Welcome to the

MODIFIED CONSISTENT REFERRALS PROGRAM

TRAINING MATERIALS FOR THIS PROGRAM CONSIST OF THE FOLLOWING 3 MANUALS:

Training Administration Manual #1
Relationship Development Manual #2
Role-Play & Internship Operation Manual #3

Based on the works of L. Ron Hubbard

MODIFIED CONSISTENT REFERRALS PROGRAM

MANUAL #1
TRAINING ADMINISTRATION

Based on the works of L. Ron Hubbard

SURVIVAL STRATEGIES, INC.
MODIFIED CONSISTENT REFERRALS PROGRAM

Training Administration Manual #1 Table of Contents

ABOUT THE MANAGEMENT TECHNOLOGIES USED BY SSI.

Survival Strategies, Inc. (SSI), uses and teaches the business and management technologies and systems developed by L. Ron Hubbard.

Mr. Hubbard is most well known as an author, declared by Guinness World Records as "most published" and "most translated" author of all time, "author with most audiobook titles" and "author with the single most translated non-religious work".

Mr. Hubbard financed his research into finding solutions for business and personal problems by sales of his fiction writings. He is the holder of many international awards for his writing including *Writer of the Century Award.*

From his discoveries, L. Ron Hubbard wrote thousands of articles on management and administration. Hubbard administrative and management technology is used by many thousands of businesses around the world.

Mr. Hubbard also researched and developed a technology on study. Hubbard study technology is used throughout the entire educational systems of some countries and is becoming more widely requested on a daily basis as educators agree that until now there has never been an exact technology on how to study and learn.

L. Ron Hubbard's other technologies are each used in world-wide networks of organizations for drug education and prevention, for drug rehabilitation, for criminal reform, human rights, for relieving both first responders and victims at natural disasters, for reducing crime and for improving morality.

For these humanitarian works Mr. Hubbard was awarded the *Human Rights and Peace Award* and *Gift to Mankind Award,* amongst many other awards.

(Mr. Hubbard's all-denominational, spiritual enhancement technologies are also used in thousands of churches, missions and groups around the world.)

Survival Strategies, as a business, is not licensed to use Mr. Hubbard's religious works and does not use or teach them.

SSI uses Mr. Hubbard's non-religious Business Management Technologies.

HUBBARD MANAGEMENT TECHNOLOGY™ – BIG PICTURE

To begin, one needs to fully understand what a technology is. Many management methods exist that are not technologies.

For something to be a technology it must produce the exact same result if an exact procedure is followed.

Hubbard Management Technology will produce an exact predictable result if predetermined actions are followed exactly.

Hubbard Management Technology was developed by Mr. Hubbard after many, many years of searching out the natural physical universe laws that apply to groups and then building them into a management technology.

Because of this, Mr. Hubbard's Management Technology does produce an exact result every time – provided it is applied exactly.

As an example of this, the Hubbard Organizing Board follows the cycle of production in the physical universe. Provided all the divisions and departments of the Organizing Board are present, operating and producing their individual products in sufficient quantity, the organization or group (or individual) will succeed and prosper. The reason any organization or group fails is due to lack of one or more of the departments on this Org Board. This is very superior to a simple organizational chart.

Another vital physical universe law is that accumulating successes lead to further success, increased survival potential and expansion while accumulating losses lead to lack of success, shrinkage and failure.

Mr. Hubbard worked this natural law into his entire management technology using a system known as the Administrative Scale.

The Administrative Scale sets a goal for the group or company that sets a year's long game and then breaks it down into sub-goals, plans, programs and individual small targets to be easily done – all of which lead onward towards the eventual accomplishment of the goal. When the goal is accomplished, a new larger goal is set, and a new Administrative Scale is created to ensure it too is attained.

A natural law that Mr. Hubbard observed is that to prosper, people must have a game – whether it is work, a sport, a hobby, an art or something else. If not given a creative game people may create a destructive game as any game is better than no game. When work is made a game, people thrive. The Administrative Scale can be used to set the goal for a yearly game.

Mr. Hubbard pointed out that as well as a goal to be reached, a game has a purpose (just like your company has) and barriers and freedoms set by rules, as well as team members or players, and opponents.

The policy system developed by Mr. Hubbard set the rules for the company game. The policies also lay out who or what the opponents are. These might be the competition, public unawareness, unwilling staff, client/patient disabilities, etc. – things that could damage or shrink the organization if they are not overcome.

Mr. Hubbard set out a Statistical Management System whereby all staff members are assigned a production statistic to measure their productivity on a weekly basis as shown on a production-statistic graph. His further research discovered that anything at all in this universe is in one or another "condition" or "state of existence" at any given time. He searched out and found the naturally occurring steps that can move anything up to higher conditions of existence. When these "Conditions Formula" steps are applied by staff members to their weekly actions, their statistical graphs go up as they move up into higher conditions.

His discovery that by nature, nothing remains the same in the physical universe – it either shrinks or is acted upon by life and increases – prompted Mr. Hubbard to build the intention of expansion into every aspect of his technology.

Mr. Hubbard also researched the subject of study, as the ability of staff to learn their duties is vital to the success of any organization of any size (including the skills of an entire nation). There are several barriers to starting to learn and once learning begins there are three very important barriers to study that can prevent staff members from being able to competently do their duties. Hubbard's Study Technology correctly applied can assure high productivity by staff members.

As the basic tool of all endeavors is communication, Mr. Hubbard researched this subject in great detail. He outlined the great differences between actual, valid communication and simply talking and developed methods of teaching true communication to anyone - methods that have changed many executive's and staff member's performance for the better.

These relationship building skills are used extensively in the SSI Consistent Referrals and Public Relations Programs.

There are many other aspects of Hubbard Management Technology. The above is a brief overview.

Over 2 million professionals around the world are now using the Hubbard Management Technology.

There over 40 Hubbard Colleges in dozens of countries that train people to be consultants using the 11-volume encyclopedia of Hubbard Management Technology written by L. Ron Hubbard.

A few companies that use Hubbard Management Technology follow:

Motion Control (Robotic Cinematography Cameras) Received the Queen's Award (UK)
www.mrmoco.com

Clear Connect (Inc 500) Cosmetic Dentistry (USA)
www.clearconnectco.com

Galaxy Marketing Solutions (Inc 500) (USA)
https://www.facebook.com/galaxymarketing/

AutoLoop (Inc 500) Marketing (USA)
www.AutoLoop.net

Bimota Motorcycles (Italy)
www.Bimota.it

Point Summit (Amusement Parks) (USA)
https://PointSummit.com

Deering Banjo Company (USA)
www.deeringbanjos.com

Missouri Veterinary Medical Association (USA)
www.movma.org

Transfesa (Freight Transport and logistics) (Spain)
www.transfesa.com

Rebound Physical Therapy (USA)
www.reboundphysicaltherapy.com

Management Success (Auto repair shop consulting for hundreds of repair shops) (USA)
www.ManagementSuccess.com

Atkinson Baker (Court Reporters) (USA)
www.depo.com

Sterling Management (Consulting for hundreds of dentists and CPAs) (USA)
www.sterling-management.com

DM TAK Roofing (Sweden)
www.dmtak.se

DBD International (Public Relations Branding) (USA)
www.RisingAboveTheNoise.com

Condusiv Technologies (Software) (USA)
www.condusiv.com

DLA Investments - Granit Quarries (South Africa)
www.dlagranit.com

Revive Skateboards (USA)
www.reviveskateboards.com

Mark Isham – Musician with 46 award nominations (USA)
https://isham.com

Doc Wong Motor Cycle Riding Clinics (USA)
www.facebook.com/DocWongRidingClinics

Manooi Chandeliers (Hungary)
www.manooi.com

Virtual Snow - Skiing instruction (USA)
www.virtualsnow.com

Root Cause Medical Clinic (USA)
www.rootcausemedicalclinic.com

Pacific Outdoor Living – Landscaping. (USA)
www.pacificoutdoorliving.com/gallery

Infinity Industrial Control - alternate energy (USA)
www.inf-ind.com

Survival Strategies Inc. – consultants for hundreds of adult & ped therapy clinics (USA)
www.survivalstrategies.com

Carl-W. Röhrig – artist (Germany)
http://www.roehrigart.com/en/online-gallery

Oyaizu Seicha International Japanese Tea Company
http://www.oyaizu.co.jp/assets/images/new-image/webpage_english_ver2.html

There are many thousands more companies and individuals in more than 100 professions and more than 60 nations, who all use the Hubbard Management Technologies and Systems to improve their businesses, uplift their communities and thus improve their personal lives as well. When one's business is thriving and affluent one's personal life is bettered as well.

All staff who will be attending the training are to read the above data and then read and sign the following Training Agreement to signify their understanding of the source of the technology SSI uses, and their agreement to be trained in it, learn it and use it in the clinic.

There is a separate copy of the training agreement on the following page which is to be signed by each person who will be attending the training, and these are to be emailed to the SSI consultant by the client. No person who does not read the forgoing briefings and agree to and sign a Training Agreement will be permitted to attend the training.

Then we will ask you to sign a n agreement for your clinic owner – not to divulge the knowledge you will be learning to competitors.

NOTE: As stated clearly earlier, Survival Strategies is not licensed to, and does not deliver, any of Mr. Hubbard's self-improvement/religious technologies (known as Dianetics and Scientology). However, if you have questions about these matters, you may check what non-Scientology world religions experts, public officials and the ministers of some other religions, have to say about it at: www.ScientologyReligion.Org (This matter is entirely up to you and not a requirement in any way.)

TRAINING AGREEMENT

NOTE: This document is read and signed by all non-owner attendees of Survival Strategies, Inc. training sessions.

Thank you for your interest and agreement to attend the training services offered by Survival Strategies, Inc. We utilize the principles of L. Ron Hubbard's administrative, management, and business technology with these training and consulting services. We have used these materials for the past 26 years in over 5,000 businesses throughout the U.S. and Canada to rave success!

We will be training the owner/staff of:

PRACTICE NAME:_____

While Mr. Hubbard originally developed this system of organizational and administrative technology for the management for the Churches of Scientology, it is non-religious in nature and proven equally applicable and highly successful in the everyday business environment. Our trainings cover areas such as communication, relationship development, the enhancement of staff performance, finance, promotion, marketing, planning, and organizational management & expansion, among other things.

These reading / audio visual materials are to be viewed and understood only as they apply to the business / management program being delivered and for those purposes only.

I agree to be trained, and properly apply to the best of my ability, the training I am about to receive for the betterment of this practice and am making this decision of my own free will.

Printed Name:_____

Signature: _____ Date: _____

Job Title:_____

Survival Strategies, Inc. Rep.:_____

NON-DISCLOSURE BOND

I, _____, am an employee of _____
I am currently being given several days of marketing training relating to developing physician referrals at Survival Strategies, Inc. of Burbank CA.

I am fully aware that this training, the information I am obtaining, and the written materials and manuals of this course are being paid for by my employers, and that they are paying for my time and travel to obtain this information.

I do consider this to be valuable consideration and, in exchange for that consideration, I hereby agree never to place the materials or information of this course into the hands of any competitors of the company. I further agree never to use this information or the skills I have learned in the employ of any competitors of the company.

I make this agreement of my own free will, being under no duress or persuasion by my employers or any other person.

_____ _____
Signature Date

_____ _____
Witness Date

MODIFIED CONSISTENT REFERRALS PROGRAM

START-UP PHASE COMPLETION CHECKLIST

To be completed prior to arriving for Training.

Client: _____ Date Started: _____

1) Client has received the starter pack. _____

2) Client has set up a regular weekly phone call with Consultant. _____

3) Training dates have been confirmed with the Director of Client Services including plane, hotel, etc. _____

4) With the Consultant, Client has decided which staff will attend thetraining. _____

5) Consultant has briefed the owner and any attending staff on all the training regulations and answered any questions. _____

6) Client has sent out fifty to one hundred Referral Profiles with coverletter. _____

7) Client is reporting statistics in the OMS software weekly. _____

8) Client has read the following articles in the Starter Pack and reviewed with the consultant how these issues relate to the consulting process:
WHAT AN EXECUTIVE WANTS ON HIS LINES, A MODEL HAT FOR AN EXECUTIVE, PROBLEMS, COMPLETED STAFF WORK, and THE THREE BASKET SYSTEM. _____

9) Has read the Chapter 6 from THE KEYS TO PRIVATE PRACTICE SUCCESS book. _____

10) Client has updated the Monthly Stats & Referral Source History in OMS. _____

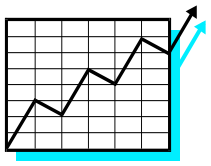
11) Client has made Referral Source Charts for all profiles that have been received.
(To be brought to the training.) _____

12) All staff going to training are set to arrive at the training location with maps, directions or anything else needed. _____

13) Write a sunnary of what was accomplished on this training preparation phase, check off this list as done, sign below and send the summary and this sheet to your consultant.

Attested Complete Client: _____ Date: _____

Consultant: _____ Date: _____

Survival Strategies, Inc . 

Modified Consistent Referrals Preparation Phase Completion
SUMMARY OF GAINS ON PROGRAM SO FAR

Name: _____Consultant: _____ Date: _____

Practice Name: _____ Practice Type: _____

Please share with us any realizations and/or improvements up to Start-Up Phase completion.

