

# **EMERGENCY RESPONDER**

## **COMMUNICATION SKILLS HANDBOOK**

How Your Words and Actions  
Affect People in Medical Distress

Brian E Walsh PhD JP(Ret)



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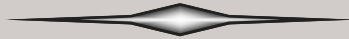
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*Dedicated to the courageous  
emergency responders  
who serve us on the  
front lines of our streets.*



*And also saluting all those  
volunteers who give their  
valuable time as*

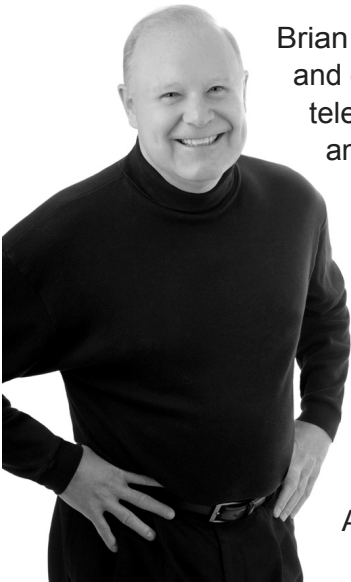
*First aiders  
Disaster relief workers  
Search and Rescue members*

*and in other capacities, at their  
own expense, and often without  
recognition or appreciation.*

Born in the U.K. and raised in Canada near Montreal, Brian Walsh was a journalist and broadcaster before joining a major international firm. For much of his thirty-year career he was involved in human resources, specifically staff training.

While living in the Canadian Arctic, Brian served as a Justice of the Peace, and studied anthropology and Neurolinguistic Programming (NLP). Those experiences and extensive international travel prepared him for working with other cultures. He was then transferred to China where he served as his company's General Manager.

After his return to North America, he elected early retirement to further his earlier interest in NLP and hypnotherapy. He returned to formal study, and within four years had achieved his Ph.D. His dissertation, which focused on accelerated learning techniques, inspired his passion and his bestselling book, "Unleashing Your Brilliance." The companion video DVD for his book is "Enriched Learning."



Brian is dedicated to personal growth and enrichment through his workshops, teleclasses, audio and video products, and his many articles.

In addition, he has co-authored a self-help book with John Gray and Jack Canfield: "101 Great Ways to Improve Your Life."

He is an NLP Master Practitioner, a Clinical Hypnotherapist, an EFT Practitioner, and an Acupuncture Detoxification Specialist.

# Foreword by Lt. Jeffrey Katz

*What we have done for ourselves alone dies with us;  
what we have done for others and the world remains and is immortal.*  
Albert Pike

Think back to the beginning of your career. Do you remember the excitement you experienced when it came time to intervene in an emergency? Despite this initial excitement, if you are like most rescue personnel, these experiences have become increasingly less thrilling over time. Psychologists refer to this as “habituation” and it is completely normal. Habituation occurs when exposure to certain stimuli – in this case, life and death situations – causes us to view these incidents as commonplace.

It is important to remember that while you play a role in many of the emergencies in your community, the people you help are not typically habituated to crisis. This is a critical distinction because it underscores the paradox between your concept of *routine* and what others may consider a *life-changing event*.

You may be asking yourself why this little nugget of psychological insight is important to emergency services personnel. After all, chances are you are paid to lock up criminals, extinguish fires, or aid the injured. Technically, these courageous acts do not require conscious insight into the workings of the mind. Similarly, you do not need to have a stethoscope to check a patient’s pulse, an automobile to chase down a fleeing burglar, or a ladder truck to extinguish a two-story apartment fire... but wouldn’t these supplemental tools maximize the likelihood of your success?

