

Part 1

Core skills

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Excerpt
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CHAPTER 1

Core communication skills

In this first chapter, we are going to focus on the foundations of your performance in the CASC exam, however the skills outlined here should not just be restricted to preparing for the exams, as they form the basis of effective communication with anyone.

You may in fact be using some or all of these techniques already without realising it. They appear relatively simple, but mastering them can be difficult as this requires a conscious monitoring of your own body posture, tone of voice and choice of phrase or words; all of which can feel awkward and uncomfortable at first.

These techniques require practice. To allow them to become as natural as possible, you should not just practise them in clinical settings but play with them in every interaction. As when learning any new skill, there is a transition from unconscious incompetence, through the awkward phase of conscious incompetence (where it might seem like every word you choose seems forced), to a phase of conscious competence. With time, the aim is to develop unconscious competence, at which point these techniques will be at their most powerful (Howell, 1982). So why are these techniques important? They work on an unconscious level to affect how others perceive the quality of your communication and interactions. This is not only true of the patient or actor you are talking to, but also of the examiner observing you. Done well, no one will notice them unless they are specifically looking out for them; but an observer is likely to see that rapport is established rapidly between the doctor and the patient and that communication is sympathetic and fluid.

Time to act: recognising different aspects of communication

The CASC can be seen as a series of performances and, as such, taking on the behaviours of a performing actor can help. Throughout their training, actors learn to use their voices and become comfortable with the ranges and variations they may effect. To use the techniques outlined on the following pages it is useful to begin to get a sense of how you may vary your voice.

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You will need to know how to use these variations to deploy skilfully non-verbal communication.

As a part of your early CASC training, play with your voice. Shout loudly, talk quietly, try different inflections at the beginning and end of sentences. Record your voice and listen to it, getting to know your inflections and any vocal tics you might have. Think about developing a consultation voice – professional while conveying an innate sense of empathy through its tone and character.

There is an observation that a rising inflection at the end of sentence, as in the caricature of an Australian accent, implies a questioning statement. A descending tone at the end of sentence implies a more commanding statement. This subtle change in tone within a sentence is the kind of moment-by-moment change you should become comfortable with. You may be making these changes naturally and in becoming aware of them, you may become awkward and clumsy. With increasing awareness, you will be able to use these changes more purposefully.

A key exercise here is to listen to other people's speech qualities. Using that metacognitive third umpire, 'listen in' to how someone changes their voice during their sentences and over the course of a conversation. Then listen in to yourself and observe the changes in your own voice. How is it different to others? If you hear a voice you like, what is it about that voice that appeals to you?

Vocal warm-ups

Here are some vocal warm-ups to get you going and using your voice to its full potential. Do not be embarrassed!

Pumpkin face/Raisin face

This is saying 'Pumpkin face!', making your whole face as big as a pumpkin (with a voice to match), and then screwing your face up as small as a raisin while saying 'Raisin face!' in a tiny screwed up voice.

Vowel punching

You can go through vowel sounds while punching the air in front of you to make the sound stronger (this also helps to engage the diaphragm). Put a different consonant sound at the beginning of each one:

Too, toe, taw, tah, tay, tee

Soo, soe, saw, sah, say, see

Koo, koe, kaw, kah, kay, kee ... etc.

Siren-ing

You can try 'siren-ing'. Make a humming noise and explore the whole range of your voice. Go up and down the scale like a siren. Keep going up and

down, up and down, from the lowest note to the highest. Try this again on an ‘ng’ sound. Mouth open, back of the tongue in an ‘ng’ sound. Then again on a ‘brrrr’ sound, with your lips together and vibrating.

If your jaw is tense, you will not usually be able to reach as high or low with the ‘brrrr’ sound. If your jaw is tense, the ‘brrrr’ sound will stop unintentionally. This can happen when you are nervous, so is a good way to test whether your jaw is tense.

If it is tense, you can do this exercise: clasp your hands together in front of your chest as if you are praying and with your mouth open and relaxed. Now vigorously move your hands out and away from your chest and back again. Let the sound out, and your jaw should loosen. Now try the siren-ing on the ‘brrr’ sound again. Is it easier?