Please tell us who you know that might be interested in learning more about this service or similar ones and we will invite them to one of our introductory services on your behalf:

Name _____
Your relationship _____
Phone _____
Email _____

Name _____
Your relationship _____
Phone _____
Email _____

May we share your summary of gains with others? Please circle one: Yes _ No _

Signature: _____

THREE DAYS OVERVIEW

DAY ONE:

Manual #1

- Training administration with orientation and successful system
- How to Learn – (briefing by trainer)

Manual #2

- Important Definitions – the basics of success
- How to have Ability
- The parts of the ARC Triangle and how to use it
- Invalidation – How to Crash the ARC Triangle
- Fixed Ideas

DAY TWO:

Manual #2 continued

- The Emotional Tone Scale
- DVD on the Emotional Tone Scale
- Field trip and practice using the Tone Scale
- Finding out how to Help a Referral Source

DAY THREE:

Manual # 3

- Basic sequence of actions
- How the PCC uses the Relationship Development tools with roll-playing
- How the professional finds a referral source's needs and wants with roll playing
- Weekly marketing meeting
- Battle plan
- Internship phases
- Questions

Manual #1

- Wrapping it all up

ORIENTATION

It takes at least a two-member team to be able to effectively build up an established, active base of referral sources who generate an abundance of new patients for a clinic.

This team is a Patient Care Coordinator (PCC) – a name very carefully chosen, - and a medical professional (owner/therapist).

In a very small clinic both hats may have to be worn by the same individua – probably the owner or a skilled individual or therapist the owner nominates.

In a very large clinic there may be more than 1 PCC and more than 1 therapist who visits referral sources.

The abilities needed to build sufficient rapport with the receptionists, office managers, secretaries, and other front desk and front office people, who "guard the gates" of referral sources and potential referral sources, are high- level skills.

Only if you can build genuine rapport with these people do you have any chance of getting them to agree to set up a meeting between your professional and the actual doctor or other referral source.

Then, your professional has to have a high level of skill to confidently and professionally meet with the referral sources and be able to continually build rapport in successive meetings, so that the referral source will refer more and more patients to the clinic.

Because of the skills required, we spend most of the first two days of this 3-day training, exclusively on how to build rapport with all types of individuals in all types of moods and situations.

After 2 days, when these skills are thoroughly mastered, we will go into the details of how and when to use them with the front desk people of referral sources and with the referral sources themselves.

If you attempted these actions without the skills you will learn in the first 2 days, you would almost certainly fail.

THE SUCCESSFUL SYSTEM

THERE ARE TWO COORDINATING FUNCTIONS:
There are two hat functions needed and they are best done by different people.

THE PATIENT CARE COORDINATOR (PCC)
The Patient Care Coordinator (PCC) obtains all possible data about the referral source and his or her office and staff and builds a file of this data. Then the PCC befriends the receptionists and office managers and front desk personnel in the referral source offices until there is sufficient trust built up that he or she can set up a 15-minute meeting between the clinic's professional and the referral source.

THE CLINIC PROFESSIONAL:
The clinic professional uses the data collected in the file by the PCC to develop an exact strategy for the meeting. Then goes to the meeting at the arranged time with that exact strategy and pre-determined questions to ask. He/she creates rapport and trust with the referral source and carefully discovers what the referral source needs help with that he or she is willing to have the therapy clinic professional help with.
(This desired help is almost always in the form of helping difficult patients to fully recover and so there are referrals to your clinic.)

PCC Actions:
Visit referral source offices to introduce self, get data, drop off reports, ask questions about the profile.

Accumulate data on the referral source so your professional knows how to comfortably approach the referral source

Develop enough rapport with the office that they will set up a 15 minute meeting between the referral source and your professional.

Your Clinic Professional's Actions:
Study all the data in the referral source folder

Get any additional relevant data about the referral source and office from the PCC

Develop a strategy for a meeting with the referral source

Have a memo written to the referral source about the meeting and sign it

Have the PCC go and set up a meeting with the referral source

Have the PCC give the memo in to go to the referral source

Roll-play the meeting with the PCC or someone else acting as the referral source

Do the meeting with the referral source including agreements for another meeting

Debrief the meeting with the referral source

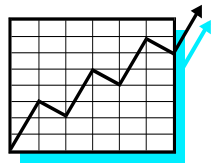
Create a strategy for the next meeting with the referral source

Have a confirmation letter written to the referral source about the next meeting

Have the confirmation letter delivered

Repeat these actions for the next meeting – and the next

FEEDBACK SHEET Day 1



Survival Strategies, Inc, Los Angeles, CA

Service: MODIFIED REFERRAL PROGRAM Date: _____

1. What subjects did you cover today?

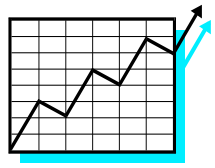
2. What did you find the most useful?

3. How can you apply the data you've covered to your practice?

4. How could the session have been improved?

Print Name _____Signed: _____

FEEDBACK SHEET Day 2



Survival Strategies, Inc, Los Angeles, CA

Service: MODIFIED REFERRAL PROGRAM Date: _____

1. What subjects did you cover today?

2. What did you find the most useful?

3. How can you apply the data you've covered to your practice?

4. How could the session have been improved?

Print Name _____Signed: _____

(To be signed at completion of training.)

Client Assurances
Consistent Referrals Program

CLIENT NAME: _____

DATE:_____ TRAINER: _____

Having completed the training phase of my program and preparing to begin the internship phase, I do assure Survival Strategies that I will keep my contract agreements and abide by the following:

1) I will make sure that someone goes out on 3-5 Referral Source visits per week (whether myself or someone else qualified to do so.) This means face-to-face visits, not phone calls. It also means that these are visits in which the strategies and procedures taught us at SSI are being used—not just "social chit-chat."

2) I will make sure that 8-10 Front Desk visits are being done—or, at least enough of these visits to allow for 3-5 Referral Source appointments to be made weekly. If more visits are needed to accomplish the 3-5 referral source visits, then that will be done.

3) I will be there for my scheduled calls with the consultant and will not allow other appointments to be inserted into this time slot. I will also be on time for these calls and will be prepared with all stats, graphs and other forms needed for the consultation.

4) I will send all stats, graphs, Battle Plans, the Weekly Progress Reports, and any other reports or forms requested by the consultant at least 24 hours before our scheduled consultation.

5) If I need to cancel/reschedule a call with my consultant, I will notify her/him as soon as possible—at least 24 hours ahead of time, if this can be done. I do understand that if I cancel my appointment, it is quite likely that I will not be able to get a full hour in with the consultant until my next normal bi-weekly time.

Continued

6) I will not go out of communication with my consultant or Survival Strategies—in other words, if I get a call or a fax, I will return it.

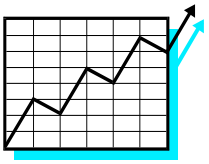
7) I realize that my contract stipulates that, should my clinic not be responding to the program in a standard fashion, or if we don't follow these agreements, I will need to come back to Survival Strategies for a 2-day review in order to sort out the problems and to receive assistance in solving them.

8) I fully understand the time involvement this program requires and I agree to take it on.

9) If I have had any questions or disagreements with the program so far, they have already been taken up with my trainer and handled.

Signature of Owner _____

Signature of Trainer _____



SUMMARY OF TRAINING GAINS

Survival Strategies, Inc. Los Angeles, CA. **Day 3**

Name: _____Clinic:_____ Date: _____

Service: MODIFIED REFERRAL TRAINING Trainer: _____

Please share with us any improvements in your abilities or any realizations you've had as a result of this training, and how you will use the principles to achieve your goals.

(*If you need more writing space use back of form)*

Please tell us who you know that might be interested in learning more about this service or similar ones and we will invite them to one of our introductory services on your behalf:

Name _____
Your relationship _____
Phone _____
Email _____

Name _____
Your relationship _____
Phone _____
Email _____

May we share your summary of gains with others? Please circle one: Yes _ No _

Signature: _____

CONSISTENT REFERRALS PROGRAM

MANUAL #2 RELATIONSHIP DEVELOPMENT

Survival Strategies, Inc.
Los Angeles, California USA

I/A #02031201

RELATIONSHIP DEVELOPMENT

REFERENCES

Table of Contents Manual #2

SECTION 1: THE ARC TRIANGLE AND FIXED IDEAS

SECTION 2: THE TONE SCALE

LEARNING TOOLS

Based on the works of L. Ron Hubbard

THE MISUNDERSTOOD WORD

"Going on past a word that was not understood gives one a distinctly blank feeling or a washed-out feeling.

"A 'not-there' feeling and a sort of nervous hysteria (excessive anxiety) can follow that."

"The confusion or inability to grasp or learn comes *after* a word that the person did not have defined and understood."

"When a student misses understanding a word, the section right after that word is a blank in his memory."

"A misunderstood definition or a not-comprehended definition or an undefined word can even cause a person to give up studying a subject and leave a course or class."

ABSENCE OF MASS

"By *mass* we mean the actual physical objects, the things of life. The *significance* of a subject is the meaning or ideas or theory of it."

"Education attempted in the absence of the *mass* in which the technology will be involved is hard on a student."

"If you were studying about tractors, the mass would be a tractor. You could study a textbook all about tractors, how to operate the controls, the different types of attachments that can be used – in other words, all

the significance – but can you imagine how little you would understand if you had never actually seen a tractor?"

"Such an absence of mass can actually make a student feel squashed. It can make him feel bent, sort of dizzy, sort of dead, bored and exasperated."

Photographs or motion pictures can be helpful because they represent a promise or hope of the mass. But if one is studying about tractors, the printed page and the spoken word are not a substitute for an actual tractor!"

TOO STEEP A GRADIENT

"A gradient is a gradual approach to something taken step by step, level by level, each step or level being, of itself, easily attainable – so that finally, complicated and difficult activities can be achieved with relative ease. The term gradient also applies to each of the steps taken in such an approach."

"When one hits too steep a gradient in studying a subject, a sort of confusion or reelingness (a state of mental swaying or unsteadiness) results."

"The remedy for too steep a gradient is to cut back the gradient. Find out when the person was not confused about what he was studying and then find out what *new* action he undertook. Find out what he felt he understood well just *before* he got all confused."

"You will discover that there is something in this area – the part he'd felt he understood well – which he did not really understand.

"When this is cleared up, the student will be able to progress again."

IMPORTANT DEFINITIONS

CONFRONT:

1. An action of being able to face.

2. The ability to be there comfortably and perceive.

3. To face without flinching or avoiding.

- L. Ron Hubbard

CONTROL

Almost the entire subject of control is summed up in the ability to start, change and stop one's activities, body and one's environment.

- L. Ron Hubbard

GRADIENT

A gradual approach to something, taken step by step, level by level, each step or level being, of itself, easily surmountable — so that, quite complicated and difficult activities can be achieved with relative ease.

- L. Ron Hubbard

ABILITY

To observe, to make decisions, to act.

– L. Ron Hubbard

OBSERVATION

Observation is not a passive thing. It is an active thing and involves the closest possible study of what one is observing. One should train himself or herself to react in the following manner: if one is in mystery about something one does not puzzle over it, he or she knows at once that if he is puzzled or in mystery or can't work it out, he or she does not have enough data and the thing to do is get more data. The full thought is, puzzle or mystery or can't figure it out — get more data.

– L. Ron Hubbard

AFFINITY

The feeling of love or liking for someone or something. Affinity is a phenomena of space in that it expresses the willingness to occupy the same place as the thing which is loved or liked. The reverse of it would be antipathy, "dislike" or rejection which would be the unwillingness to approach something or someone. It came from the French, *affinite*, affinity, kindred, alliance, nearness and also from the Latin, *affinis*, meaning near, bordering upon.

– L. Ron Hubbard

REALITY

1. **Agreement as to what is.**

2. **Reality is an agreement. It is not what the individual thinks reality is. Reality is what the majority agrees it is.**

3. **Reality is composed of the degree of duplication[1] possible and this is also describable under the heading of agreement.**

4. **Reality is a quality which depends upon duplication and in the action of duplication expertly or poorly done we find agreement and disagreement.**

5. **Agreement in the mental plane and solids in the physical plane.**

– L. Ron Hubbard

[1] **Duplication**: used to describe the action of reproducing something exactly. For example, if Person A communicated the concept of a cat to Person B and Person B got the exact same concept of a cat without any alteration, Person B would be said to have *duplicated* what was originated by Person A.

COMMUNICATION

Communication is the consideration and action of impelling an impulse or particle from source point across a distance to receipt point, with the intention of bringing into being at the receipt point a duplication and understanding of that which emanated from the source point.

The formula of Communication is: Cause, Distance, Effect with Intention, Attention and Duplication WITH UNDERSTANDING.

The operation, the action, by which one experiences emotion and by which one agrees. Communication is not only the modus operandi, it is the heart of life and is by thousands of per cent the senior in importance to affinity and reality.

– L. Ron Hubbard

Duplication: an act or instance of making an exact copy of something.
Thorndike-Barnhardt Dictionary

Emanated **means originated; sent forth; flowed out.**

– L. Ron Hubbard

ACKNOWLEDGMENT

Something done or said to inform another that his statement or action has been noted, understood and received. "Very good," "Okay," and other such phrases are intended to inform another who has spoken or acted that his statement or action has been accepted. An acknowledgment also tends to confirm that the statement has been made or the action has been done and so brings about a condition not only of communication but of reality between two or more people. Applause at a theater is an acknowledgment of the actor or act plus approval. Acknowledgment itself does not necessarily imply approval or disapproval or any other thing beyond the knowledge that an action or statement has been observed and is received.

