



Presentation

**Subconscious Verbal and Non-verbal
Indicators
Associated with Drug Seeking Activity**

**Scott Huckabee
Huckabee Consulting Inc.**

512-525-1053

Scott@DoctorsSafeguard.Com

DoctorsSafeguard.Com

***Dedicated to providing training to the medical community to
Identify and Safeguard against illegal drug seeking behavior.***

Handout

Subconscious Verbal & Non-verbal Indicators Associated with Drug Seeking Activity

Presentation Objectives

This presentation is designed to:

1. Identify behavior that is not deception;
2. Explain the association between stress and deceptive behavior;
3. Highlight subconscious verbal and non-verbal behavior associated with deception; and
4. Describe and explain how stall tactics and distractions/misdirection are used by deceptive individuals.

Overall Objective:

To ensure that clinicians feel confident in treating legitimate patients.

Behavior that is Not Deceptive

Before we can understand deceptive behavior, we must understand behavior that is not an indication of deception. Some behavior just appears to be odd.

Odd Behavior in Patients

Odd behavior in patients could be associated with one of the following:

- ✓ Prior negative/bad past experiences with physicians i.e., attempting to gain medication to control their pain and being accused of wanting narcotics for other reasons.
- ✓ White Coat Syndrome: Experiencing anxiety when confronting physicians.
- ✓ Loose, little or no eye contact.
- ✓ Other continuous behavior.

Negative or Bad Past Experience

The patient seems defensive (from the **onset** of the examination) while answering questions pertaining to their prior experiences with physicians or their pain.

- ✓ Ask the patient about their past experiences with physicians – let them get it off their chest.
- ✓ Reassure the patient that you are there to help them. You may see the defensiveness subside.

White Coat Syndrome

The patient may demonstrate anxiety from the **onset** of the examination. In an attempt to lower the anxiety level of the patient you may try to:

- ✓ Change the subject
- ✓ Ask about their hobbies
- ✓ Use levity, etc.

The patients may not change their behavior throughout the examination – that's OK. It only means they are nervous about talking to a doctor. NOTHING MORE!

Loose, little or no eye contact

This type of loose eye contact (**at the onset of the interview**) usually causes people to immediately question the veracity of the person they are talking to; however, this may be nothing more than:

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- ✓ Extremely low self-esteem
- ✓ Some other psychological issue
- ✓ A cultural issue (some cultures consider this disrespectful)

Spend time building rapport and you may see this behavior change.

Other continuous behavior

Behavior that presents at the onset of the examination/interview and continues throughout the examination/interview should not be considered. For the purposes of this presentation, you should only be concerned with incongruent behavior that presents as a result of specific issues discussed during the examination/interview.

Deception

Deceptive behavior is different. Behaviors associated with deception will likely present just before, during, or just after the person provides a deceptive answer. This makes it important for the person interviewing the patient to take time to notice the patient's behavior at the onset of the examination to be able to become aware of the patient's natural behavior (in other words, establish the patient's norm). Once you have established the patient's norm, pay attention to the patient throughout the examination so you will be able to pick-up on any change in their behavior. Normally, this change in behavior (associated with deception) will likely take place just before, during or just after the patient answers a significant question. A significant question would be the type of question that your decision to provide the patient a prescription for medication would depend on the patient's answer.

Three General Rules:

- ✓ Establish the patient's norm of behavior
- ✓ Identify the point of the interview when the behavior changes
- ✓ Ask yourself – Did this change take place at a significant point in the interview?

Note: A significant point would be the response to a significant question

About the information in this lesson

The information contained in this lesson should be used as one of many tools you may use to assess a patient. The information you receive from a patient's verbal and/or non-verbal cues (along with other factors) may cause you to request a urine drug test, current or future pill count/s, substantiate the veracity of the patient's statement, etc. This technique does not stand-alone in court as a valid judgment of deception, nor was it ever intended to. It is to be used as a tool to aid in your overall assessment of the patient and nothing more.

Recommendations for the Interviewer

Never take, 'what a patient says to you' during an examination, personally.

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- ✓ The patient does not know you personally. They are talking to a doctor/nurse practitioner (only). Some desperate people may say things to evoke a response. Your anger toward a patient can cause you to regret your actions later. Again, don't take what a patient says, personally.

Always provide a two minute rapport phase for each patient. This is referred as the 2 minute rule. The 2 minute rule will allow you to accomplish (at least) two objectives:

- ✓ Allows you to establish a positive doctor/patient relationship
- ✓ Allows you to identify the patient's norm

Motivation to Deceive

Motivation to gain prescription narcotics can stem from a number of things, but for this presentation I believe we can all agree on the following:

- ✓ Addiction – Can't get enough
- ✓ Aberrant Use – More than directed, run out before refill, fear of withdrawal
- ✓ Diversion - Provide to family member or another
- ✓ Drug dealing – Sell the drugs

The Truth and Ethics

The truth is an extremely important part of our life. The truth is a critical part of our gut level value processing taught to us by our parents, religion, school and society in general. This value of truth, along with GOOD over EVIL and RIGHT over WRONG provides the foundation of what we believe is ethical behavior. This foundation of ethical behavior causes people to react differently (consciously and subconsciously) when communicating deception to another person.