The insights shared by Dr. Walsh are intended to augment your existing skills and enhance crucial *people-helping* competencies. Irrespective of our specialization, each of us is charged with interceding in crisis and restoring equilibrium to our respective communities. This process begins and ends with effective interpersonal interaction. The information contained within this Handbook will prove useful in several ways:

**Enhance the likelihood of contributing to someone's recovery.**

In our basic training, many of us learned that persons with survivable injuries might actually die of shock. We often help people who are impacted by sudden and traumatic events. The unexpected nature of these events complicates the psychological impact suffered by survivors. Emergency personnel who calm and reassure victims will help them combat the perils of shock. This is one of the underlying themes espoused by Dr. Walsh and arguably a valuable professional tool.

**Avoid unwarranted complaints.**

Has a citizen ever mistaken your steely demeanor for indifference or apathy? Has well-intended humor ever come back to haunt you? Has your behavior ever been misinterpreted? Remember, we tend to judge ourselves by our intentions while others judge us by our actions. In order to effectively help others, we must learn to demonstrate behavior congruent with our intentions and consistent with the expectations of those in crisis. This is easier said than done! Such an alignment is only possible through keen self-awareness and a conscious understanding of many of the interpersonal dynamics covered within this book.

**Increase support for your organization.**

Perhaps now more than ever, as the public becomes increasingly – and rightfully – insistent on maximizing the value of their tax dollars, customer service is essential in our line of work. For example, research has shown that “specific and teachable communication behaviors” can be attributed to reducing malpractice claims. Why? Because we routinely interact with others during volatile times in their lives. These occasions merit the type of thoughtful communication highlighted in the coming pages.

In summary, the focus of this text is to help you understand how the human mind works following an emergency. Many of the people with whom you come into contact will be suffering from physical and psychological injury. Your awareness to this reality – as well as your recollection of core concepts covered in this text – will improve the quality of these experiences for everyone involved and increase your effectiveness as an emergency responder!

Jeffrey S. Katz,

Lieutenant, Boynton Beach Police Department [www.bbpd.org](http://www.bbpd.org)  
Doctoral Student, Walden University USA [www.waldenu.edu](http://www.waldenu.edu)

## Tips to Help You Integrate These Skills

### ***Setting up your brain for new information***

**This Handbook uses accelerated learning techniques. To get the most from this material, consider the following ideas.**