- L. Ron Hubbard

INVALIDATION

1. Refuting or degrading or discrediting or denying something someone else considers to be fact.

2. Basically non-attention. Attention itself is quite important for attention is necessary before an effect can be created.

– L. Ron Hubbard

THE ARC TRIANGLE

There are three factors which are of the utmost importance in handling life. These three factors are called the ARC triangle. The abbreviation ARC (pronounced A-R-C rather than *arc*) is one of the most useful terms yet devised. The ARC triangle is called a triangle because it has three related points. The first of these points is affinity. The second of these points is reality. The third of these points and the most important is communication. These are the component parts of understanding.

Every point on the ARC triangle is dependent on the other two, and every two are dependent on one. One can't cut down one without cutting down the other two, and one can't rehabilitate one without rehabilitating the other two. On the positive side, one can rehabilitate any point on the triangle by rehabilitating any other point on it.

The interrelationship of the triangle becomes apparent at once when one asks, "Have you ever tried to talk to an angry man?" Without a high degree of liking and without some basis of agreement there is no communication. Without communication and some basis of emotional response there can be no reality. Without some basis for agreement and communication there can be no affinity. Thus we call these three things a triangle. Unless we have two corners of the triangle, there cannot be a third corner. Desiring any corner of the triangle, one must include the other two.

The triangle is not an equilateral triangle. Affinity and reality are very much less important than communication. It might be said that the triangle begins with communication, which brings into existence affinity and reality.

Since each of these three aspects of existence is dependent on the other two, anything which affects one of these will also similarly affect the others. It is very difficult to suffer a reversal of affinity without also suffering a blockage of communication and a consequent deterioration of reality. L. Ron Hubbard

How To Use The ARC Triangle

Given these principles of the ARC triangle and its components, how would you talk to a man?

The way to talk to a man would be to find something to like about him and to discuss something with which he can agree. This is the downfall of most new ideas: One does not discuss subjects with which the other person has any point of agreement at all.

That with which we agree tends to be more real than that with which we do not agree. There is a definite coordination between agreement and reality. Those things are real which we agree are real. Those things are not real which we agree are not real. On those things upon which we disagree we have very little reality.

How do you talk to a man then? You establish reality by finding something with which you both agree. Then you attempt to maintain as high an affinity level as possible by knowing there is something you can like about him. And you are then able to talk with him. If you do not have the first two conditions, it is fairly certain that the third condition will not be present, which is to say, you will not be able to talk to him easily.

Affinity, reality and communication are interdependent one upon the other, and when one drops the other two drop also. When one rises the other two rise also. It is only necessary to improve one corner of this very valuable triangle in order to improve the remaining two corners. It is only necessary to improve two corners of the triangle to improve the third.

- L. Ron Hubbard

THE TONE SCALE

The Tone Scale--a vital tool for any aspect of life involving one's fellows--is a scale which shows the successive emotional tones a person can experience. By "tone" is meant the momentary or continuing emotional state of a person. Emotions such as fear, anger, grief, enthusiasm and others which people experience are shown on this graduated scale.

Skillful use of this scale enables one to both predict and understand human behavior in all its manifestations.

This Tone Scale plots the descending spiral of life from full vitality and consciousness through half-vitality and half-consciousness down to death.

By various calculations about the energy of life, by observation and by test, this Tone Scale is able to give levels of behavior as life declines.

These various levels are common to all men.

When a man is nearly dead, he can be said to be in a chronic *apathy*. And he behaves in a certain way about other things. This is 0.05 on the Tone Scale.

When a man is chronically in *grief* about his losses, he is in grief. And he behaves certain ways about many things. This is 0.5 on the scale.

When a person is not yet so low as grief but realizes losses are impending, or is fixed chronically at this level by past losses, he can be said to be in *fear*. This is around 1.0 on the scale.

An individual who is fighting against threatened losses is in *anger*. And he manifests other aspects of behavior. This is 1.5.

The person who is merely suspicious that loss may take place or who has become fixed at this level is resentful. He can be said to be in *antagonism*. This is 2.0 on the scale.

Above antagonism, the situation of a person is not so good that he is enthusiastic, not so bad that he is resentful. He has lost some goals and cannot immediately locate others. He is said to be in *boredom,* or at 2.5 on the Tone Scale.

At 3.0 on the scale, a person has a *conservative*, cautious aspect toward life but is reaching his goals.

At 4.0 the individual is *enthusiastic*, happy and vital.

Very few people are natural 4.0s. A charitable average is probably around 2.8.

You have watched this scale in operation before now. Have you ever seen a child trying to acquire, let us say a nickel? At first he is happy. He simply wants a nickel. If refused, he then explains why he wants it. If he fails to get it and did not want it badly, he becomes bored and goes away. But if he wants it badly, he will get antagonistic about it. Then he will become angry. Then, that failing, he may lie about why he wants it. That failing, he goes into grief. And if he is still refused, he finally sinks into apathy and says he doesn't want it. This is negation.

A child threatened by danger also dwindles down the scale. At first he does not appreciate that the danger is posed at him and he is quite cheerful. Then the danger, let us say it is a dog, starts to approach him. The child sees the danger but still does not believe it is for him and keeps on with his business. But his playthings "bore" him for the moment. He is a little apprehensive and not sure. Then the dog comes nearer. The child "resents him" or shows some antagonism. The dog comes nearer still. The child becomes angry and makes some effort to injure the dog. The dog comes still nearer and is more threatening. The child becomes afraid. Fear unavailing, the child cries. If the dog still threatens him, the child may go into an apathy and simply wait to be bitten.

Objects or animals or people which assist survival, as they become inaccessible to the individual, bring him down the Tone Scale.

Objects, animals or people which threaten survival, as they approach the individual, bring him down the Tone Scale.

This scale has a chronic or an acute aspect. A person can be brought down the Tone Scale to a low level for ten minutes and then go back up, or he can be brought down it for ten years and not go back up.

A man who has suffered too many losses, too much pain, tends to become fixed at some lower level of the scale and, with only slight fluctuations, stays there. Then his general and common behavior will be at that level of the tone scale.

Just as a 0.5 moment of grief can cause a child to act along the grief band for a short while, so can a 0.5 fixation cause an individual to act 0.5 toward most things in his life.

There is momentary behavior or fixed behavior.

– L. Ron Hubbard

THE TONE SCALE

4.0 ENTHUSIASM

3.3 STRONG INTEREST

3.0 CONSERVATISM

2.5 BOREDOM

2.0 ANTAGONISM

1.5 ANGER

1.1 COVERT HOSTILITY

1.0 FEAR

.5 GRIEF

.05 APATHY

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APATHY

At apathy, a person will give the appearance of looking fixedly for minutes on end, at a particular object. Only thing is, he doesn't see it. He isn't aware of the object at all. If you dropped a bag over his head, the focus of his eyes would probably remain the same.

Affinity at this level is expressed by complete withdrawal from people. There is, in apathy, no real attempt to contact one's self and no attempt to contact others. Apathy, near death,[2] imitates death. If a person is almost all wrong he comes close to death. He says, "What's the use? All is lost." The apathy case will try to discourage anyone from doing anything. Hopes and dreams are destroyed merely by claiming that they are hopeless and impossible.

Apathy is more than hopeless: it is death in a very forthright form. The apathy case talks about death, threatens personal death, and will actually attempt suicide.

- L. Ron Hubbard

[2] **death:** a state of beingness rather than an action.

GRIEF

Moving up to grief, the person looks "downcast." A person in chronic grief tends to focus his eyes down in the direction of the floor a good bit. In the lower ranges of grief, his attention will be fairly fixed, as in apathy.

Here we have supplication[3] by the individual, his pleas for pity, his desperate efforts to win support by tears. This takes place where one recognizes his loss and failure as in the death of somebody he loved and tried to help. The person in grief talks dolefully[4] and hopelessly in terms of bad things which are happening and will happen and for which there is no remedy. He listens to only such conversation. He cannot be heartened or cheered up.

- L. Ron Hubbard

[3] **supplication**: A humble request, prayer, petition, etc.
[4] **doleful**: very sad; sorrowful; mournful.

FEAR

As a person starts moving up into the fear band, you get the focus shifting around, but still directed downward. At fear itself, the very obvious characteristic is that the person can't look at you. People are too dangerous to look at. He's supposedly talking to you, but he's looking over in left field. Then he glances at your feet briefly, then over your head (you get the impression a plane's passing over), but now he's looking back over his shoulder. Flick, flick, flick. In short, he'll look anywhere but at you.

In this tone the affinity is poor, being fearful, the communication is twisted and consists of lies, the reality is poor and is agreed upon for covert purposes.

Fear is expressed on its highest level as acute shyness, stage fright, extreme modesty, being tongue-tied among other people, being easily frightened by proffered[5] affection. Here also we reach the strange manifestation[6] of the individual attempting to buy off the imagined danger by propitiation.[7]

At this level we have withdrawal from people.

- L. Ron Hubbard

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[5] **proffered**: offered.
[6] **manifestation**: the act of showing, making clear or proving. The demonstration of the existence of something.
[7] **propitiation**: The strange **manifestation** of the individual attempting to buy off imagined danger. Cases which are far down the **Tone Scale** will, when they reach 1.0 (fear), quite commonly offer someone presents and attempt to do things for him.

COVERT HOSTILITY

At 1.1, we have lying, to avoid real communication. It takes the form of pretended agreement, flattery or verbal appeasement[8], or simply a false picture of the person's feelings and ideas, an artificial personality. Here is the level of covert hostility, the most dangerous and wicked level on the Tone Scale. Here is the person who smiles while he inserts a knife blade in your vertebrae.[9] Here is the person who told you he stood up for you, when actually he practically destroyed your reputation. Here is the insincere flatterer who yet awaits only a moment of unguardedness to destroy. The conversation of this level is filled with small barbs[10] which are immediately afterwards justified as intended compliments. Talking with such a person is the maddening procedure of boxing with a shadow: one realizes that something is wrong, but the guardedness of a 1.1 will not admit anything wrong, even as, all the while, he does his best to upset and wreak[11] havoc[12].

From such a person one should never expect an outright frontal[13] attack; the attack will come when one is absent, when one's back is turned, or when one sleeps.

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[8] **appeasement**: acting so as to bring to a state of peace or contentment; pacify.
[9] **vertebra**: any of the bones that make up the spinal column or backbone. *plural*: vertebrae.
[10] **barb**: a sarcastic or cutting remark.
[11] **wreak**: to cause or bring about. The use of the word is always in connection with harm or injury.
[12] **havoc**: great destruction and devastation, as that resulting from hurricanes, wars, etc.
[13] **frontal**: of, in or at the front.

A 1.1 can be accurately spotted by his conversation, since he seeks only to enturbulate[14] those around him, to upset them by his conversation, to destroy them without their ever being aware of his purpose. He listens only to conversation which will serve him in his enturbulations.

Here we have painstaking efforts to "better people" by showing them their faults. Here we have attempts to "educate" people into adjusting themselves to their environment--in other words, to stop being vital and active and go somewhere and lie down, where they will be no menace. Here we have confusions introduced into any situation which are given the most adequate "reasons" and which are yet only nullifications[15].

Above this level, but before we reach 1.5 (anger), the individual sinks into stubborn silence, sulks, refuses to talk. He will not listen to any communication of any kind from other people, except that which encourages him in his attitude.

- L. Ron Hubbard

[14] **enturbulate**: cause to be turbulent or agitated or disturbed.
[15] **nullification**: a method of handling others wherein the individual seeks to minimize individuals; to be more than they and so be able to control them. A person operating in this way would rather see a man sick than well, because sick men are less dangerous than well men according to the "thinking" that takes place in this band.

