another." Geert Hofstede



Source: Adapted from *Beyond Culture* (1976) by Edward T. Hall

The family you grow up in affects your deepest attitudes and beliefs, giving you your sense of what are good or right, what feels comfortable, what behavior is acceptable, and conversely what's not. What other people see may be only those things "on the surface." Ten percent is the "surface culture" that shows above the water line, and 90% is known as "deep culture."

### **Lab Activity 5: Assessment of Cultural Differences**

1. Hierarchy within the family

2. Child-rearing practices

3. Child behavior management/discipline

4. Seeking help from anyone outside the family



5. Which of the beliefs below are most characteristic of different cultures?

6. Any characteristics not covered above that any member of the group feels should be mentioned.

## Culturally Competent Practice

**Cultural competence** is defined as “a set of behaviors, attitudes, and skills that enable helping professionals to work effectively in cross-cultural situations.”

U.S. Department of Health and Human Services

### Race

A required data element in FSFN for all families served. Based on how others define or self-definition; parents determine race of their child.

- American Indian or Alaska Native
- Asian
- Southeast Asia
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Middle Eastern, or North African
- Multiple races

### Ethnicity

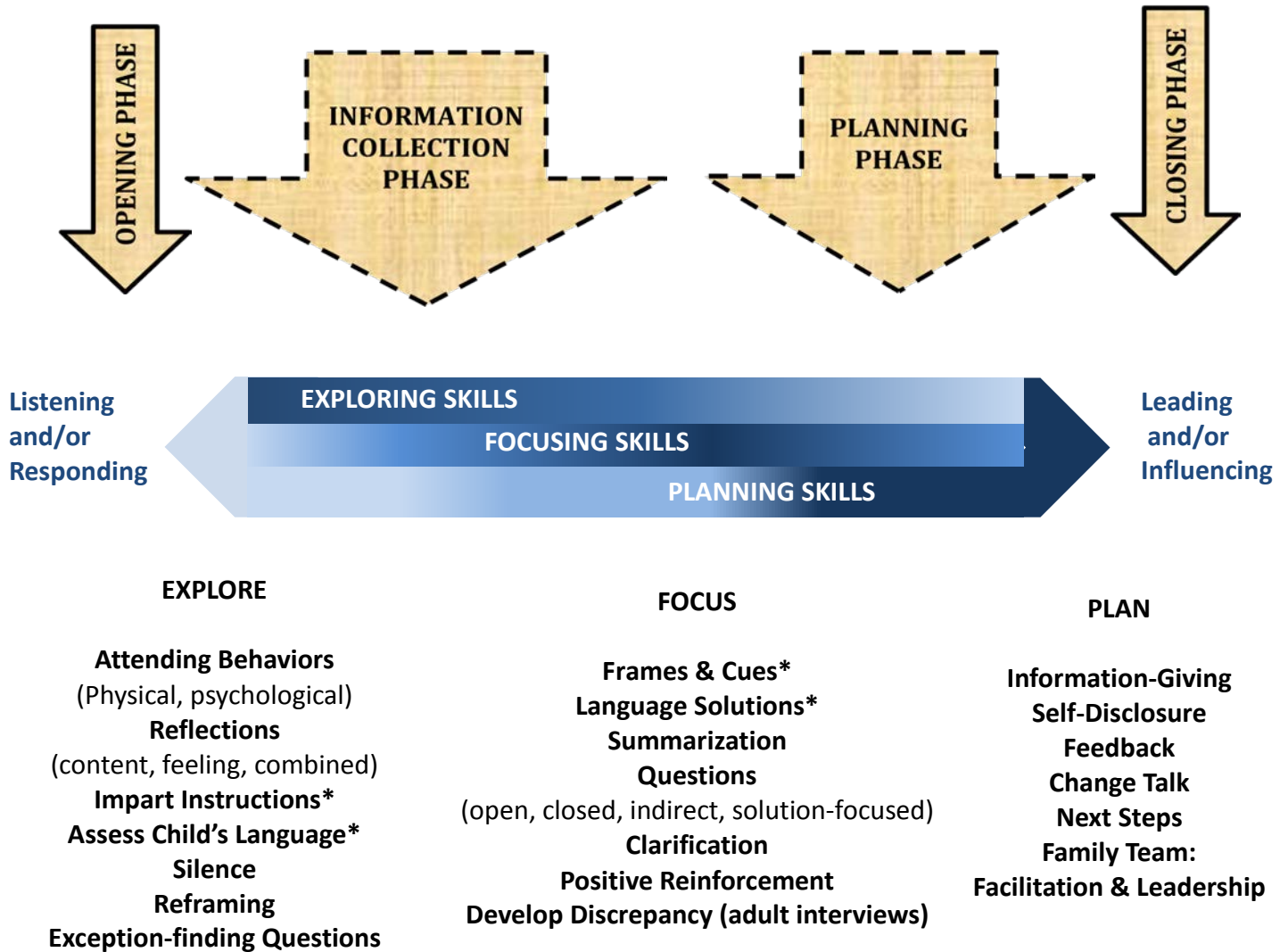
Ethnicity is more closely identified with a variety of factors, including a person's (or his or her family's) country of origin and cultural background, and is generally defined as relating to a sizable group of people sharing a common and distinctive heritage, including certain racial, national, religious, linguistic, or cultural attributes. Also a required data element in FSFN for all families served. Based on how others define or self-definition; parents determine ethnicity of their child.