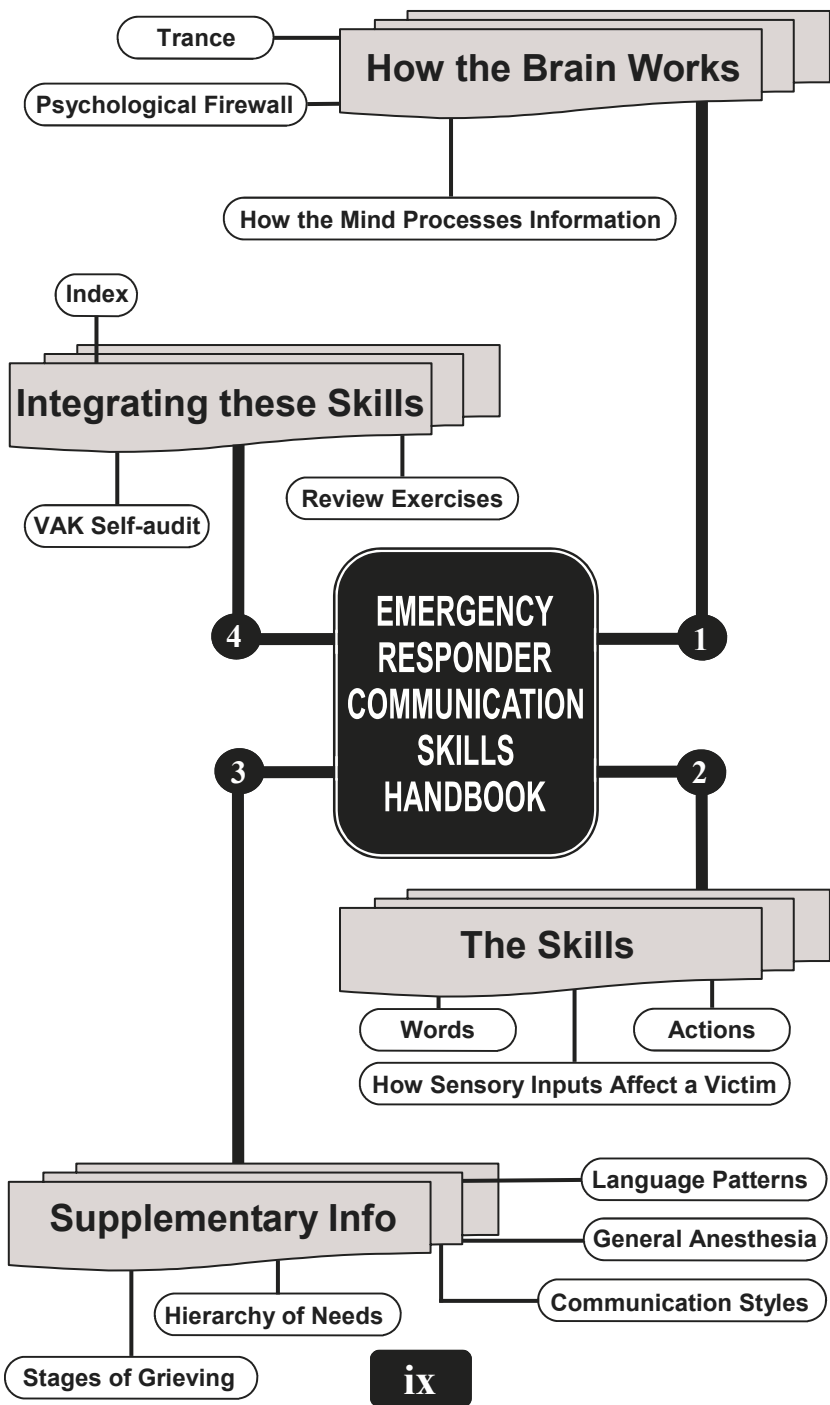
**A Table of Contents** is a linear display of what to expect. That's normal, but what's much better is a graphical representation of that same information. Why? Since over 80% of your mental processing is visual, your brain loves pictures. The Table of Contents can be transformed into a Concept Map. Just the act of creating a map of a book's contents sets up *file folders* in your mind where information goes when you actually read it.

On the page to the right, there is a concept map of this Handbook. You will see it again at the start of each chapter. Make your own Concept Map on a large piece of paper so that you can add notes to it as you read along.

**The Index** - Before you begin to read a book, examine the index. Highlight any terms that have multiple references because they must be important. This book's Index is on pages 78-79.

**Review** - If you're the first to go down a hill in a toboggan after a snowfall, it might be slow-going. Someone following in your track will go a bit faster - and the next run will be even faster. It is the same principle when learning new material. To have it integrated and planted in your permanent memory for later recall, you need to toboggan down that hill a few times. That is done through review. As you explore this material, make notes on your own Concept Map so that you can use it as a review source.

We have also provided a couple of review exercises beginning on page 58. Enhance your experience by doing these exercises with a colleague.



# Introduction

## Clear communication enhances safety for both the victim and the responder

As a professional responding to a medical emergency, your ability to appropriately communicate with a casualty is as vital as your skill in rendering aid. Your words, your actions, and the surrounding environment can crucially influence the victim and the outcome.

Your experience has taught you that stress can disrupt clear thinking, scramble short-term memory, and effectively sabotage interpersonal communication.

Skills described in this book will apply in many emergencies. You will probably find them less useful for people disoriented by drugs. As always, use your own judgement.

If you are responsible for the care and welfare of others in any aspect of your work, these concepts and techniques are for you.

Although this book is written for **police officers, paramedics, and firefighters, it can also be valuable for rescue workers.**

Due to the importance of communication skills, more and more medical schools have, over the past decade, added this subject to their curricula.

These innovative techniques are learnable. This book is meant to complement and enhance the hard skills you use daily on the job.