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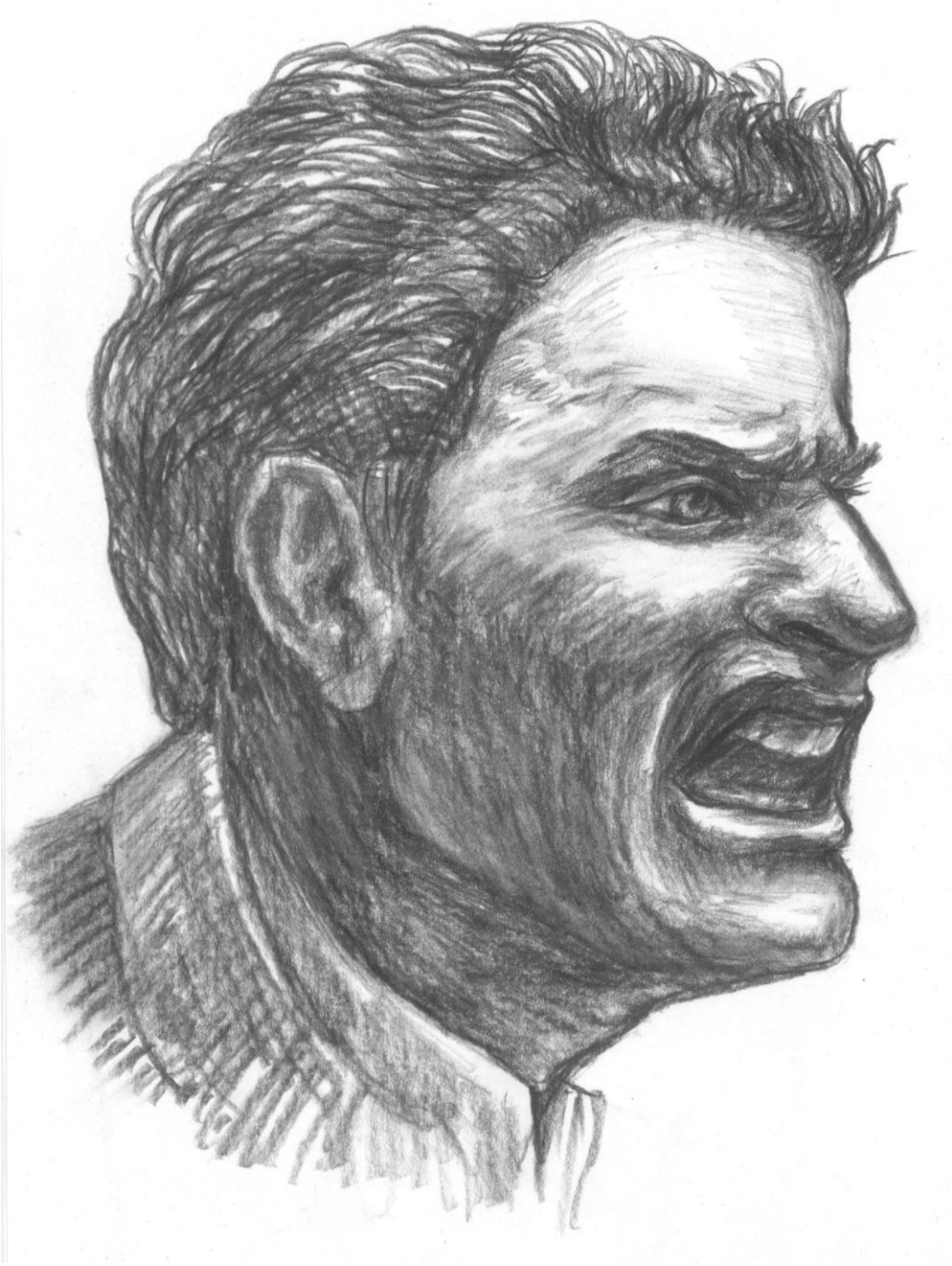


ANGER

Anger is simply the process of trying to hold everything still.

In the lower band of anger, the person will look away from you, deliberately. It's an overt communication break.

At this tone level, we have a shutting off of other persons' conversation, a complete refusal to listen and efforts to destroy incoming conversation. The conversation which is given forth by an individual at this level is forthrightly destructive and is given without any thought of the possible retaliation which may result from this destructiveness. Conversation on this level could hardly be called *con*versation (the prefix *con*- meaning "with" or "together"), as it is a forward motion toward destruction and a refusal to accept anything which might prevent that destruction.

- L. Ron Hubbard

ANTAGONISM

At 2.0, antagonism, the person will look directly at you all right, but not very pleasantly. He wants to locate you--as a target.

This is the level of antagonistic conversation. The individual is apt to nag or to make derogatory[16] comments to invalidate[17] other people. On this level the individual can only be roused by nagging, nasty cracks, invalidations and other antagonistic communication.

At the level of tone 2.0, affinity is expressed as antagonism, a feeling of annoyance and irritation caused by the advances of other people toward the individual.

- L. Ron Hubbard

[16] **derogatory**: tending to lessen or impair; detracting.
[17] **invalidate**: to refute or degrade or discredit or deny something that someone else considers to be fact.

BOREDOM

At boredom, you get the eyes wandering around again, but not frantically as in fear. Also, he won't be avoiding looking at you. He'll include you among the things he looks at.

Here we have the level of indifference to conversation with others, a "let's not argue about it" attitude, a dismissal of communication, a carelessness as to whether one's conversation is being received or is even understandable.

Between 2.5 and 2.0 we have a level where communication from other people is refused, and where one does not like to talk.

Boredom is not a state of inaction. It is a state of idle action.

- L. Ron Hubbard

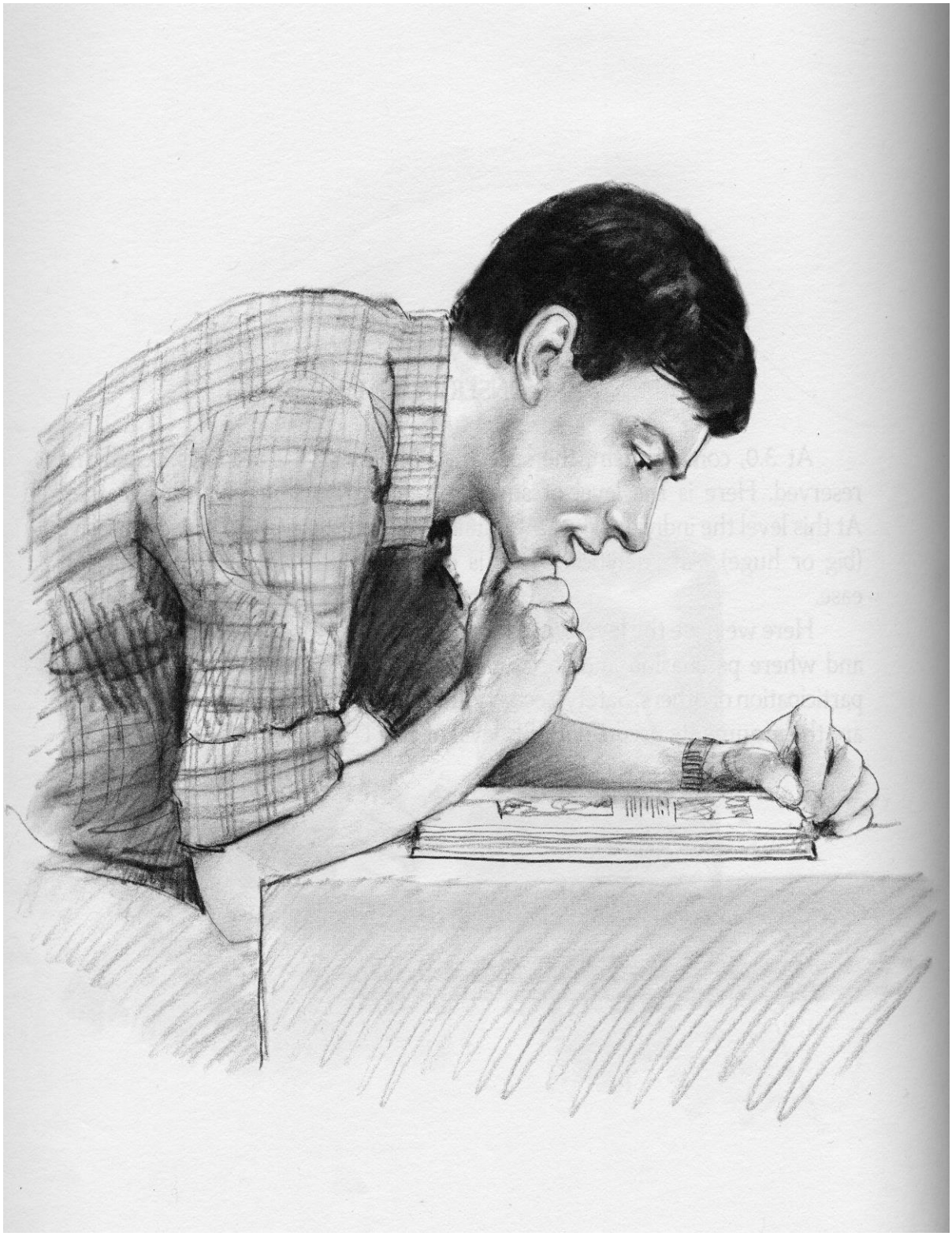
CONSERVATISM

At 3.0, conservatism, the speech of the individual becomes casual and reserved. Here is the level of small talk, for example, about the weather. At this level the individual has a resistance toward ideas which are too massive (big or huge). An analytical[18] fear is expressed here of not being quite at ease.

Here we have the level where conservatism begins to enter the reasoning and where persuasion and social graces begin to be employed to invite the participation of others. Safety, security and somewhat better survival conditions are the arguments used along this level of the Tone Scale.

- L. Ron Hubbard

[18] **analytical**: capable of resolving, such as resolving a problem or situation. The word *analytical* is from the Greek *analysis*, meaning "resolve, undo, loosen," which is to say, take something to pieces to see what it is made of. This is one of those examples of the shortcomings of the English language since no dictionary gives the word *analytical* any connection with *thinking, reasoning, perceiving*, which in essence is what it would have to mean, even in English



STRONG INTEREST

At 3.5, strong interest, the individual is capable of communicating deeply-felt beliefs and ideas to others and can communicate with others selectively, which is to say, he can cut off entheta[19] lines, and hold back or give forth conversation according to the rational or pleasant circumstances of the moment.

The individual at this level can listen without becoming critical and can aid and assist others in conversation, but he is apt to become enturbulated[20] slightly if given entheta conversation.

- L. Ron Hubbard

[19] **entheta**: means 1. enturbulated theta (thought or life); especially refers to **communications** which, based on lies and confusions, are slanderous, choppy or destructive in an attempt to overwhelm or suppress a person or group; 2. anger, sarcasm, despair, slyly destructive suggestions. Compare to its opposite **Theta**: 1. thought, life force, the spirit, the soul 2. Reason, serenity, stability, happiness, cheerful emotion, persistence, and the other factors which man ordinarily considers desirable.
[20] **Enturbulate (d)**: cause to be turbulent or agitated and disturbed.

ENTHUSIASM

At 4.0 the individual is enthusiastic, happy and vital.

At this level, the individual experiences love, strong and outgoing; he experiences friendliness.

This high level of the scale contains the faculty[21] of communicating completely and withholding nothing; also the ability to communicate with complete rational selectivity; also the ability to be conversationally creative and constructive.

At this high level, the individual is able to listen to everything which is said and evaluate it rationally. He can listen to entheta communications without becoming severely enturbulated. He can receive ideas without making critical or derogatory comments. And, while receiving another person's ideas, he can greatly aid that person's thinking and talking.

- L. Ron Hubbard

[21] **faculty**: an ability or aptitude, whether natural or acquired, for any special kind of action.

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1/24/2003

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FROM THE CHART OF HUMAN EVALUATION
by L. Ron Hubbard

TONE SCALE	EMOTION	METHOD USED BY SUBJECT TO HANDLE OTHERS
4.0	Eagerness exhilaration	Gains support by creative enthusiasm and vitality backed by reason.
3.5	Strong interest	Gains support by creative reasoning and vitality.
	Mild interest	
3.0	Content	Invites support by practical reasoning and social graces.
2.5	Indifference	Careless of support from others.
	Boredom	
2.0	Expressed resentment	Nags and bluntly criticizes to demand compliance with wishes.
1.5	Anger	Uses threats, punishment and alarming lies to dominate others.
1.1	Unexpressed resentment.	Nullifies others to get them to level where they can be used. Devious and vicious means. Hypnotism, gossip. Seeks hidden control.
	Fear	
0.5	Grief	Enturbulates others to control them. Cries for pity. Wild lying to gain sympathy.
	Apathy	
0.1	Deepest apathy.	Pretends death so others will not think him dangerous and will go away.

INVALIDATION SECTION

Aberrated individuals use two distinct and very aberrated methods of controlling others.

The first consists of forcing the other person to do exactly what is desired with the mechanism of recrimination (a counter charge) and denial of friendship or support unless instant compliance takes place. In other words, "you do exactly what I say or I'm no ally of yours." This is outright domination. Additionally, it seeks by anger and outright criticism, accusations, and other mechanisms to pound another individual into submission by making him less.

The second method might be called domination by nullification. This is covert and quite often the person upon whom it is exerted remains unsuspecting beyond the fact that he knows he is very unhappy. This is the cowards method of domination. The person using it feels that he is less than the individual upon whom he is using it and has not the honesty and fortitude (courage in bearing pain or trouble) to admit the fact to himself. He then begins, much as termites gnaw away a foundation, to pull the other individual "down to size", using small carping criticisms.

The one who is seeking to dominate strikes heavily at the point of pride and capability of his target and yet, if at any moment the target challenges the nullifier, the person using the mechanism claims he is doing so solely out of assistance and friendship, or disavows completely that it has been done.

Of the two methods, the latter is far more damaging. A person using this method seeks to reduce another individual down to a point where he can be completely controlled and will not stop until he has reduced the target into a confused apathy.

The lowest common denominator of nullification could be called "invalidation." The nullifier seeks to invalidate not only the person but the skills and knowledge of his target. The possessions of the target are said to be not quite as important as they might be. The experiences of the person being nullified are minimized. The target's looks, strength, physical capabilities and potentialities are also invalidated. All this may be done so covertly that it appears to be "in the best interest of" the target. The nullifier seeks to "improve" the person being invalidated.

- L. Ron Hubbard

ENHANCEMENT,
DOMINATION
NULLIFICATION

The methods of handling others could be assigned to three general categories. The highest category would be one of enhancement[22], where the individual seeks by example and good reasoning to lift the level of those around him to the point where they will partake of the projects of living with him. This would extend from 4.0 down to 3.0. The second category would be that of punishment drive, or domination[23]. Here the individual uses alarm, threats and the general promise of pain unless compliance is given by the others around him. This area extends from 2.0 to around 1.3. The third category is that of nullification[24], wherein the individual seeks to minimize individuals, to be more than they and so be able to control them.