Communication techniques

The following approaches are informed by the techniques described by neurolinguistic programming (NLP). NLP was developed by Richard Bandler and John Grinder in the 1970s (Bandler & Grinder, 1981) as a framework for understanding how information and communication is processed by the mind and its application in psychotherapeutic approaches, particularly around self-improvement. Since the 1970s, NLP ideas have been developed and marketed to a wide variety of audiences, particularly in the business world, but have also been taken up by some healthcare practitioners.

Although there are a variety of techniques that have been developed within the range of published works and taught courses relating to NLP, we will focus on basic techniques that will help build rapport as those most appropriate in the CASC and everyday practice.

Rapport is a qualitative aspect of a relationship in which those concerned understand each other’s feelings and ideas, and communicate well. In the context of the CASC, rapport is so often talked about as something you developed ‘well’ or ‘not so well’ by those who give you feedback. We often comment in our assessments of people who come to see us in clinical practice – ‘Good rapport developed’. If rapport is critical, how do you develop it? The rest of this chapter describes techniques for developing rapport.

Developing an awareness of another person’s communication style and process

We all have our own communication style and it is important to develop an ability to become aware rapidly of someone else’s particular style when you first meet them, especially in the time-limited context of a CASC station. A style will be made of a set of coordinated facial expressions, hand gestures, changes in vocal qualities and bodily postures that are linked to someone’s

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emotional state or a particular thought process. ‘Body language’ and ‘non-verbal communication’ are phrases commonly used to describe this.

Examples

When someone is thinking an idea through in their mind – they may sit still, with a hand rubbing their chin and their eyes turned upward, avoiding gaze.

When someone is preoccupied and feeling sad – they may drop their shoulder, become still and look at the floor, be very still or fidgety.

Using your peripheral vision to notice the subtle visual aspects of communication is invaluable and again should be practised. These signs include subtle changes in facial expression, eye movement, limb movements and respiration rate.

There is a danger that you could develop a ‘painting by numbers’ approach to ‘reading’ body language or non-verbal communication: for example, they are looking down, so therefore the person is sad. Remember that non-verbal communication needs to be understood in the person’s unique individual context, i.e. the nature of the situation they are in, their understanding of why you are talking to them as well as their underlying personality traits.

Calibration

Calibration is the process of becoming consciously aware of how someone is communicating both verbally and non-verbally. This conscious awareness requires you to be receptive; when you first start practising these techniques, you cannot be caught up in your own thoughts. Instead, you need to be fully present and observing closely. Using your peripheral vision to notice ‘minimal’ cues is invaluable. Minimal cues include subtle changes in facial expression, eye movement, limb movements and respiration rate. As such it can be useful to practise this in less-pressured situations at first, perhaps when observing communication between peers. This is likely to be easier than in a patient interview or practice CASC scenario, where you might be constantly distracted by the thought of your next question/diagnostic features/how much time you have left. With practice you can then introduce this increased awareness of other people’s communication methods into those situations where you are actively participating and where it will be of most use to you. One particularly useful exercise is to record a practice scenario and watch it back with the sound turned off. Watch for subtle changes in body language and facial expression, and think about what might be being communicated by these. You may be surprised by how much more is going on than you first noticed.

Pacing

Pacing is the next step on from calibration. It is a conscious noting, moment by moment, of the nature and patterns of someone else’s communication

style and then adjusting your style to better fit with theirs. This is not about simply being aware of the content of the communication but rather the process of it. So when somebody asks you a question, you not only answer the question but also answer the way in which they asked the question. This is a natural, unconscious process most of the time. You 'fall into step' with someone when walking alongside them. One must make this a conscious process in order to take it further and use it strategically.