*Brian Walsh*

# 1

## *How the brain works* *The foundation for the rest of the book*

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# 2

## *How your words and actions can* *support patient comfort and survival*

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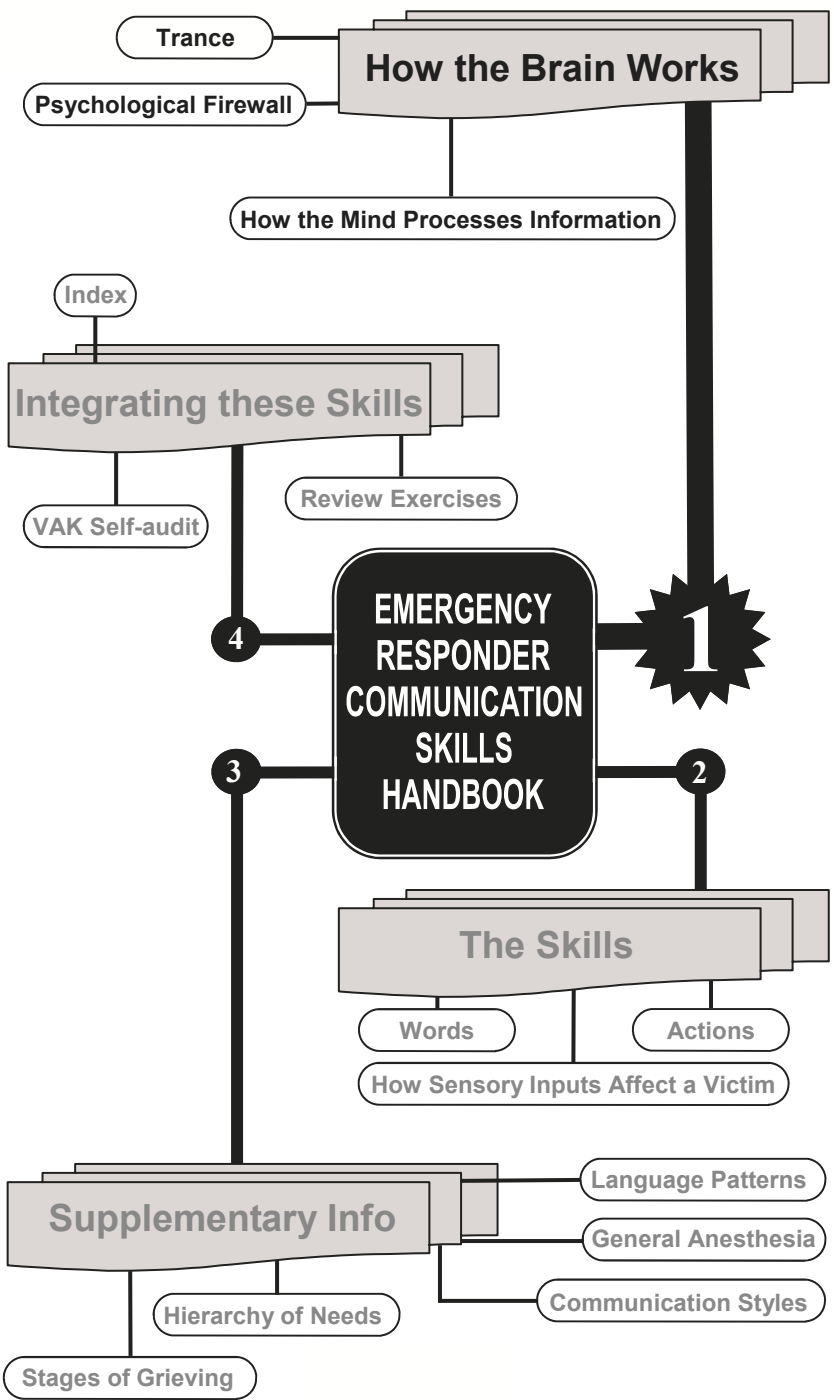
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# 4