Displacement of Anxiety/Stress

Most humans tend not to deal with stress/anxiety very well. We tend to want to revert back to a more harmonious (mental) state as quickly as possible. In an attempt to achieve this goal, the mind and body may attempt to reduce/displaces the stress in two ways: 1) Non-Verbal/Physical Behavior i.e., body posture, shifting of limbs, etc., 2) Verbal/Mental behavior i.e., rationalization, projection, etc. Both Verbal and Non-Verbal cues will be discussed further.

Increase of Anxiety/Stress

Based on our fundamental expectation of ethical behavior, people tend to experience stress/anxiety prior to, during and after the execution of a lie.

- Prior to the lie:** Knowing the lie will be executed.
Thinking about the opportunity and delivery.
- During the lie:** Executing the lie.
Evaluating the plausibility of the lie during delivery.
Evaluating the target to see if they are being effective.

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After the lie: Evaluating the reaction of the target to see if any other information needs to be said.
 Evaluating if the target believed the lie.

When Subconscious Verbal and Non-verbal Cues have Meaning

The most important element of an interview is your ability to establish the norm of verbal and non-verbal behavior of the subject. It is extremely important for you to understand the following list of verbal and non-verbal gestures: however, the gesture alone means nothing. You have to be observant of the gesture/s being displayed and what prompted the gesture.

Example: A man may come to an examining room with his arms crossed, and keep his arms crossed all through the interview. This means nothing: however, if a man comes in to the examining room appearing relaxed but crosses his arms and his legs at the time he is asked a significant question (example: Have you taken your last prescription as directed?), this would be a cue that may indicate deception.

It is important to establish the norm of a person and be able to identify changes of the norm as associated with key points of the interview.

Make sure the change in behavior was not caused by:

The person's condition:

Example: A patient may shift (while sitting in their chair) due to lower back pain, etc.

Environmental conditions:

Example: The patient crossed their arms and legs because the air conditioning system turned on and a blast of cold air hit their body, etc.

Ambient noise:

Example: The patient asked you to repeat a question because a noise from outside the examining room either distracted them or interfered with their ability to hear what you had asked, etc.

You:

Example: At the point you begin to ask the patient significant questions, you:

- ✓ lean closer to the patient,
- ✓ change the expression on your face (maybe a more intense look),
- ✓ increase the intensity of your voice, etc.

Note: It is extremely important that your verbal and non-verbal behavior remains consistent throughout the examination/interview.

Observations Regarding Physical Gestures

The following are observations regarding physical gestures:

- People who are truthful tend to display open, smooth, free, easy, and flowing gestures consistent with the conversation. (move arms/hands/legs away from the body)

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- Deceptive gestures tend to be cramped, jerky, tight, closed, and often contradictory with the conversation. (moves arms/hands/legs toward the body)
- The more anxiety/stress a person feels, the more likely a gesture will occur.
- The higher level of anxiety/stress a person feels, the more likely it will be a more obvious gesture.
- The higher the level of anxiety/stress, the more likely that clusters of obvious gestures will present.
- When judging for deception, clusters of gestures are more reliable than single gestures alone.
- Big facial expressions i.e., raised eyebrows, open mouth (look of surprise), etc. are less reliable because they are more consciously controlled.

Eyes

Some say the eyes are the window to your soul. Did your parents ever say to you "look at me and tell me that"? There is more to that technique than you think. Eye movements can only be valuable if you have the time to establish the subject's eye movement patterns. Some people may just be shy and provide very little eye contact, but if you have a patient that maintains eye contact with you (1. while you ask each question and (2. during their response, but at the time they began answering the first significant question they look away. This can be an important cue.

Diverted Gaze

If a person diverts their gaze during their response to your question, that is an important cue. Truthful people tend to continue eye contact to be sure that they are heard and understood. Deceptive people subconsciously look away from the face of their target.

Upper Torso Movement

Truthful

People who are unfamiliar with you will tend to sit in a focused position. They will normally sit with their back straight (sometimes slightly forward), looking toward the interviewer. *Note: This depends on the comfort level of the patient while in your office.*

Deceptive

The deceptive person will tend to lean their upper torso back (away) from the interviewer (leaning back in the chair just before, during or just after the deceptive statement), making distance from the interviewer.

Arms

Elbows

They should be low and loose or folded and in a relaxed state. Elbows held high and or tight against the body indicates tension or anxiety.

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Arms

Arm gestures should be loose, flowing and in harmony with the rest of the body and consistent with the conversation.

Barriers

Crossed Arms

Crossed arms indicate anxiety. The higher the anxiety becomes, the tighter the arms will cross.

Clutching the Groin

Hands clutching the groin are an indication of great anxiety for men. The subject does not want to be there.

Crossing or Re-crossing Legs

Immediately before or during denial indicates deception. Crossing the legs is a subconscious attempt to provide a barrier between the interviewer and the subject.

Covering Eyes with Hands

Covering the eyes with hands (escape – hiding) indicates possible deception.

