

Introduction

Explore how nonverbal communication impacts interactions between youth and adults in a clinical setting. By the end of this Spark, participants will be able to state basic terms and concepts related to unconscious bias and nonverbal communication, and reflect on how nonverbal communication can help adolescents feel valued and welcomed at your health center.

Objectives

By the end of this Spark training, participants will be able to:

- Identify relevance of cultural responsiveness training to care for adolescent patients
- Identify some of the ways your health center already engages in creating a culturally responsive environment for adolescents
- Describe basic terms and concepts related to culturally responsive care of adolescents

Supplies

Prepare these supplies prior to facilitating this Spark.

- Laptop
- Projector

Additional Resources

If you would like to learn more about this Spark topic, or want to find health care services to refer teens to, take a look at these additional resources.

- [National Standards for Culturally and Linguistically Appropriate Services in Health Care](#)
- [The Role of Non-Verbal Behavior in Racial Disparities in Health Care](#)

Citation

If you plan to modify this resource, please cite or credit as: Nonverbal Communication Bias. Spark Training developed by the Adolescent Health Initiative at Michigan Medicine; August 2017; Ann Arbor, MI.

Key of Icons

 = Slide change  = Estimated duration of topic  = Script for facilitator  = Note for facilitator

Intro/Hook  (6 minutes) 1 – TITLE SLIDE

 Today we are going to do a 15-minute mini-training, also called a Spark. We'll be focusing on culturally responsive health care, specifically by looking at ways we can be aware of nonverbal communication as we try to be culturally responsive and patient-centered with adolescent patients.

 Introduce yourself/yourselfes.

 2 – COMMUNICATION GOES BOTH WAYS

 One of the biggest ways that we can be responsive to the needs of teen patients is through communication – both in how we communicate messages **to patients** and how we perceive the messages we get **from patients**.

 3 – WHAT MIGHT TEENS CONVEY TO US?

 To start off, we're going to concentrate on messages that teens convey and how we might perceive them, and focus on nonverbal communication only, like appearance and body language. It's natural for people to have first impressions based on others' appearances and body language. This is not necessarily a bad thing – for instance, picking up on nonverbal messages can help us notice if a patient looks distressed.

Still, it can be tricky to think and talk about how people make judgments. However, **noticing** these judgments allows us to be aware of our own reactions.

Also, we know all teens are different, and there are many different communication styles among them. But there are some powerful stereotypes in the media and in our culture that can influence how we perceive teens and young adults, and it can help us to think about how these play out in a clinical setting.

 4 – ADULT BIAS

 A recent study done by the University of Michigan found that adolescent girls who are obese are less likely to prevent pregnancy by using contraception than girls in a lower weight range, even though they both have similar rates of sexual activity. The researchers who did the study raise the question: could providers talk about contraception with obese teens less often?

- What do you think? How likely do you think this is, and why?

Nonverbal Communication Bias

- How else might providers' perceptions of teens affect how they talk to them about sensitive topics like sexual health?

 Allow a minute for discussion. Responses may include that certain visual cues may make a provider more or less likely to talk about risk behaviors, such as wearing a hijab or cross, or a teen with multiple piercings or tattoos.

 5 – STOPWATCH

 Adolescents make up the biggest group of new Sexually Transmitted Infections. However, many providers don't address sexual health with adolescent patients. One study found that in 1/3 of adolescent well visits, the provider did not talk about sexual health at all, and on average, those who did talked about sexual health for 36 seconds.

Why do you think this is?

Do you think that some providers would be more likely to bring up sexual health with different populations of teens? If so, do you think that they would be aware of it?

 Answer: Probably not. This is an example of unconscious bias – they might guess other people do it, but not themselves. Usually not intentional.

Key Concepts  (3 minutes) 6 – COMMUNICATION BIAS

 We know that most of us try our best to be non-judgmental, but it's natural to have some bias. Bias is a form of judgment based on our opinions. Our opinions are often influenced by messages in our culture, like stereotypes. These messages are often so deeply embedded in our minds that we are not aware of them, which is why they're referred to as unconscious biases.

 7 – PHOTOS OF TEENS

 We're going to look at a few slides and try to imagine how unconscious bias might play out in a clinical setting, for various roles of staff and providers. We know that we can't really say for sure whether or not people would show bias, as there are many factors – and this is unconscious bias we're talking about, so the whole point is that we're not usually aware of it, and we don't do it on purpose.

Each slide will pose a question. There's no right or wrong answer – the point is to consider if people might have biases around certain issues. We're not going to answer the questions out loud, but think to yourself about your reactions, if you have any.