## *Integrating these Skills*

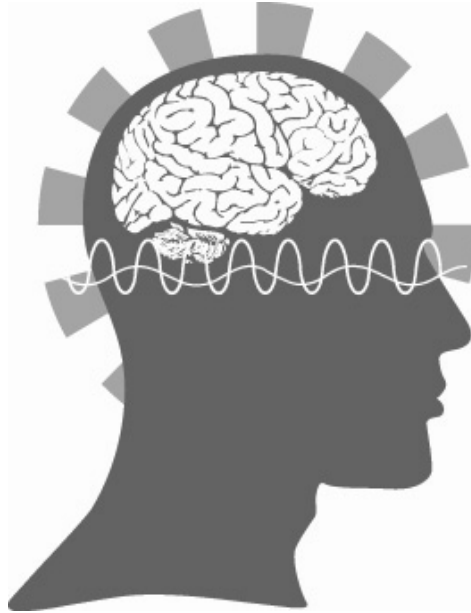
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# 1



# How The Brain Works



*Let me set up Chapter 1 . . .*

This chapter is the foundation for Chapter 2.

Here we will explore how information gathered by the senses is processed by the brain. I will explain the differences between the Conscious and Subconscious Minds. This will help you understand why a specific event can cause a range of reactions.

**It is really important to understand that when someone experiences sudden agitation or stress (accident, injury, trauma, or serious threat), this person immediately goes into an altered state of consciousness. In effect, this is a trance, not unlike being in a hypnotic or daydream state.**

This condition is typically accompanied by several psychological and physiological manifestations that you may or may not be aware of.

This Handbook focuses on a casualty's emotional and psychological states. Chapter 2 will give you some unique ways to communicate with those under your care.

# How the Mind Processes Information

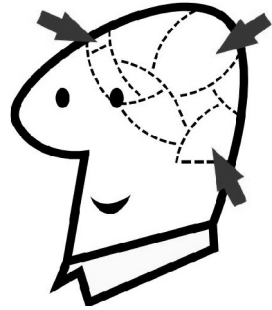
The best definition of the mind I know is by Professor Daniel J. Siegel MD of UCLA:

*The mind is a process that regulates the flow of energy and information*

At this juncture, it is crucial for you to understand the difference between your *Conscious* and *Subconscious Minds*. **This will help you master the skills offered in this Handbook.**

**Your awareness of your thoughts and experiences is your Conscious Mind, also called the Thinking Mind.**

That just means you are attentive to what is going on in and around you. Although some of this activity involves you directly, some of it is just what you are observing in real time. It also includes what you are remembering, imagining, and visualizing.



You probably believe that as you see, hear, touch, smell, and taste something, you become aware of it immediately. In fact, that's not so. When your senses take in new information, it is analyzed and evaluated through an array of complex emotional, perceptual, prejudicial, and defensive filters. Then, and

only then, will some of that information become available for your conscious awareness and deliberate processing. This happens in a split second, but it does happen.

This is significant. Just read on and I'll explain why as I lay the foundation for everything that you'll learn in this book.

### **Let's discuss the characteristics of the Conscious and Subconscious Minds.**

If you were to place your feet flat on the floor, the area under your feet represents the power and potential of your Conscious Mind. The area in the rest of the room symbolizes the power and resources of your Subconscious Mind, and this is where the action is.

## **The Conscious Mind**

Since most people are more familiar with their Conscious Mind, I'll explain this first. Your Conscious Mind is what you are aware of right at this very moment. In reality, you can hold only one conscious thought at a time.

### **We are not born with a Conscious Mind.**

Our Conscious Mind begins to develop at about the age of two and is entirely in place by the age of seven to ten. Remember this bit of information as I will come back to it later.

There are four sets of attributes of the Conscious Mind.

### 1 LINEAR, LOGICAL, ANALYTICAL

The first set of characteristics of the Conscious Mind is that it is *Linear*, *Logical*, and *Analytical*. It works in details, thrives on orderliness, and is stubborn.