- Hispanic/Latino
- American Indian Tribe 1 (Specific Tribe values are provided)
- American Indian Tribe 2 (Specific Tribe values are provided)

### Tips for Using Interpreters

- Always maintain eye contact and non-verbal communication with interviewee, not the interpreter.
- Do not ask children to interpret for parents.
- Is the interpreter familiar with colloquialisms of the family member's country or region of origin?
- Would the family member be more comfortable with an interpreter of the same sex?

## Phases of Interviewing and Engagement Skills

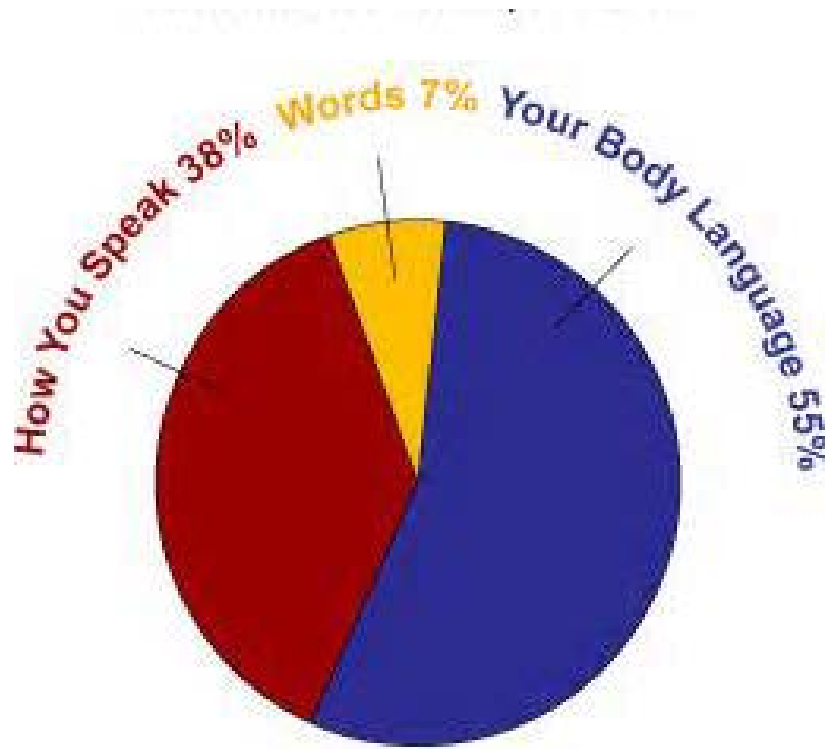


\*Terms unique to child interviews or persons with developing English proficiency.