The unfortunate part of the conduct of the lower tone levels of the Tone Scale toward others is that it has as its invariable end the lowering of the tone of the family, associates, friends and society of the subject.

L. Ron Hubbard

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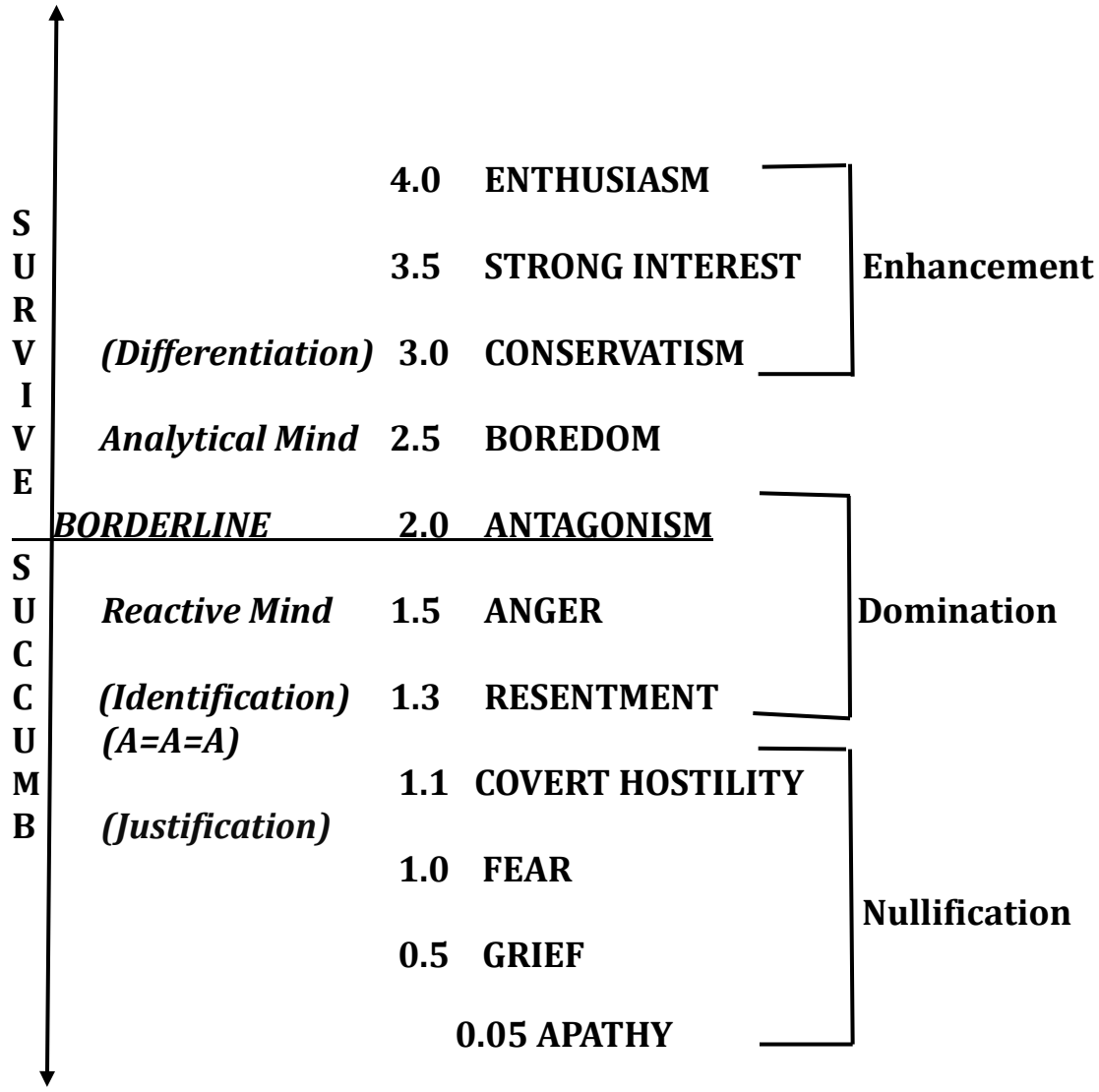
[22] **enhancement**: Make greater in quality, value or importance; add to heighten.

[23] **Domination: Forcing the other person to do exactly what is desired with the mechanism of recrimination and denial of friendship or support unless instant compliance takes place. It seeks by anger and outright criticism, accusations, and other mechanisms to pound another individual into submission by making him less.** – L. Ron Hubbard

[24] **Nullification: The method of handling others wherein the individual seeks to minimize individuals, to be more than they and so to be able to control them. This category would rather see a man sick than well, because sick men are less dangerous than well men according to the "thinking" that takes place in this band.** - L. Ron Hubbard

THE EMOTIONAL TONE SCALE

By L. Ron Hubbard



FIXED IDEAS

Whenever an observer himself has fixed ideas he tends to look at them not at the information.

Prejudiced people are suffering mainly from an "idee fixe."

A fixed idea is something accepted without personal inspection or agreement. It is the perfect "authority knows best." It is the "reliable source." A typical one was the Intelligence report accepted by the whole US Navy right up to 7 Dec. 1941, the date of the destruction of the US fleet by Japanese planes. The pre-Pearl Harbor report, from unimpeachably reliable sources was "the Japanese cannot fly--they have no sense of balance." The report overlooked that the Japanese were the world's greatest acrobats! It became a fixed idea that caused the neglect of all other reports.

A fixed idea is uninspected. It blocks the existence of any contrary observation.

Most reactionaries (people resisting all progress or action) are suffering from fixed ideas which they received from "authorities" which no actual experience alters.

That British red-coated infantry never took cover was another one. It took a score or two of wars and fantastic loss of life to finally break it down. If any single fixed idea destroyed the British Empire, this one is a candidate. – L. Ron Hubbard

IDENTIFICATION

Identification is the inability to evaluate differences in time, location, form, composition or importance. The lowest level of reasoning is complete inability to differentiate[25], which is to say, identification.

L. Ron Hubbard

One of the definitions of sanity is, "the ability to recognize differences, similarities and identities." L. Ron Hubbard.

[25] **Differentiate**: tell the difference in or between; find or show to be different.

BETTER REASONING

"The highest level of reasoning is complete *differentiation*.

"The lowest level of reasoning is complete inability to differentiate, which is to say, *identification*."

"Rationalizing is, in essence, differentiation.

Reacting is, in essence, identification."

"In the reactive levels, from 2.0 down, the individual more and more identifies until finally all things are the same thing and this is complete inability to rationalize."

A=A=A is defined as "anything equals anything equals anything. This is the way the reactive mind thinks, irrationally identifying thoughts, people, objects, experiences, statements, etc., with one another where little or no similarity actually exists."

When you find someone in the Reactive A=A=A area of the Tone Scale you must get them to differentiate to raise them to a higher tone with better reasoning.

How would you do this?

You can create questions to help someone differentiate using some of the simple question words, these are very useful tools! Get them to talk more about it and other things.

Who, What, When, How, and Where?

("Why" would not be used as could lead someone straight into the Justification zone below 2.0.)

GETTING AGREEMENT OF PEOPLE AT DIFFERENT TONE LEVELS

Is there some kind of system by which you can sell a tractor, a house, a gold brick, a golf game or anything? Can you get some agreement and cooperation from a person in apathy? In grief? In fear? In antagonism? In boredom? In conservatism? Is there some kind of a method by which you can get good agreement so that these people will go along with you? Yes, and it's about as simple as it comes. You just match the person's tone.

Let's apply this to an angry man. You want to sell something to this fellow in anger and you say to him, "It's a beautiful day, isn't it?" That isn't going to work! Instead you'd better take a look at him, listen to his voice tones and look at his office help.

For example let's say you are working on the financing of a project to build a city park. You walk into the office of this angry fellow just as he is saying, "They all ought to be stood up against a wall…."

You say, "And shot!"

He looks at you and says with relief, "Soul mate!"

"Now," you ask, "who should be stood up against a wall?"

"Those dogs, that's who!"

"Well, it's just like this project! If we had this project, we could shoot 'em!"

"What project?" he asks, interested.

The project we are using in this example is to build a city park. To an anger case, you don't want the park for the kids and someplace to let the birds sing. The reason you want to build this city park is to get even with those contractors that wanted the land. Something like that will sell this angry fellow on a city park. He will write out his check.

It's a sympathetic vibration[26].

Did you ever see the physics class experiment where you have two tuning forks[27] side by side? If you hit only one of them, the other one will vibrate too, even if you damp[28] out the first one.

That is a sympathetic vibration. You have to talk along a sympathy[29] line. I don't mean the sympathy of grief. You have to match the tone level that this person normally frequents.

You could be fooled. You could look at this fellow and say to yourself that he looks like a conservative old man and start talking to him more or less conservatively. "We have this large conservative project and it's going to do a lot of good and it's going to make some money." You don't talk about this project making anybody happy, but you tell him, "It does good and it's practical and it's going to make some money." You talk to him like that and the first thing you know, this fellow says apathetically, "Well, I don't think anybody would live to use it in these times." You were wrong.

To sell to the apathy case, you would say, "Of course, it probably won't do any good anyway."

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[26] **sympathetic vibration**: a vibration caused by other vibrations transmitted from a neighboring vibrating body.

[27] **tuning fork**: a small steel instrument with two prongs, which when struck sounds a certain fixed tone. It is most commonly used in tuning musical instruments.

[28] **damp**: to check or deaden the vibration of (a piano string, drum membrane, etc.)

[29] **sympathy**: a sameness of taste or opinion; accord; agreement. This is not the same meaning as the expression of compassion or pity, which is the point LRH is making when he says, "You have to talk [to the person] along a sympathy line. I don't mean sympathy or grief. You have to match the tone level that this person normally frequents." This use of "sympathy" is like saying, "Joe's voting record proves that he is in sympathy with the President's economic policy."

If you were trying to sell him a tractor, you would say, "Most of them around the countryside are all broken; they don't last very long. Almost any competitor of ours is outselling us anyhow. They don't work." He will sigh, "Well, give me one."

All too often an individual who is trying to do business with other individuals, who is trying to work with other individuals, will be so solidly fixed in a tone himself that he doesn't understand the necessity of trying to get into communication with another individual *before* he tries to do something *with* him. It is necessary to get into communication first. The only way you can get into good, solid communication anywhere along this line is to match the person on the Tone Scale.

An insurance salesman who is fixed at the line of fear goes around and tells everybody to be afraid. He tells them in various ways. He goes on selling, "Be afraid, be afraid, be afraid, be afraid." He is an excellent salesman if the community in which he is selling has a predominance[30] of people at this tone level. But he would completely flop if he were trying to sell this idea to higher-toned people. Suppose he tried to sell it in the offices of a very conservative magazine. He would go in and say, "Be afraid, be afraid," and they would put a cartoon in the magazine about somebody being afraid. They would not be impressed and they would not react. This individual who is fixed at the level of fear can only get a reaction at the level of fear.

Educationally, this person could begin to understand that not everybody was at his tone level, that maybe there was somebody at apathy. You give the person in apathy this pitch, "Be afraid, be afraid, be afraid, be afraid"—standard insurance sales arguments. This person would *like* to be afraid. Fear is two rungs up the Tone Scale! He isn't afraid. The only way you could sell him anything at all would be to tell him, "This is a recognition of the fact that there is no fear involved anyplace in the world anyhow, and there's no use in doing this stuff and it doesn't have any end or purpose. But people would sure think you were dead. It really proves the fact that a man is practically on his way out to have a policy of this size, doesn't it?"

"Yes it does. Where's my fountain pen?"

---

[30] **predominance**: being most frequent or prevailing.

You can't sell it to him on the basis of "You know, you ought to have this because you're going to die and your wife is liable to be left penniless."

Wife? The apathy case has had no emotional response about anybody but himself for so long, you can't sell him anything about any other part of his environment. You can't even sell him well on himself. He is way down there.

The grief case is sitting there saying, "It's all hopeless. There is no future. I wouldn't bring a child into this world anyway. Things are pretty horrible over there in Europe anyway. I know when my husband used to beat me, I used to say…"

And you just say, "You poor thing. We feel sorry for you. I feel sorry for you. Everybody feels sorry for you. Sign on the dotted line. Everybody feels sorry for you." That is all a grief case can hear.

It is almost useless to agree with the grief case in your speech: "Yes, I know, when my father used to beat me and I used to feel…"

She says, "…and when he took my car away from me, I knew that life was pretty hopeless," and so forth.

"… and he often said to me," she says, "when we were walking out to the barn… You know, I did have a love affair before I met him but I gave him up. I had to be noble. Married my best friend—I thought it was for the best, but it's all worked out wrong."

You are trying to match grief. Grief doesn't listen. It is senseless, when a person breaks down and starts to cry, for you to say, "It's all right. Life is going to be beautiful, life is going to be wonderful. The sun will shine again. There's no use to be bereaved."[31] You can stand there and talk like that for a long time but about the only thing you can do is to pat them on the shoulder and say, "I feel sorry for you. Yes, everybody feels sorry for you. We pity you." And if you carry along in that line this person will finally simmer down and smooth out very nicely. You can

[31] **bereaved**: to leave in a sad or lonely state, especially by death.

get a communication then because grief is a supplication and plea for pity.

But on a fear level, you can only sell things that prevent death. Here is where the political parties really come in. Imagine a populace which is predominately[32] in a state of fear. I don't mean that they are specifically afraid of something. They are just in a fixed state of fear. They have been up against politicians a long time and they are scared stiff.