When we say that someone is thinking inside the box - that's what we mean. Way too much in the head, and not enough confidence in gut intuition. These traits are useful in some situations, but not so helpful in others.



### 2 TEMPORARY MEMORY

The second feature is like the RAM in your computer – it is short-term storage that enables processing and facilitation. It's what allows you to follow a story, or keep track of a conversation.



*Many years ago, as a clinical hypnotherapist,  
I ran smoking cessation workshops.*

*A question I would ask the group as  
we began each session was who had  
previously attempted to stop the habit.*

*Regardless of the conscious method used  
(patch, gum, whatever) **Willpower** was involved.*

### 3 WILLPOWER

This facet is generally quite unreliable and frail. Why is willpower so unreliable? Simply because it is influenced by the final aspect of the Conscious Mind (Rationalization).

## 4 RATIONALIZATION

Rationalization means making excuses. We justify all sorts of actions daily, don't we? "Oh, just one more piece of pie – that's not going to hurt." Can you appreciate how our will-power is consciously compromised?

*The mind is like an iceberg. It floats with one-seventh of its bulk above water.*

Dr. Sigmund Freud

## The Subconscious Mind

Also known as the Non-conscious or Unconscious Mind, it is everything that is going on in your mind that you are not aware of right now. There are three main characteristics here.

## 1 PERMANENT MEMORY

For anything to be stored in the Permanent Memory, it must be filtered, analyzed, deemed important enough to keep, and then encoded for long-term storage. It has lots of hoops to jump through, but there are good reasons for that. You are flooded with so much information, your mind must be discrete in selecting what is actually stored.

If I asked you for your home phone number, you'd probably be able to tell me immediately. It was not in your conscious mind before I asked you, was it? No - It was stored in the *Permanent Memory*, part of your Subconscious Mind.

**Storage of information into the permanent memory of the Subconscious Mind is automatic if it has any emotion attached to it, or if it has anything to do with survival.**

Think back to the first memory you can recall from your childhood. Chances are it involves an emotion or a scary episode, maybe both. Was it your fifth birthday party? Perhaps getting punished by your teacher? Perhaps a win or loss at a sports competition?

## 2 **EMOTIONS AND PATTERNS (HABITS)**

*Emotions* and *patterns* are located in the Subconscious Mind. The Subconscious Mind is a very powerful servant that follows instructions to the letter. Like a computer program, it will continue to operate in a set pattern (good or bad) until it is given new instructions. The Subconscious Mind is an extraordinary *multitasker*.

NICE TO KNOW

### **Maladaptive behaviors and limiting beliefs**



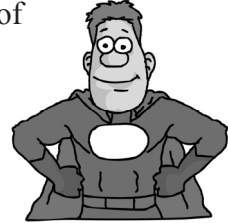
***Does the name Pavlov ring a bell?***

Many mental-health therapists agree that most patterns begin in childhood, often before the age of seven. This period of personality development is known as the *Imprint Phase*.

On pages 10 and 12, I explain why young children are so impressionable

**3 PROTECTION & SELF-PRESERVATION (SURVIVAL)**

If the Subconscious Mind detects danger, it activates the fight-or-flight response. Aside from a host of physical reactions, we may find ourselves behaving in uncharacteristic ways. These are triggered by defense responses that are either innate or acquired in our childhood.

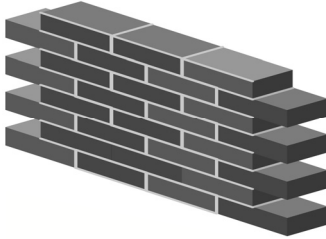


The next few pages will show you how we acquire these defensive patterns when we're young.