 Advance slide to flip through four slides with photos of teens. Only pause long enough for people to view the images and consider their reaction.

Slide change through slides 11-14.

 8 – ADULT BIAS

 Who might people be more likely to have concerns about drug use?

 9 – ADULT BIAS

 Who might people be more likely to make a negative comment to if this patient was late for an appointment?

 10 – ADULT BIAS

 Who might people be more likely to have concerns about depression?

 11 – ADULT BIAS

 Who might people be more likely to offer insurance or payment options to?

 12 – ADULT BIAS DISCUSSION

 **The point of this activity is not** to suggest that any “types” of teens are more likely to be a certain way than others. We probably had different answers for different reasons; some may have felt no response.

Also, when people think about the reasons they might be more sympathetic with a patient, some say they are more likely to help people who we think need help more, or who we identify with.

How might being aware of unconscious bias affect how we interact with teen patients?

 **Suggested response:** it might help us stay patient, pause before reacting and think about our own body language.

If no one mentions it, remind that the activity is not meant to imply that any “types” are more likely to do the activity in the slide.

 Hopefully reflecting on people’s first impressions helped us think about some of the ways that we might perceive teens’ nonverbal messages, and what we can do about it.

 13 – NONVERBAL CUES = BODY LANGUAGE

 In a clinical setting, our first impression of a patient is usually based on nonverbal cues, in the moments before we interact with them. Let’s look at some of the forms of nonverbal messages and think about what teens might convey.

 14 – FACIAL EXPRESSIONS

 Facial expressions could be positive and open, or could convey fear, reluctance to talk, or anger.

 15 – EYE CONTACT

 Eye contact – some teens avoid eye contact, or roll their eyes.

 16 – PERSONAL SPACE

 Personal space might look like someone getting too close or withdrawing/pulling back.

 17 – HAND GESTURES/POSTURE

 Hand gestures and posture can convey many things. What do people often think crossing arms conveys? What could be another explanation? It's common to make assumptions about communication cues. This can show us when we have biases.

Application  (5 minutes) 18 – NONVERBAL COMMUNICATION GOES BOTH WAYS

 Let's switch gears. How do we send messages through nonverbal communication, whether we mean to or not? One of the interesting things that we've learned about teens' brain development is that, in general, they don't always interpret facial expressions the same way adults do.

 19 – FACES

 In one study, teens and adults were shown pictures of facial expressions and asked to identify the expression. Adults consistently identified the emotion of these two photos as fear, and teens identified them as shock or anger.

Teens can be sensitive about perceiving criticism, too. Parents of teens sometimes say that teens say "stop yelling at me" when the parent isn't raising their voice.

While we can't control exactly how anyone interprets our expressions, we can keep in mind that it's especially important to be clear, warm, and open, both verbally and nonverbally, when we are trying to help teens feel welcome. Let's look at some final slides to imagine a teen patient's point of view. After all four of the slides, we'll discuss our responses.

 20 – LATE FOR AN APPOINTMENT

 Read scenario slide:

 You are a teen and you're running late for your appointment. You walk up to the front desk and see this person.

How do you feel?

 Advance slide to flip through four slides with staff photos. Only pause long enough for people to consider. Slide change through slides 21-24.

 25 – LATE FOR AN APPOINTMENT

 What was your perception of the nonverbal communication cues on these slides?

 Allow a minute for discussion.

We're going to look at one more round of slides with providers' expressions now.

 26 – MULTIPLE PARTNERS

 You are a teen and have just disclosed that you have had multiple partners. This is the expression of your provider. How do you feel?

 Advance slide to flip through four slides with staff photos. Only pause long enough for people to consider. Slide change through slides 27-30.

 31 – MULTIPLE PARTNERS

 Again, we might have different interpretations, but what might any of the nonverbal communication cues on these slides get across? What could the possible impact on an adolescent patient be?

It might be challenging sometimes to keep a neutral or non-judgmental expression, but if we want to keep them coming back (and for providers, if we want them to consider behavior change), we need to watch our expressions closely.

 32 – THANK YOU!

 To keep this conversation going over the next month, I will share Sparklers, or case scenarios, that relate to communication bias. I'll post the Sparklers around the office in places that you all can easily see them. When you see a Sparkler, take a moment to read the scenario and think through the questions listed on the page. Thank you for your participation!

 33 – REFERENCES

 This slide is included in case people have questions about the source of information or want somewhere to start their own research. Can be displayed if there's time.