Somebody talking along the line of "Be happy and cheer up because all is well tomorrow" is not going to win the election. The fellow who is going to win the election from this populace is the fellow who says, "We are being attacked from all sides by enemies! The subversives[33] are coming in underneath and prying us apart. The planes are coming over us and somebody is surrounding us with submarines. This country must be *saved*! This is a time for *emergency measures*! I'll save you from all this! We need price controls and …"

Fear is best appealed to by arguments about things to be afraid of. Anger is best appealed to by things to be angry about.

Something else happens when you skip a tone. Boredom can more or less dampen out antagonism. Anger can control fear. Fear can play on down to grief a little bit. If we are speaking in terms of two people, side by side, the one who will more or less be in command of the other will be the one who is a grade up from the other one.

Conservative people, uniformly throughout society, depend almost exclusively upon the dreamer and the happy individual to provide the ideas which provide conservatism with its action. You have noticed that. Actually, to the conservative there is a necessity to put something together well. However, there is no reason why practicality can't be happy.

A populace which is at 2.5, which is just bored, can be ruled by a conservative government. However, a society which is at 1.1 cannot be

[32] **predominately**: majorly; to the greatest degree or extent.
[33] **subversives**: persons trying to overthrow an existing government, law, custom, belief, etc.

ruled by a conservative, practical government; it can only be ruled by an angry or an antagonistic government.

Agreement occurs at the same emotional tone level as the person making the statement. He buys his facts at that level.

To go half a tone to a tone up from a person's level is to command him within his zone of reality.

To control a Tone Scale point you move half a tone to a tone above it.

Doing this with a person you can bring him up tone and impress him. People will go into agreement, at their own tone, but they are not *impressed* with their own tone. L. Ron Hubbard

A QUICK ASSESSMENT FOR WHERE A PERSON IS ON THE TONE SCALE

Probably the most accurate index of a person's position on the Tone Scale is speech.

Unless the person talks openly and listens receptively he cannot be considered very high on the Tone Scale.

In column 10 of the Hubbard Chart of Human Evaluation, "Speech: Talks/Speech: Listens," there are double boxes: one set referring to talking, and the other to listening. It may not have occurred to some people that communication is both outflow and inflow. An observation of how a person both listens and talks will give an accurate indication of his position on the Tone Scale.

It is interesting to note that with this column one can conduct what we call a "two minute psychometry" on someone. *Psychometry* is the measurement of mental traits, abilities and processes. The way to do a two-minute psychometry is simply to start talking to the person at the highest possible tone level, creatively and constructively, and then gradually drop the tone of one's conversation down to the point where it achieves response from the person. An individual best responds to his own tone band; and an individual can be lifted only about half a point on the Tone Scale by conversation. In doing this type of "psychometry," one should not carry any particular band of conversation too long, not more than a sentence or two, because this will have a tendency to raise slightly the tone of the person and so spoil the accuracy of the test.

Two-minute psychometry, then, is done, first, by announcing something creative and constructive and seeing whether the person responds in kind; then, giving forth some casual conversation, perhaps about sports, and seeing if the person responds to that. Getting no response start talking antagonistically about things about which the person knows—but not, of course, about the person—to see if he achieves a response at this point. Then give forth with a sentence or two of anger against some condition. Then indulge in a small amount of discreditable gossip and see if there is any response to that. If this does not work, then dredge up some statements of hopelessness and misery. Somewhere in this range the person will agree with the type of conversation being offered—that is, he will respond to it in kind. A conversation can then be carried on along this band where the person has been discovered, and one will rapidly gain enough information to make a good first estimate of the person's position on the chart.

L. Ron Hubbard

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How Do You Begin a Relationship When Nothing Has Existed Between You Before?

An organization or its parts or an individual passes through various states of existence. These, if not handled properly, bring about shrinkage and misery and worry and death. If handled properly they bring about stability. expansion, influence and well-being.

L. Ron Hubbard

Every new appointee to a post begins in Non-Existence. Whether obtained by new appointment, promotion or demotion.

He is normally under the delusion that now he is "THE _____" (new title). He tries to start off in Power condition as he is usually very aware of his new status or even a former status. But in actual fact *he* is the only one aware of it. All others except perhaps the Personnel Officer are utterly unaware of him as having his new status.

Therefore he begins in a state of Non-Existence. And if he does not begin with the Non-Existence Formula as his guide, he will be using the wrong condition and will have all kinds of trouble. -L. Ron Hubbard

(More)

NON-EXISTENCE FORMULA

1. **Find a communication line[34].**

2. **Make yourself known.**

3. **Discover what is needed or wanted.**

4. **Do, produce and/or present it.**

-L. Ron Hubbard

A new appointee taking over a going concern often thinks he had better make himself known by changing everything, whereas he (a) is not well enough known to do so and (b) hasn't any idea of what is needed and wanted yet. And so he makes havoc. -L. Ron Hubbard

Sometimes he assumes he knows what is needed and wanted when it is only a fixed idea with him and is only his idea and not true at all and so he fails at his job.

Sometimes he doesn't bother to find out what is really needed or wanted and simply assumes it or thinks he knows when he doesn't. He soon becomes "unsuccessful."

Now and then a new appointee is so "status happy" or so insecure or so shy that even when his boss or his staff comes to him and tells him what is needed and wanted he can't or doesn't even acknowledge and really does go into Non-Existence for keeps.

Sometimes he finds that what he is *told* is needed or wanted needs reappraisal or further investigation. So it is always safest for him to make his own survey of it and operate on it when he gets his own firm reality on what is needed or wanted. -L. Ron Hubbard

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[34] **communication line:** The route along which a communication travels from one person to another. - L. Ron Hubbard

MODIFIED CONSISTENT REFERRALS PROGRAM

MANUAL #3 ROLL-PLAY & INTERNSHIP COMPLIANCE

MODIFIED CONSISTENT REFERRALS PROGRAM
ROLL-PLAY & INTERNSHIP COMPLIANCE MANUAL

MANUAL #3 CONTENTS LIST

MODIFIED CONSISTENT REFERRALS PROGRAM

BASIC SEQUENCE OF ACTIONS

Below is the basic sequence of actions that will be taken with each referral source by the PCC and the practice owner/therapist as noted. This is just an overview, in your training you will learn more about, and practice each step.

1. The PCC will initially establish rapport with the front office staff of existing or potential referral sources. This is very low-key and easy. This consists of simply drop off patient evals or progress notes, etc. and just exchange names or maybe chat informally if there is time.

2. Once some basic rapport is established, the PCC will get the Referral Profile filled out and then develop it further to get the referral source's interests, character, problems, attitude on meetings, etc.

The PCC will summarize what is now known about the referral source with any recommendations for the practice owner/therapist.

The practice owner/therapist will develop a strategy for that particular referral source. The strategy is the plan on how to carry out the appointment to achieve your objectives, which is firmly based on the interests, character, problems, etc. of the referral source.

The PCC will write a memo to the referral source from the practice owner/therapist based on the strategy which asks for an appointment.

The PCC will take the memo to the referral source's office and use it in setting an appointment in such a way that the appointment won't get cancelled. The owner will conduct the visit with the referral source and identify areas of interests and or difficulties that the referral source is actually willing to accept some help with. In other words, they will open a niche which should result in patient referrals, though it is often just a trickle at this early stage in the relationship.

After the first visit the practice owner/therapist will debrief on what occurred in the meeting and will develop a follow-up strategy to move the relationship forward.

The PCC will write a confirmation letter to the referral source from the practice owner/therapist thanking them for the visit and establishing the follow-up visit.

10. The PCC will continue to do front desk visits, dropping off reports or other simple interactions with the key offices between meetings, and will set new appointments when it is appropriate. In this phase the PCC often becomes a quality control monitor picking up bits of vital information from the front desk staff. For example, the referral source may complain to their front office about a problem, and the PCC may hear about it from them, whereas the doctor might not tell the practice owner/therapist directly because of some idea of professionalism.

TIME, EFFORT AND END RESULT

The minimum time commitment on the part of the PCC for this program should allow for at least 8 to 12 front desk visits per week in order to set up 3 to 5 referral source visits a week for the practice owner/therapist.

If this quota of front office visits seems too high to you, due to geography, the limitations of your referral sources, or other concerns, let your consultant know this and we will work it out.

The end result of following the steps laid out above is referral sources who are actively referring patients into the practice. An incentive program can be established with a bonus paid to the PCC who makes this happen.

PROGRAM ADMINISTRATION

Administration is another aspect of the PCC's role on the program. Tracking the progress of your referral relationships, creating and maintaining referral source charts, keeping statistics, etc., are necessary to monitoring your success. This will be fully explained during your training.

We look forward to meeting you and working with you in the coming months, and wish you all success.

Harvey Schmiedeke
President SSI

Front Office Contact Record

Referral Source Name: _____

Contact Person Name: _____

Date:	Notes:
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Referral Source Data Sheet

Date created: _____
Dr./Mr./Mrs./Ms. _____
First Name: _____
Last Name: _____
Position/Specialization: _____
Business/Practice Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Fax: _____
Email: _____
Website: _____
Hours: _____

Add'l Contact Info:
Address: _____
Phone: _____
Fax: _____
Email: _____

Special Dates:
Birthdays: _____
Anniversaries: _____
Hobbies: _____
Protocols on File: _____
_____
_____

Front Desk Info:
Receptionist: _____
Office Manager: _____
Special Needs: _____
Times Available: _____

Referral Source Basic Information

Name: _____ Profession: _____

Years Known: _____ # Ref Last Year: _____

1. What is your relationship to this person?

2. How did you originally obtain the relationship?

3. If they are not referring the maximum number of patients possible:

   a) What should they be sending that they aren't?

   b) Why aren't they sending them?

4. What efforts have you made to stimulate referrals?

5. What is this person's level of education on your profession?

6. Does this person have any fixed ideas* regarding you or your profession?

7. Do you actually know their needs and wants? What are they?

8. Does this person treat your as a member of the medical community?

9. Have you interacted in the past with this person that resulted in referrals?

10. Did you get an increase in referrals that continued into the future?

11. Do you feel comfortable enough with this person that you could easily obtain an appointment?

*"fixed ideas": see glossary definition

PRACTICE PROFILE

PHYSICIAN NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____

1. Is your practice open to new patients? If yes, please describe the type of patient who would be appropriate to refer?

2. Are there some patients/diagnosis you'd rather not have referred? If yes, please give us enough info that we can make a determination as to whether or not the patient is appropriate.

3. Please give us a rundown of insurance you accept:

ACCEPT	DON'T ACCEPT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Do you have specific protocols or requirements I should know about?

5. Would you like further information on any of the following:

Back	_____	Neck	_____
Shoulders	_____	Industrial & WC	_____
Upper Extremities	_____	Personal Injury	_____
Geriatric	_____	Pediatric	_____
Sports Rehab	_____	Utilization Reviews	_____
Pre-Op/Post Op	_____	Other	_____

6. If we were making a referral or had a question, who in the practice should we contact?

7. If I make a referral, is there anything I should give my patients or tell them about you?

THE PCC'S ROLL-PLAY

Roll-play the PCC visiting the referral source front desk (acted by the trainer) using the parts of Ability (observe, decide, act) to determine how to use the ARC tringle and tone scale to build rapport with the front desk personnel.

Drill asking questions about the Referral Profile/Practice Profile they filled out to find out even more information too put in the referral source chart (folder).

Drill this at low gradients so you as the PCC gets lots of wins.

Then drill setting up meetings for your praactice professional with the referral source.

When you are comfortable with it, have the trainer be just alittle bit more diffuult so you have to get even better at using the relationship development tools to get what you want.

If the trainer being the sales person, treats you like just another sales person and tries to keeop you out, say. "Oh no, I'm not a sales person. I hve the same purpose as you – to help the doctor care for his patients." (Make it clear that your purposes the same.)

If the trainer, being the front desk person, says you have to bring lunch for everyone to get a meeting, say. "Oh no, it's not a sales meeting or a Public Relations meeting – it's a personal one-on-one meeting between two health-care professionals about difficult patients". And continue to ask for the meeting. If you have to show the memo first to get the meeting, then do so. (But normally give it after you have set the meeting.)

REFERRAL SOURCE GET-ACQUAINTED-MEETING STRATEGY

RS Name_____ Appt Date _____

Situation with Referral Source:

Goal for meeting:

Preparation Required:

Introduction Statement:

Purpose you will give for the meeting:

Interested Questions You will ask to discover what is "needed and wanted":

1.

2.

3.

4.

5.

6. (What you will arrange for another meeting in the future:)

7. (Summarizer for RS the agreements made during the meeting.)

MODIFIED QUALITY CONTROL VISIT STRATEGY

Do the usual introductory statement-question:

I would like to get your input on how you feel we are doing with your patients.

1) What benefits have you observed with patients that we treat?

2) Are there any improvements we could make in our reports?

3) Do you have any "protocols" for phone calls to you concerning a patient?

4) Do you have any protocols for therapy you like followed with certain patient types?

5) If we needed to refer a patient to you, would we contact your front desk and arrange it? Would you want to know?

6) Are there any types of patients you would not want referred?

7) What mistake on our part could damage our relationship?

8) Is there anything I can help you with at this time?

9) Is there anything you would like to ask me?

10) Get agreement on another meeting in the future.

11) Thank the RS and take your leave.