## Phases of Interviewing and Engagement Skills

[illegible]

## How Meaning Is Conveyed



## Non-verbal Behavior in Cross-Cultural Interactions

Posted by Marcia Carteret, M. Ed. in Immigrant and Refugee Health

In previous newsletters, we explored using informed generalizations to learn about cultural differences. This concept certainly applies to learning about non-verbal behaviors. There is no quick and easy-to-use reference guide for culturally-based behaviors and lists of cultural dos and don'ts are ineffective. Even if it were possible to assemble a truly comprehensive list of facts for each culture, memorizing such information and keeping it straight is unrealistic— and people don't really use lists, anyway. You can't find them when you need them, and you can't carry them around with you. Perhaps most important, interactions between people happen within a given context, and relying on lists actually distracts a person from the immediacy of each encounter.

When using dimensions of culture – time control, status, individualism, etc. – we understand that these dimensions point to probabilities about cultures that are worth paying attention to – and the word *probability* is key. The same is true when we observe non-verbal behavior and attempt to decipher its meaning. We must always allow for the ambiguous nature of communication between people. Observing ourselves and becoming more aware of the assumptions we make about other people's behaviors helps us be less reactive. We begin to see the individual in each encounter rather than just our interpretation of the situation.

### Non-verbal Behaviors

The most important thing to keep in mind about non-verbal behaviors is that they do not translate across cultures easily and can lead to serious ***mis***understanding. Human behaviors are driven by values, beliefs, and attitudes, and it is helpful to consider how these invisible aspects of culture drive the behaviors we can see.

**Eye Contact:** Americans typically look directly into each other's eyes when talking, conveying informality, spontaneity, and equality in their exchange of glances. When eyes shift and avoid meeting those of the other person, Americans may sense disinterest or perhaps even deception. However, a lack of consistent and strong eye contact may be a sign of respect or humility in other cultures. In some Asian cultures, eyes may be downcast or sweeping, and this often disturbs Americans. "He wouldn't look me in the eye!" In Hispanic culture, direct eye contact is used far less and direct disagreement with a provider is uncommon.

**Head Nodding:** Nodding of the head may be a sign of acknowledgement rather than agreement in some cultures. The nod may be saying, "Yes, I am listening to you intently" rather than "yes I understand what you are saying and I agree." The usual response to a decision with which the patient or family disagrees is silence and noncompliance. So, nodding and silence may mean "I am listening...but I am not in agreement." The only way to know is to ask in a respectful manner if they understand or have any concerns. You may have to ask more than once – even

somewhat emphatically! Asking open-ended questions will elicit more thorough answers and reduce deferential head-nodding.

**Taking Turns in Conversation & Use of Silence:** The way conversation gets passed between people varies greatly between cultures, and it is the length of sustained eye contact that cues conversational turn-taking. Americans tend to make medium-length eye contact before looking away, and they use a longer direct gaze to cue changing speakers. In other cultures, where a direct gaze may be confrontational, lack of eye contact may make it awkward for Americans to pass conversation back and forth. Being generally uncomfortable with any period of silence in conversation, Americans will tend to rush through pauses and quickly complete sentences that dangle. As a result, people from less direct cultures may struggle to participate equally in conversation with Americans, an obvious hindrance in successful patient-provider exchanges. The solution is to practice allowing silence, which necessitates slowing down conversation and more careful listening as well. Being a task-oriented culture, Americans tend to want conversation to get to the point, where other cultures will use it to build relationship. The use of silence suggests really hearing, considering, and valuing what is being said by the other person and is critical in cross-cultural interactions to establish trust.

**Expressiveness & Gesturing:** Americans tend to be moderately expressive when it comes to body language, gesturing freely compared to most Asians, but seeming constrained when compared to some Latin or Arab cultures. An American might misread an exaggerated use of hands or arms in conversation as an indication of excitability or distress in a person when, in fact, it means nothing of the sort. Keeping this in mind, providers should stay aware of how their own gesturing could be interpreted. Moving hurriedly and gesturing broadly might create discomfort for an Asian patient/parent but go relatively unnoticed by someone from the Middle East. Similarly, a western provider may over- or underestimate a patient's level of pain based on the presence or absence of loud complaint, gesticulations, and other expressions of pain which are closely tied to a person's culture. (Refer to the November 2009 newsletter for more on the cultural aspects of pain management.)