***Characteristics of Our Minds***

| <b>CONSCIOUS</b>                | <b>SUBCONSCIOUS</b>            |
|---------------------------------|--------------------------------|
| Holds single thought only       | Always multitasking            |
| Active and controlling          | Receptive, participatory       |
| Deeper into detail (Analytical) | Considers the big picture      |
| Competitive                     | Collaborative                  |
| External                        | Internal                       |
| From parts to whole             | From whole to parts            |
| Responds figuratively           | Responds literally             |
| Objective                       | Subjective                     |
| Obsessed with correctness       | Takes path of least resistance |
| Rational and Logical            | Irrational                     |
| Serial and Linear               | Parallel and seeks links       |
| Specific                        | Ambiguous                      |
| Temporary Memory                | Permanent Memory               |
| Thoughtful                      | Emotional                      |
| Willpower                       | Habits and Patterns            |

# Psychological Firewall



Additional protection is provided by a type of psychological firewall known as the *Critical Faculty*. Like the Conscious Mind, it begins to develop at about the age of two, and is fully functional by seven or eight.

Like a gatekeeper, it prevents suggestions from *imprinting* the impressionable Subconscious Mind. Since young children do not have this protective shield, they are highly influenced by suggestions (good or bad). See more of this on page 12.

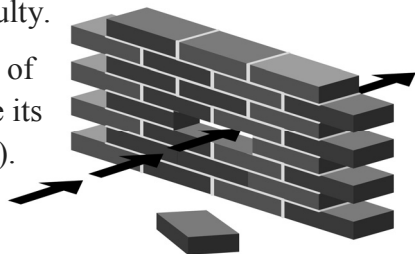
## Adults can also be imprinted

The Critical Faculty is mentioned often in this Handbook. It is essential that you understand the concept. Here are a couple of examples.

The advertising folks appreciate that emotions are the key to getting people to buy something.

Emotions are in the Subconscious Mind, and the Ad folks are well aware of the Critical Faculty.

When evaluating the potential of a new advertisement, they rate its *CFB* (*Critical Faculty Bypass*).



*Imagine this:*

You're sitting down in front of your TV.  
An advertisement comes on.

A salesman is standing in front of a  
lot full of cars.

*There has never been a better time to...*

**buy a car on Saturday.**

*We've sharpened our pencils, and we're willing  
to talk. We'll have hot dogs for the kids...*

As he is giving you his sales pitch, over his shoulder at the back of the lot, you notice someone dressed in a very bright yellow chicken suit – waving its wings.

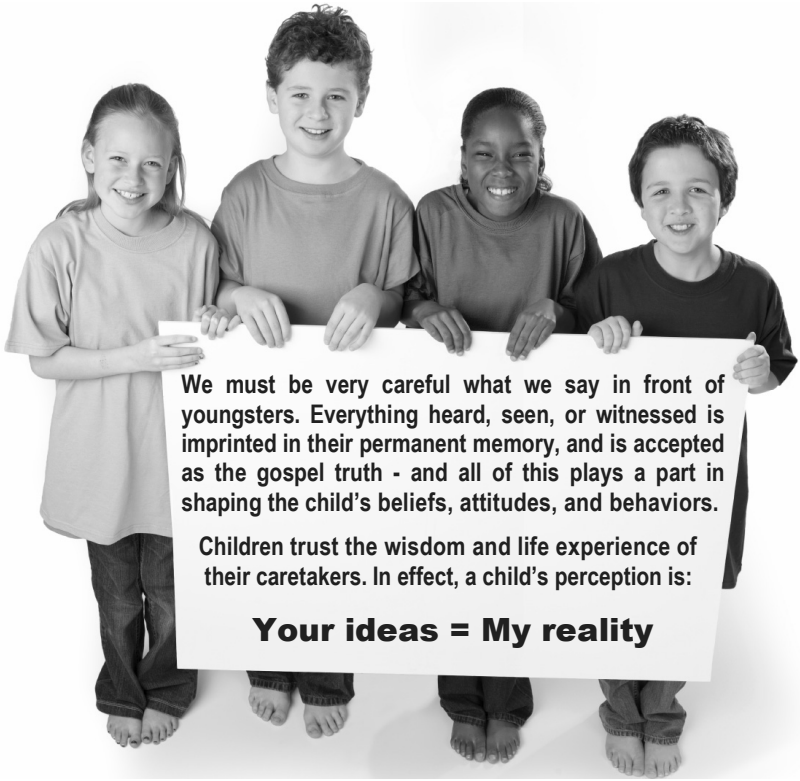
Your conscious attention is drawn to the Chicken-man and you no longer listen to the sales pitch. **Or do you?**