Matching

Part of pacing someone's communication style is the process of 'matching' – an essential technique in building up rapport with people. This is a technique used intuitively by good communicators. It is also often unconsciously performed among people who know each other well. For it to work effectively it must be done subtly, such that the person with you is not consciously aware of what you are doing. Matching involves using the same communication process(es) that the other person is using, such as body posturing. This is not to be confused with mirroring – which is the process of copying the gestures or movements of another as if you were them in a mirror. This can become very obvious and have a negative effect on rapport. To avoid this and confusing yourself, just think about the idea of approximately matching someone's communication to create a more comfortable, flexible approach.

Body movements

The participant should adopt a similar stance or posture to the other person but this is not simply a case of mimicking them. If a person changes their posture, do not simply copy the same movement immediately. This will come across as awkward and unnatural; also, patients with psychosis might misinterpret this in a paranoid way, which will hamper rapport. Instead, one might notice this and perform a similar movement a short time later.

You might only wish to match one part of a person's posture. Perhaps the hand movements they perform. You might wish to use another part of your body to match what you have observed. Crossed arms could be matched with crossed ankles for example. Sometimes people use their hands to symbolically place ideas, concepts or people in the space around them. You may notice patterns in how people do this, and you could match these.

Breathing

Using your peripheral awareness it is possible to notice someone's breathing rate and pattern. If you can match this subtly, it becomes a powerful and unconscious rapport builder. It also gives you great insight into a person's inner state, such as their level of anxiety or motor retardation.

Phrases and words

We all have our own phrases and frequently used words. When you adopt a patient's phraseology, discreetly this can help develop rapport – and make

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the other person feel that you are ‘speaking the same language’. Be careful with idiosyncratic, slang or peculiar words though; matching these can seem fake unless done after a good rapport has already been developed.

People will often use words that reflect a predisposition to a particular sensory modality, i.e. visual, auditory or kinaesthetic (touch and somatic sensations). You will recognise these patterns easily now that you are aware of them; for example: ‘I see your point of view’ (visual); ‘I hear what you are saying’ (auditory); ‘I feel I know what you mean’ (kinaesthetic). If you notice that someone is frequently using phrases or words within a particular modality, then reflect this in your own language. You should also try to become aware of which modality (if any) you yourself tend to use.

If a person uses a particular phrase or word to describe a property or dimension of their experience, then pace their experience by using it. Such properties might be the strength or size of a sensation or memory. As an example, someone might describe a ‘great’ feeling of sadness and you should reflect this in the language you use when asking questions – ‘When did this great feeling of sadness start?’ It may also allow you to explore the problem by establishing differences – ‘Do you always feel such a great sadness, or are there times when you can feel lighter (kinaesthetic) or brighter (visual)?’

This is not simply a process of active listening: it is a process of using what you hear to deepen rapport with a person.

Vocal matching

With practice, if you can match the content of somebody’s speech, then you can also match the qualities of their speech, i.e. their tone, intensity, tempo and volume. This takes practice and it starts with learning to use your own voice, which is why we would encourage you to do the vocal warm-up exercises (pp. 4–5).

If someone’s voice is at one extreme, perhaps whispering or shouting, then completely matching it would not be helpful. You may wish to move yours some way towards it. If someone is whispering, then softening and lowering your voice to a degree will help to build rapport.

Adaptation for difficult dynamics with patients

If a patient is highly anxious or angry, matching their experiences with body language or vocal qualities is unlikely to be helpful and may look a bit ridiculous. You should learn to calibrate their experience quickly through the observations of their verbal and non-verbal communication.

Taking the example of a person who is highly anxious, you may wish to start by slightly increasing the rate of your speech or by making quicker hand movements to match the anxiety-related behaviour of the person. This has to be done with skill and should only be tried when you are comfortable using the basic techniques mentioned earlier in a variety of less-polarised

situations. Subtlety is the key and in order to get this, practice developing a precise control over your vocal qualities and a conscious awareness of your body movements.

A further sophistication is to reflect a person's mental state in the language you use. This is not simply a case of using the word 'anxious' or telling the person they look stressed. However, you might use the word 'stress'. For example: 'I would like to stress to you that we are going to do all we can...'. What this technique requires is some preparatory study playing with language to work out which words and phrase work well. As with all of these techniques, making them work is largely about using them appropriately in the moment and adapting them rapidly to do so.