Covering Mouth with Hands

Covering the mouth with hands indicates that the subject does not want to talk, does not want to say what he/she is about to say. The subject is very uncomfortable about the topic.

Feet

Feet Movement

Keep in mind, fast or swift movements indicate stress or deceptive movements. Slow movements indicate relaxation or truthfulness.

- Tapping the feet indicates tension
- Swinging the feet indicates tension
- Woman slipping her foot out of her shoe indicates that she is relaxed.

Observations Regarding Verbal Gestures

Practice active listening skills.

Pay attention to:

- What is said
- How it is said
- Does it make sense
- Does the thought pattern flow

More information is communicated with inflections, (pitch, rate, volume, etc.), than with actual verbal content.

Truthful Response

Spontaneous

Truthful people will usually answer direct specific questions with direct spontaneous responses.

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Direct Denials

The truthful will give direct denials and the timing of the response will be consistent with the previous conversation.

Deceptive Response

Alter Pitch, Speed and Timing

When being deceptive, people will alter the pitch, speed and even the timing of their response.

Use of Soft Words

The deceptive will usually avoid harsh words like "steal", "lie", etc. Instead, they will use words like "borrowed", "embellished", etc.

Outrageous Explanations

The deceptive will offer nonsensical and sometimes outrageous explanations to accomplish their objectives. Example: "I was driving to Galveston this weekend, just taking my time with my sun-roof open, when I noticed a tiny tornado coming toward me. Before I could do anything about it, the tornado came across my vehicle. As the tornado moved across my car, I felt the vacuum through my open sunroof and heard some things in the back seat move around. When I pulled over to see what was missing, the only thing that found missing was my full bottle of painkillers".

Feign Anger

Deceptive people will be more likely to feign anger to mask nervous behavior. Example: "My wife knocked my full bottle of medication in the sink and she's sure going to pay for it".

Quick Answers

The deceptive will sometimes answer too quickly. Example: Question – Did you experience the pain in your back prior (answer – "yes") to your lunch break?

Note: Deceptive people experiencing a high level of anxiety sometimes provide the answer that they believe you want to hear before you have the opportunity to finish your question. They want to get the examination over quickly.

Stall Tactics *conscious behavior*

Verbal

Examples of stall techniques:

- ✓ Long pause after a question.
- ✓ Echoes (repeats) the question.
- ✓ Asks you to repeat the question.
- ✓ Huh?
- ✓ What?
- ✓ Clears throat, Coughs, sighs
- ✓ Stutter, Stammers
- ✓ Asks you for clarification

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- ✓ Ah's, Er's, Um's
- ✓ Nervous Laugh
- ✓ Inappropriate yawn (with or without a stretch)

Non-verbal

The solitary (non-productive) cough is sometimes used to buy time just before answering a direct question.

Distractions/Misdirection *also conscious behavior*

Distraction – Example: The patient may suddenly complain of an ache or pain hoping to cause the interviewer to move away from the issue (and not return), etc.

Misdirection – Example: When the interviewer is obviously approaching a topic or issue that the patient does not want to answer, the patient may:

- ✓ Ask a question about a specific medication;
- ✓ Bring up a different symptom they claimed to have experienced;
- ✓ Bring up a completely different topic or issue (like the football game last weekend);

Hoping you will forget or forgo additional questions about that topic.

Changes in Verb Tense

When a person is asked to suddenly recount their actions (and chooses to lie) about some event, they tend to change verb tense within the story. These stories tend to start out with the person speaking in past tense (this portion of the story is usually truthful and is known as the primary trivial incident). When the person gets to the portion of the story where they deceive (known as the questionable incident) the verb tense tends to shift to present tense. After the questionable incident is explained and the person completes the story (known as the secondary trivial incident), the verb tense tends to shift back to past tense.

The reason for this is simple. The lie only needs to be told at the “questionable incident” part of the story. This makes it easier for the deceptive person to remember the lie later on if needed. Understanding this, the person tells the truth during the primary trivial incident. *Note: When you tell the truth about something that happened in the past, you naturally explain it using past tense.* While explaining the questionable incident, the person is making up the story as they tell it. In their mind the scenario they are talking about is happening now so they naturally tell about it in present tense. Finally, the person refers back to the truth to finish the secondary trivial incident portion of the story and naturally reverts back to past tense. Example: Yesterday after I got off work I drove home. When I arrived home I sat in my chair and watched the news. After the news was over, my son's friend, Dave, came over to do his homework with my son. Dave and my son studied in my son's bedroom. I notice that Dave walks out of my son's bedroom to get some water from the kitchen. I watch Dave walk from the bedroom to the kitchen, I hear the cabinet open, and then the refrigerator.

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Dave stayed at my house until 9:00 pm. After Dave left, I look in my cabinet and see that my pain pills are gone.

Parting note:

Remember, the vast majority of your patients are truthful people. Don't try to make something out of nothing.

Be objective. Evaluate the patient's medical history, signs, symptoms, verbal and non-verbal behavior. Remember, this is a tool that should be used with all the other evidence you have to assess the patient.

If you feel that an error could be made, always give the patient the benefit of the doubt!

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