THE PROFESSIONAL'S ROLL-PLAY

The clinic professional (owner/PT/etc.) will now roll-play visiting the referral source played by the trainer.

The trainer sets the scene by saying what is playing: –
A happy female doctor with a photo of a dog on her desk
A Conservative sports coach with his arm in a sling
A board gym teacher with a baby in her arms
A sullen dentist with a swollen jaw
An annoyed doctor unhappy with his staff
Etc., etc.

The professional writes down the strategy he/she will use to get into good communication with this person, using the ARC triangle and tone scale and non-existence formula to find what is needed and wanted.

He then roll-plays coming to meet with the referral source and using the strategy he wrote down.

These should be done on an easy gradient gradually getting a little more difficult as the professional gets better and better at it.

Drill until the professional has confidence he or she can do meetings with referral sources and find things that are needed and wanted that he or she can provide to the referral source. This will usually be help with a difficult patient or patients.

SSI MODIFIED REFERRAL PROGRAM

“What do you do?” drills for the PCC.

These Modified Consistent Referral "What do you do?" (series 1) drills are drilled in the following way <u>for the PCC</u>:

1) Two people get together to drill.
2) Both have a copy of these drills**.**
3) Person one asks person two all the questions in sequence.
4) Person two can look at the answers and gives the answer back to person one.
5) When they get to the end of the questions, person one asks them again and this time person two only looks at the answers if he/she can't remember the correct answer.
6) When they get to the end of the questions, person one again asks person two the questions through to the end and person two tries to get all the answers right without having to look very often at the sheet.
7) This is continued until person two can go through all of the answers and get them all right without having to look at the sheet at all.
8) Then person one can ask the questions out of sequence and keep doing this until person two never has to look at the sheet to give the correct answer.
9) If person one also needs to know these answers swiftly then the two switch roles and person two starts at #3) above and drills person one on the questions until he/she also can answer them correctly in sequence and then correctly out of any sequence at all.

The answers do not have to be in the exact wording given on the sheet as long as the person being drilled can answer correctly in his/her own words.

These drills can be repeated many times on a daily, weekly or monthly basis to keep the Consistent-Referrals-Program persons fast and efficient on handling the various situations that come up during their week's work.

Additional questions can be added if other situations come up and you have a successful way of handling them. (Let us know about it in this case.)

DO NOT just read these drills through or drill them through one time and think that you have completed. They must be drilled so many times that you can apply them immediately when such a situation presents itself in your daily work duties.

These drills are not a "test", they are a learning tool. Although the drills have been created to help train a brand-new person who knows nothing about the duties, they also help the seasoned persons get even better at their duties.

MODIFIED REFERRALS "WHAT DO YOU DO" DRILLS:

1.

Q1. Why should you get referrals the Survival Strategies way?

A1. Because it consistently proves itself to be the successful method.

2.

Q2. What principle is the SSI referral method based on?

A2. Creating personal relationships.

3.

Q3. How do you pronounce the word spelled r-a-p-p-o-r-t?

A3. Rapor – the "t" is silent.

4.

Q4. What does the word rapport mean?

A4. A close and harmonious relationship in which people understand each other's
feelings or ideas and communicate well.

5.

Q5. How does one best create personal relationships?

A5. By building rapport.

6.

Q6. How should the marketing person introduce self to the front office staff of the offices he or she visits to create rapport and relationships?

A6. As the "Patient Care Coordinator".

7.

Q7. What is a PCC?

A7. The clinic's Patient Care Coordinator, who builds rapport between his or her clinic and other offices and who coordinates referral matters and sets up meetings between the clinic therapist and Referral Sources.

8.

Q8. What is a "PATIENT"?

A8. Someone who is under the care of a medical professional of some kind.

9.

Q9. What does the word "CARE" mean?

A9. To show interest and concern and to regard with importance.

10.

Q10. What is a COORDINATOR?

A10. Someone who brings different people and things into a working relationship.

11.

Q11. What does the word "SOURCE" mean?

A11. The place where something originates or comes from.

12.

Q12. What does the word "REFER" mean?

A12. To pass a patient to another medical professional for specialized help.
13.

Q13. What is a "REFERRAL"?

A13. A patient who has been passed from one medical professional to another for help.

14.

Q14. What does RS stand for?

A14. Referral Source.

15.

Q15. What is a Referral Source?

A15. Any person who referrals could come from - who could refer patient to our clinic.

16.

Q16.. What are some examples of some possible referral sources?

A16. Medical professionals of all types, dental professionals of all types, sports coaches of all types, physical fitness organizations of all types, school health coordinators of all types, government health associations of all types, business health and accident coordinators of all types, government referral agencies, etc.

17.

Q17. How does the PCC influence getting referrals from referral sources?

A17. By searching out possible and existing referral sources, contacting them, building rapport enough to be able to set up meetings between the clinic therapist and the actual referral source. Then keeping the rapport established and setting up future meetings.

18.

Q18. What is the PCC's main duty?

A18. To establish enough rapport with referral source offices that he or she can then set up meetings between the clinic therapist and the referral source, that the referral source will attend.

19.

Q19. What is the PCC's main product?

A19. Meetings set between the clinic therapist and referral sources that the referral sources do attend.

20.

Q20. Who must the Patient Care Coordinator distinguish him or herself from?

A20. Sales people that also visit the referral source office.

21.

Q21. Why must the PCC distinguish him or herself from sales people?

A21. Because the front office people at referral source offices are trained to keep sales people out or to make them bring lunch for all their staff – which is NOT a satisfactory meeting with the referral source.

22.

Q22. What can the PCC continue to say to help distinguish self from a sales person.

A22. "I have the same purpose as you - to help the doctor care for his/her patients."

23.

Q23. Should the PCC be doing a lot of talking about how great the clinic and therapists are, and trying to sell the referral office personnel on these things?

A23. "NO".

24.

Q24. What should the PCC be doing at all times?

A24. Observing to get data, showing interest by asking questions to get data, listening a lot to get data - and making it clear that he or she is there to help the referral source.

25.

Q25. What technologies must a PCC become skilled at using.

A25. The Communication Formula, the Communication Cycle, the ARC triangle,
The Cycle of Action and the Tone Scale.

26.

Q26. Why does a PCC get a clinic Profile filled out by each referral source or potential referral source in an office?

A26. To get basic information on the organization and that referring individual so he can then "develop the profile" to build more rapport.

27.

Q27. What is meant by "develop the profile"?

A27. To ask front office staff specific questions about the answers on the profile to get more detailed information.

28.

Q28. What is the other reason that the PCC asks the front office staff for more detailed information about the answers on the profile?

A28. To show real interest and to develop even more rapport and trust with the RS office by using good communication skills.

29.

Q29. What are considered good communication skills?

A29. Pleasant eye contact, matching the emotional level, asking sensible questions about things that are real to the person, listening attentively to the answers without cutting the person off, and acknowledging the person appropriately when they have completed their communication, BEFORE saying or asking anything else.

30.

Q30. What administration is it necessary for the PCC to keep on the Consistent Referral Program?

A30. Either a hard copy or electronic copy Referral Source Folder for every referral source and potential referral source, with ALL chronological data about that RS and every activity with him or her.

31.

Q31. Where can a PCC obtain data about referral sources for the RS folders.

A31. Clinic web site, Googling RS name, office Facebook page, current referrals, the profile, developing the profile, observation when at the RS office, communication with RS staff, questions to any existing patients from that RS, etc.

32.

Q32. What should the PCC do if a profile that was mailed to a RS was filled out and sent back to the clinic?

A32. Go over it and work out some questions to ask, to develop more data. Take it into that clinic, thank them sending it back and say you have a few questions about it. Get their agreement to help you by answering the questions. Use this to show interest and a willingness to help them. (All to build more rapport.)

33.

Q33. What should the PCC do if a mailed profile was not filled out and returned by a RS.

A33. Take a new one into the office and don't mention anything at all about the mailed one. Ask them to have the RS fill out the profile.

34.

Q34. What is a Queen Bee (QB)?

A34. The QB or Queen Bee is the person who in actual fact runs the RS office. Because this can be a different position in each clinic – front desk (FD) person, a secretary, a doctor's assistant, a nurse, the office manager, etc. we have coined a term that encompasses all or any of these. So, the Queen Bee is the person who actually runs the office (just like an actual queen bee runs the hive of bees).

35.

Q35. What should the PCC do if the RS staff say the RS does not have time to fill out the profile.

A35. See if you can get the queen bee or someone else to fill it out.

36.

Q36. What should the PCC do if he or she can't get cooperation to fill out the profile?

A36. Forget about the profile as the idea is to use it to build rapport not to destroy rapport. Find some other way of getting data and building rapport.

37.

Q37. What qualities must a PCC have?

A37. An outgoing personality, pleasant attitude and persistence in getting his or her product regardless of difficulty or even opposition.

38.

Q38. How can a PCC build rapport with a more challenging person?

A38. Concentrate one gradiently getting agreements with the person (on anything).

39.

Q39. What should the PCC do if very infrequently he or she comes across a place that continually cuts him or her down in a nasty way when the place is not very important as far as referrals go?

A39. Recommend that the clinic forget about that place and concentrate on more positive organizations.

40.

Q 40. How should the PCC introduce self at organizations he or she has not visited before, or to new people at organizations already known?

A40. Hi, I'm _____ the patient Care Coordinator from _____ I want to introduce myself, as I have the same purpose as you – to help you care for the doctor's patients.

41.

Q41. If the group being visited by the PCC tries to treat him or her like a sales person and tries to turn the PCC away, what should the PCC do?

A41. Say, "Oh no! I'm not a sales person! We keep sales people out too. I'm the Patient Care Coordinator. I have the same purpose as you – to help you care for the
doctor's patients. I'm here to find out how we can help – not to sell you anything."

42.

Q42. What should the PCC show interest in, make positive statements about and ask interested questions about when visiting a front office?

A42. Things that are real to the person there – photos on the desk, sweater colors, pictures on the wall, a hairdo, jewelry, etc.

43.

Q43. In what way should the PCC deliver these communications?

A43. With sincerity and real interest - not fake flattery as that harms rapport rather than helping it.

44.

Q44. What should the PCC do if when he or she enters an office, it is extremely busy, and the front desk person or persons are fully occupied, and it is obvious they will be for some time?

A44. Mouth the words, or whisper, "I'll come back when you are not so busy."

Q45. What should the PCC be very tuned in on?

A45. How much time it is OK to spend chatting according to how busy the office is at any time.

Q46. What are some reasons the PCC can use to go visit an office?

A46.
"I just came by to introduce myself as the new Patient Care Coordinator."
"I just came by to drop off this report for the doctor".
"I was in the area, so dropped in to see if there is anyone you need help with."
"Here is the appointment confirmation for the last referral you sent us."
"Here is a patient discharge report and success story of one of your patients."
"Can I ask you a quick survey question?"
"Here is the information the doctor asked for." (And many others.)

47.

Q47. What must the PCC do before visiting any office?

A 47. Quickly review the Referral Source Folder so he or she remembers what to ask about from the previous visit.

48.

Q48. What must the PCC do immediately he or she gets out to the car after visiting an office?

A48. Make full notes for the Referral Source Folder, so that he or she will know what personal or business things to remember to ask about on next visit to the office. (Don't wait until having visited several offices or until back at the clinic to make the notes as you will forget things and get offices mixed up with each other.)

49.

Q49. How does the PCC get the profile filled out?

A49. "Hi. I'm ___ _____ the Patient Care Coordinator from _____ back again. We realized we don't have a lot of data about your office and would like to get the doctor to fill out this Office Profile so we will better know who to refer and how to help you. Would you get this done for me? (Get agreement.) Great, when I pick it up would you have a few moments to go over it with me? (Get agreement.) Great. When should I drop by for that?"

50.

Q50. What can the PCC say to increase rapport when he or she meets the queen bee?

A50. Hello, I'm _____ the Patient Care Coordinator at _____ . I'd really like to find out how I can work together with you to help the (doctor/dentist/coach) take care of his/her (patients/team/class/etc.). Is there anything you need from us right now? – anyone we can help you with?"

51.

Q51. What does the word "PROTOCOL" mean?

A51. The set procedure or system by which some action is to be done.

52.

Q52. When you go back and ask clarifying questions to develop more information and more rapport developing the profile, what is the vital last piece of information you must get that is NOT written on the profile?

A52. "Just in case some time in the future, the therapist needs a meeting about mutual patients, what is the doctors protocol for one-on-one meetings with health care professionals?"

53.

Q55. What has to be done before the PCC actually sets up a meeting for the therapist?

A53. The therapist has to write the strategy for the meeting from the data the PCC has accumulated in the RS folder.

54.

Q54. On a following visit how does the PCC set up a meeting?

A54. See the person who you found in the protocol, is responsible for setting meetings. (Social greeting) "Earlier you told me the doctor's protocol for meetings with other health care professionals. It just so happens that the therapist needs a quick 15-minute meeting to discuss some patient matters. When can we set a meeting?"

55.

Q55. What should the PCC do if the FD or QB says that the clinic must bring lunch for everyone at their office and do the meeting over lunch.

A55. Say, "Oh no! The therapist doesn't want a sales meeting or a public relations event. He/she needs a one-on-one meeting about patient care. That can't be done over lunch – it would violate HIPAA laws." (Persist and get a 1-on-1 meeting.)

56.

Q56. What should the PCC be doing at the RS office after a meeting for the therapist has been set and after a meeting between the RS and therapist has been done?