**Use of Humor, Smiling, and Laughter:** A wise interpreter will avoid translating humor for the good reason that jokes and sarcasm don't translate well across cultures. In some cultures, humor can even be seen as aggression or dominance. Americans, because we are individualistic and confident, tend to do a lot of put-down humor. We love to poke fun at ourselves and others. This can be confusing for people from other cultures where close attention is paid to preserving the dignity of all people in a given interaction – in Asian cultures, this is called “saving face.” A well-intentioned provider, whose position automatically conveys status, would confuse some families by poking fun at himself. It could easily disrupt the sense of trust vested in him or her, especially for patients from formal cultures.

Finally, in American culture, there's a big difference between a wry smile and happy smile, just as in many Asian cultures a 'masking smile,' with corners of the mouth turned down, is a polite way of letting you know what you are doing is not appropriate. Similarly, in many Asian cultures, laughter can be a sign of embarrassment rather than a response to humor as it

typically is in the US. Healthcare workers interacting with patients from Asian cultures need to remember the difference between high and low context cultures. Reading facial expressions, body language, etc. is second nature to people from Asian cultures, but goes unnoticed by many Americans unless they make a concerted effort to pay closer attention in cross-cultural situations.

### **Summary**

Keep in mind – it can't be overstated – that any guidelines for non-verbal communication should be applied as informed generalizations. In most instances, following the patient's lead is best. For example, if the patient moves closer or touches you in a casual manner, you may do the same. Developing a cross-cultural mindset requires being more observant and demonstrating a willingness to adjust your own behavior. With experience, you will develop your own practical style that demonstrates greater sensitivity and awareness, and ultimately contributes to better communication and health outcomes for all patients.

'Non-verbal Behavior in Cross-Cultural Interactions' by Marcia Carteret. Copyright © 2011. All rights reserved. Dimensions of Culture, Cross-Cultural Communications for Healthcare Professionals, posted at:

<http://www.dimensionsofculture.com/2010/11/non-verbal-behavior-in-cross-cultural-interactions/>



## **Physical Attending Behaviors**

Use of Environment  
Comfortable  
Minimize barriers  
Minimize distractions  
Personal attire  
Body posture

Use of Body  
Gestures  
Eye contact  
Voice quality  
Facial expression

## **Psychological Attending Behaviors**

Observing Family Member's:  
Congruence  
Use of voice  
Non-verbal behavior

Responding  
Verbal following  
Minimal encouragers  
Congruence with family member

## Physical Attending

Element	Effective	Ineffective
EYE CONTACT	Looks at family member when talking	Avoids or frequently loses eye contact  Stares at family member
POSTURE	Slightly forward leaning  Body faces family member	Leans away from family member, aggressively leans forward  Tense, slouched, arms and legs crossed
FACIAL EXPRESSIONS	Calm, yet expressive  Congruent with family member's	Tense, blank or distracted
GESTURES	Uses gestures for emphasis  Occasional head nods  Spontaneous and fluid use of hands and arms	Inattentive gestures (such as rigid or fidgeting movements, preoccupation with pencil, sending or receiving texts)  Excessive head nods  Pointing with finger excessively

Source: Alabama DHR, ACT Curriculum, 2004

## Psychological Attending

Element	Effective	Ineffective
VOICE	Variation in tone, effective speech rate	Speaks too slowly or too quickly  Speaks too loudly or too softly  Little change in inflection
VERBAL FOLLOWING	Stays on topic	Switches topic  Interrupts family member
CONGRUENCE	Verbal and non-verbal communication congruent to family member's communication	Discrepancy between family member and child welfare professional in verbal and non-verbal communication
MINIMAL ENCOURAGERS	Repeats one or two key words  Um-hum  One-word or two-word answers, such as, "Oh really?"  Head nods  "Tell me more"	Excessive use of one type of minimal encourager (such as too many head nods or "um-hums")

Source: Alabama DHR, ACT Curriculum, 2004