What happens in that moment is CFB, Critical Faculty Bypass. In this state, your Conscious Mind is being tricked into focusing on the Chicken-Man - leaving your Subconscious Mind to receive the sales pitch as a potent suggestion.

***Somehow... on Saturday...***

***you have this inclination to visit the car salesman!***



| Adult Statement   | If heard before age of 7-10  | Hearing it with Critical Faculty in place |
|---|--|---|
| <p><b>You're stupid.</b></p> <p>It's a good thing you're cute, because you're not very smart.</p> <p>Your room is so messy. You'll never amount to anything in this world.</p> <p>You just don't get it. How dumb can you be?</p> | <p><b>Accepted as truth</b></p> <p><b>Shapes behaviors &amp; beliefs</b></p> | <p><b>Has little or no impact</b></p>     |

**Another way that Critical Faculty Bypass can occur is when someone goes into trance.**

**Understanding trance is key to how your actions and words influence the victim's outcome.**

**NICE TO KNOW**

Trance is often associated with formal hypnotic induction. Other ways to induce trance are shown on the next page.



A client might want to stop

- ▶ unwanted behaviors or attitudes
- ▶ smoking
- ▶ grinding teeth
- ▶ nail biting
- ▶ self-sabotage

To effect change, a hypnoterapist needs to bypass the Critical Faculty in order to reach the Subconscious Mind where all the patterns and emotions reside.

To do this, a client is guided into a hypnotic trance. How does a hypnoterapist guide a client into trance?

He or she generally uses a combination of focused attention, progressive relaxation, and/or confusion. There are other ways that trance can be achieved. Read on...

# Trance

A person can drift into trance through repetitive beats (dancing, chanting, drumming), monotony, disorientation, confusion, stimulus overload, pain, meditation, massage, and even sudden fright, alarm, or panic.

Everyone experiences trance differently. Some may appear lucid, drowsy, in a daydream, even unconscious.

The important thing to remember is...

***When people are in trance,  
their Critical Faculty is bypassed.***

***Anything they hear  
goes directly into their Subconscious Mind  
as a suggestion to follow.***

**As an emergency responder, you'll constantly be in situations that put people into trance**

- ◆ Graphic and gory scenes
- ◆ Severe pain
- ◆ Physical or emotional abuse
- ◆ Trauma
- ◆ Drug use
- ◆ Intense fear
- ◆ Shock
- ◆ Chronic discomfort
- ◆ Being unconscious
- ◆ Natural disasters
- ◆ Explosions
- ◆ Involvement in or witnessing accidents
- ◆ Involvement in or witnessing fights, conflict, or aggression

In trance, senses are highly acute. Hearing, sight, smell, and taste are magnified. Anything picked up by peripheral vision also bypasses the Critical Faculty and channeled directly to the Subconscious Mind.

**All the above applies even if the victim is unconscious.**

***Treat and talk to unconscious casualties  
as if they are conscious.***



If someone in the crowd says:

***“Look at all that blood - He’s not going to make it.”***

That utterance can go directly into the victim’s Subconscious Mind affecting chances for survival.

***Let me be clear . . .***

This **does not** mean that this utterance will severely impact your patient’s recovery. It simply means that this one small nudge could tip the balance against a natural recovery.

This is your golden opportunity to use the tools, tips, and techniques in this Handbook to offset careless talk that may affect your patient.

Chapter 2 provides you with knowledge about why these tools work and how best to employ them.