A56. Continuing to drop by, be helpful and keep the rapport high so the RS office keeps the clinic in mind always – and set follow-up meetings when they are appropriate.

57.

Q57. What is one of the most important things the PCC can do to keep the trust of the RS office – or not do to destroy the trust and rapport?

A57. Do what he/she says he/she will do. Not doing what one says one will do destroys trust and rapport and can cut off referrals. If some situation prevents one from doing so be in communication about it and apologize and make it up in some way.

58.

Q58. What responsibility does the PCC have for referrals in general, regardless of where they come from?

A58. To see that they are contacted by the FD and gotten in for evaluation – and not wasted by the clinic.

59.

Q59. What weekly statistics should the PCC report in the Custom Graphs tab of the weekly module of the OMS Software?

A59. (1) RS FD Visits. (2) QB Contacts. (3) RS Meetings Set. (4) RS Meetings Done.

60.

Q60. What should the minimum be each week for these stats?

A60. FD Visits = 6. QB Contacts = 2. Meetings set = 1. Meetings done – 1.

SSI MODIFIED REFERRAL PROGRAM

“What do you do?” drills for the professional.

These Modified Consistent Referral Program "What do you do?" (series 2) drills for the are drilled in the following way <u>for the Owner/Therapist:</u>

1) Two people get together to drill.
2) Both have a copy of these drills**.**
3) Person one asks person two all the questions in sequence.
4) Person two can look at the answers and gives the answer back to person one.
5) When they get to the end of the questions, person one asks them again and this time person two only looks at the answers if he/she can't remember the correct answer.
6) When they get to the end of the questions, person one again asks person two the questions through to the end and person two tries to get all the answers right without having to look very often at the sheet.
7) This is continued until person two can go through all of the answers and get them all right without having to look at the sheet at all.
8) Then person one can ask the questions out of sequence and keep doing this until person two never has to look at the sheet to give the correct answer.
9) If person one also needs to know these answers swiftly then the two switch roles and person two starts at #3) above and drills person one on the questions until he/she also can answer them correctly in sequence and then correctly out of any sequence at all.

The answers do not have to be in the exact wording given on the sheet as long as the person being drilled can answer correctly in his/her own words.

These drills can be repeated many times on a daily, weekly or monthly basis to keep the Consistent-Referrals-Program persons fast and efficient on handling the various situations that come up during their week's work.

Additional questions can be added if other situations come up and you have a successful way of handling them. (Let us know about it in this case.)

DO NOT just read these drills through or drill them through one time and think that you have completed. They must be drilled so many times that you can apply them immediately when such a situation presents itself in your daily work duties. These drills are not a "test", they are a learning tool. Although the drills have been created to help train a brand-new person who knows nothing about the duties, they also help the seasoned persons get even better at their duties.

MODIFIED REFERRALS "WHAT DO YOU DO" DRILLS:

1.

Q1. Why should you get referrals the Survival Strategies way?

A1. Because it consistently proves itself to be the successful method.

2.

Q2. What principle is the SSI referral method based on?

A2. Creating personal relationships.

3.

Q3. How do you pronounce the word spelled r-a-p-p-o-r-t?

A3. Rapor – the "t" is silent.

4.

Q4. What does the word rapport mean?

A4. A close and harmonious relationship in which people understand each other's
feelings or ideas and communicate well.

5.

Q5. How does one best create personal relationships?

A5. By building rapport.

6.

Q6. What is the long-term product of the Referral Program?

A6. An established, active base of Referral Sources who generate an abundance of new patients for the clinic.

7.

Q7. What is a medium-term product of the Referral Program?

A7. An established, active Referral Source who is generating regular referrals to the clinic.

8.

Q8. What is a short-term product of the Referral Program?

A8. A successful meeting that builds rapport with a Referral Source.

9.

Q9. What should you do in a meeting with a Referral Source?

A9. Ask questions that show interest and listen, not talk, so you build rapport and get data.

10.

Q10. What should you accomplish during a meeting with a Referral Source?

A10. Find something the Referral Source is willing to have you help him/her with.

11.

Q11. What must you ensure your Patient Care Coordinator does for each Referral Source and potential Referral Source?

A11. Create and keep an up-to-date Referral-Source File with all pertinent data on each Referral Source.

12.

Q12. What do you use each Referral Source folder for?

A12. To get the needed data to write a detailed strategy for a meeting with the Referral Source, before the meeting is ever even set up.

13.

Q13. What is the meeting strategy called that is used for the first meeting with a referral source?

A13. The "Get Acquainted Strategy".

14.

Q14. Does the owner/therapist try to sell the RS on how good he/she or the clinic is, or ask for referrals when doing the Get Acquainted meeting?

A14. No! He or she shows interest by asking questions about the types of difficult patients the RS has and how he or she could help the referral source with those.

15.

Q15. What format does the owner/therapist use to write the strategy for the "Get Acquainted" meeting?

A15. The Get Acquainted Strategy Format.

16.

Q16. What must the owner/therapist always do at the end of <u>any</u> meeting with an RS.

A16. Get an agreement that there will be another meeting in the future for some reason that will further the relationship.

17.

Q17. What else should the owner/therapist do at the end of any meeting?

A17. Summarize for the RS what they have decided on during the meeting, that the owner/therapist is going to do to help the RS.

18.

Q18. What must the owner/therapist do as soon as he or she gets out to his/her car after a RS meeting.

A18. Make notes of anything he/she didn't note down during the meeting – especially about agreements for another meeting and things that are to be done to help the RS.

19.

Q19. What does the owner/therapist do when he or she gets back to the clinic?

A19. Write the strategy for the follow up meeting – making sure there is a point to get agreement on yet another meeting at the end of that strategy.

20.

Q20. What strategy does the owner/therapist use for doing the follow up meeting after the first get acquainted meeting?

A20. Any suitable reason for a return visit. Many are listed in the training materials. The same strategy form can be used.

21.

Q21. Once the owner/therapist (professional) has done the Get Acquainted Strategy meeting and the Follow-Up Strategy meeting, what strategy would he or she use for the next meeting?

A21. The Quality Assurance Strategy.

22.

Q22. Why do a debrief (detailed write up of what occurred) after each referral source meeting and put it in the referral source folder.

A22. So that if the next meeting isn't for several months, the owner/therapist can go to the folder and read the debrief and be fully reminded of the last meeting before going in to the next one.

23.

Q23. How do you set up a meeting by direct call if you know the RS well?

A23. Call on the RS personal line – "Hi Meg it's Bill Smill. I need a 15-minute, in-person meeting with you about patient matters. How do I set that up?" (Set it up as instructed.)

24.

Q24. How do you ensure that all the actions of the Consistent Referrals Program always stay in place?

A24. Do the Weekly Checklist every week and do the PCC and Professional "What Do You Do? drills regularly.

The following is what you will be asked to accomplish during your 3 months internship. You should get started right away when you training is completed.

Your consultant will check with you weekly and give suggestions and directions to ensure that you are successful.

WEEKLY MARKETING MEETING AGENDA

1. Set up a time each week to meet with your PCC and go over progress and plans for the new week.

2. Update progress with steps that got done the previous week.

3. PCC to debrief on any RS profiles developed the previous week.

4. Name out and coordinate the actions to get done this week:
    - Front Desk visits
    - Profiles received
    - Profiles developed
    - Meetings set
    - Meetings done

5. Write strategies for those RS you now have enough data on.

6. Drill the RS strategies for the visits planned for the week.

7. Review the Internship Phase steps you got done last week and name out which steps you will be working on this week.

8. Make a list of all actions to get done for your consultant on your Weekly Battle Plan.

9. Make sure your statistics are updated in the OMS software before you call with the consultant each week.

10. Be present for the arranged phone call from your consultant each week.

WEEKLY BATTLE PLAN[35]

Name_____ Date _____ Condition _____

Target	***Date Deadline***	***Date Done***
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

[35] **Battle Plan**: Weekly actions plan.

MODIFIED REFERRAL PGM - WEEKLY CHECKLIST Wk End'g __

1. All clinic stats are entered in OMS Weekly Module end of week. __

2. PCC enter the 4 PCC stats in OMS weekly Custom Graphs end of week. ___

3. PCC update the Referral Source Folders for the most recent actions. ___

4. Hold a marketing meeting & plan the next week. __

5. Do some drilling on PCC and Professional "What do you do drills. ___

6. PCC Prepare RS folders for any new, planned or potential RSes. ___

7. PCC visits at least 6 RS FDs and enters all data in RS folders. ___

8. PCC contacts at least 2 Queen Bees and enters all data in RS folders. ___

9. The professional studies RS folders & writes at least 1 RS meeting strategies. ___

10. PCC sets at least 1 meeting between a clinic professional and an RS. ___

11. Professional does at least 1 RS meetings and debriefs them in RS folders. ___

12. Professional writes follow-up strategies for the RS'es just visited. ___

13. Check all referrals/enquiries from all sources are entered in Referral Log. ___

14. Check all entries in Referral Log are being followed up and scheduled. ___

15. Check that all FD personnel are asking interested questions, showing empathy and building agreement to come in (eval, free consultation, free tour) whenever anyone calls. ___

16. Check all cancels and no-shows are entered in cancels/no-show log. ___

17. Check therapists are asking patients who else needs help, whenever a patient expresses satisfaction. __

18. Check that testimonials are being solicited and sent to referring sources and with approval to publish where possible and then being used in social media and web site. ___

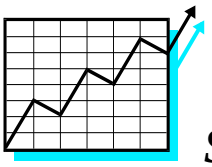
MODIFIED CONSISTENT REFERRAL INTERNSHIP - PHASE 1.

Client: _____ Date Started: _____

1. Has submitted to consultant at least four written Referral Source strategies. ___
2. Has had a minimum of 10 Front Desk visits completed. ___
3. Has met with a minimum of four Referral Sources. ___
4. Is working off a Battle Plan & reviewing the BP on each call with consultant. ___
5. Is keeping stats and posting graphs. ____
6. Has sent copies of at least four meeting memos to consultant. ___
7. Has re-read the section on ARC & the ARC Triangle in the Relationship Development Manual. ___
8. Has had some gains/improvements that have occurred as result of program. ___
9. Writes a summary of what has been accomplished on the program so far. ___
10. Checks off these 10 items above, signs this Phase form and emails or faxes both this form and the summary written in #9 above, to the consultant. ___

Client attest: _____ Date: _____

Consultant attest: _____ Date: _____



Survival Strategies, Inc.

Modified Consistent Referrals Program, Phase #1 Completion
SUMMARY OF GAINS ON PROGRAM SO FAR

Name: _____Consultant: _____ Date:_____

Practice Name: _____ Practice Type: _____

Please share with us any skill, production, or other improvements gained up to Phase 1 completion.

(If you need additional writing space, use back of the form.)

Please tell us who you know that might be interested in learning more about this service or similar ones and we will invite them to one of our introductory services on your behalf:

Name _____
Your relationship _____
Phone _____
Email _____

Name _____
Your relationship _____
Phone _____
Email _____

May we share your summary of gains with others? Please circle one: Yes - No

Signature: _____

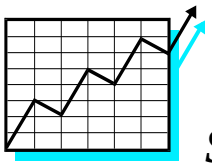
MODIFIED CONSISTENT REFERRAL INTERNSHIP - PHASE TWO

Client Name: _____ Date Started: _____

1. Client has stats entered in OMS and graphs made regularly every week. ___
2. Client has re-read section on Emotional Tone Scale the Relationship Development Manual. ____
3. Client has reviewed with consultant tone levels of at least 5 Referral Sources. ___
4. Ten more Front Desk visits have been done. (For a total of 20). ___
5. Client has visited four more Referral Sources. (For a total of 8.) ___
6. Client has written 2 Follow-Up strategies & submitted these to consultant. ___
7. Client attests below, improved ability to form relationships with Referral Sources and writes a summary of gains from the program. ___
8. Client and consultant do a new Goals Summary for the client. ___
9. Client and consultant make an appointment for client to speak to a senior executive at SSI about the program just completed and then checks off the 9 points on this Phase 2 form and emails or faxes it with the summary of Gains for the program (7 above) to the consultant. ___

Attested complete: Client_____ Date _____

Consultant _____ Date _____



Survival Strategies, Inc.

Modified Consistent Referrals Full Internship Completion
SUMMARY OF GAINS

Name: _____Consultant: _____ Date:_____

Practice Name: _____ Practice Type: _____

Please share with us any improvements in: your abilities, your practice, its production, etc.

(If you need additional writing space, use back of the form.)

Please tell us who you know that might be interested in learning more about this service or similar ones and we will invite them to one of our introductory services on your behalf:

Name _____
Your relationship _____
Phone _____
Email _____

Name _____
Your relationship _____
Phone _____
Email _____

May we share your summary of gains with others? Please circle one: Yes - No

Signature: _____

NOW THAT YOU HAVE LEARNED HOW YOUR INTERNSHIP WILL GO

At this point you should have had any questions and uncertainties answered and handled.

1. If not, please talk to you training and do so now.

2. Now the owner will be asked to read and sign the Client Assurances form. This is a promise to work on the program and apply and ensure that others apply the technologies that you have learned during the internship period that follows this training.

3. And all attending this training will be asked to write a summary of what you have learned or gained from the training.

PLEASE TURN BACK TO MANUAL NUMBER 1 AT THE FRONT OF YOUR BINDER TO DO THESE POINTS.