Leading

As you build up your finesse with these skills, you may try matching in one modality of non-verbal or verbal communication while 'anti-pacing' in another modality. Anti-pacing means deliberately not falling into step with somebody's mode of communication. Taking the earlier example of a person who is anxious, you might use quick hand movements and 'anxious' words, but the tone and speed of your voice is soft and calming (anti-pacing the person's own tone and speed of voice). Owing to people's tendency to fall into step with each other, as you develop rapport you can increase the anti-pacing actions and hopefully the person will be led by you into a more relaxed state. At this juncture you could try sitting down if the patient has been standing up to that point. If your rapport building has been good enough, then they may sit down. In a non-CASC interaction this can take as long as it needs to. In the exam you need to get to this point of 'leading' a patient as quickly as possible.

Example

You enter a mock station and find a patient's relative who is very agitated. The scenario suggests that they may be feeling angry as their son has been detained under the Mental Health Act 1983. You note their body language: they are pacing the room when you enter, they stop and place their hands on their hips, they gesture with forceful, quick movements that move towards your personal space, making the scenario feel confrontational. They are speaking at a loud volume and the pitch is more variable than a usual conversational style. Their sentences are either short bursts or longer statements that reference a number of issues in quick succession.

Imagine how you might respond to this in your non-verbal communication. You could match the person's stance, using arm and hand gestures that are animated but are not as forceful or as rapid and are kept out of the personal space of the other person. In terms of your speech, a consistent tone and pitch would anti-pace the other person's communication, but your sentences could pace the person's communication by being kept short

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and to one discussion point. If they are voicing a multitude of concerns or complaints, focusing on one discussion point can begin to lead the conversation into a more productive exchange.

If you notice that the person's body language changes and their tone and pitch of voice begins to even out, their gestures become slower and are kept closer to the body, their sentences become longer (often as their breathing rate decreases), then you might be able to ask whether they wish to sit down (they may do this naturally).

Practice this 'leading' of people with those you develop rapport with easily (and those in less extreme mental states) to gain confidence in doing it. Focusing on one modality of communication at a time can be helpful. Try to build up to leading with both non-verbal and verbal communication techniques where you can as you progress through this book.

Breaking rapport

There may be times when you do not wish to establish close rapport or need to reduce rapport that has already been established, for example when a patient with manic symptoms is becoming sexually inappropriate. To do this, applying the principles in reverse is effective – i.e. establishing a different vocal quality, language or body posture will help to break rapport or prevent it from forming or limit it.

An everyday example of this is bumping into a friend when you are in a hurry but they are obviously keen to talk. Think about how you adapt your body posture in this situation and how you change your tone of voice and what you might say. Commonly, people keep a greater distance between them, angle their body away from the other person in the direction they want to go, and increase the speed of their speech, giving it a breathless quality – thus conveying that they are in a rush.

Summary

The techniques of calibration, pacing and leading can be seen to be on a spectrum of increasing assertive influence within any interaction – with calibration being a passive stance of observation, pacing being a more active process of adjusting your own communication style and leading being a highly active approach to influencing the communication between you.

Rapidly building an awareness of someone else's communication style and continuously adjusting your own communication style to match it are the first two important steps. When rapport is established, you can try to adjust your communication style and lead the person into a different interaction, and perhaps a different emotional state. As an interaction needs to end, so you can break rapport through again adjusting your communication style.

Underlying all of this is a need to develop an awareness of your own communication style and learning to explore and control the full range of it.

As we have previously mentioned, these techniques are often used unconsciously in talking to those we know well; becoming aware of them might feel uncomfortable and using them more strategically may feel awkward at first. Keep trying them and the process will become much more natural.

Try running through mock stations 1–3 (pp. 49–52) to practice the communication techniques that are described in this chapter.

Reference

- Bandler R, Grinder J (1981) *Frogs into Princes: Neuro Linguistic Programming*. Real People Press.
Howell WS (1982) *The Empathic Communicator*. Wadsworth Publishing Company.