

Transforming Consultations - with NLP

Summary

We all want to do a good job with our consulting - but sometimes we miss the mark.

The field of neuro-linguistic programming (nlp) gives us some ideas and practical strategies to help us do a better job - more often, and more easily - more of the time.

Neuro – to do with our whole neuro-endocrine experience.

Linguistic – with special attention to how our words/”language” affects this experience.

Programming – we all have particular consistent patterns to our experiencing, some being more useful than others. The latest neuroscience is now proving more evidence about the details of these connections e.g with pain (Edwards, 2009).

1. **Pace and Lead** - we do our best to positively influence people when we at **first establish rapport** - that feeling of mutual empathy or connection - and **then** show them some alternatives. This ongoing active process of rapport is called ‘pacing’. We know we have good rapport when the other person ‘follows our lead’. One way of thinking about a failure of someone to follow our lead is that we haven’t paced them enough.
2. **Metaphor** - we generally think and communicate with words which **use associations** to convey meaning. Someone is a “pain in the neck”. “Life is such a battle.” “I wish it was all plain sailing”. “I feel so much lighter now that’s a real load off my shoulders!” We do well to utilize these ways of describing our experiences to allow the patient to feel more understood by us and for us to better describe our own ways of interpreting their symptoms and problems for them.
3. **Anchoring States** - different situations evoke different responses in each of us. This “state” - the sum total of our neuro-endocrine activity at that time - has a significant effect on how we think/behave. Contrast how we commonly feel and behave when “grief stricken” with when we have “just got married”. We recall these states remarkably easily - we are doing it all the time anyway - and we understand enough to be more deliberate, reliable and consistent with this process. Being able to do this allows us to perform at our very best more often. Even when we have starting having “one of those days” - it’s possible to turn it around and do really well. Whether we are in an Olympic high jump final, a musical performance or a healthcare setting.

4. **Excellent Consulting** – happens when we are in our “best state to consult in” – not rushed or worried about the previous patient, not angry that they are upset with “the system” – or with us. We can easily learn to reliably trigger this state - so that both we and our patients can enjoy the difference.

Pace and Lead Exercise

Allow the patient to choose a situation they can talk about for approx. 5 mins.

The healthcare provider can then actively listen and “pace their client/patient” for a few minutes before trying to lead on towards a solution. If the patient follows right away – great! If not, simply go back to pacing some more - perhaps in a slightly different way – paying attention to a different aspect of their communication. And then try to lead again.

Notice what happens.

Pacing

Add something to your usual consulting style by spending the first few minutes of the consultation “mirroring” the body language and reflecting back some of their speech.

Perhaps noticing and reflecting back not just the **content** but the **emotion** behind their concerns.

Try using some of their “**hot words**” or expressions in metaphors which they have used to describe how they are feeling e.g. a “pressing sensation”, “life’s become a real drag”, “I just want to see a way through”.

Helpful expressions to use might be:

“So what you’re saying is.... “

“Let me just check if I’ve got this right, when...”

“So because ofyou’ve been feeling.....”

As well as the usual “minimal encouragers” of “Umhmm”, “Yes” with nods and suitable eye contact.

Leading

Then, when appropriate, you can try to “lead on” and notice what happensdo they follow ? Or do you need to pace a little more in order for them to accept your suggestions?

Some helpful expressions here might include:

“So what do you think is best to do now?”

“Shall I examine you now and then we can make a plan of action?”

“How about I show you some options - and then you can decide what works best for you.”

“OK, there’s obviously a few things troubling you – let’s consider this one first, shall we?”

Metaphor Exercises

1/ Person A – Talk for 3-5 mins about a challenging time at work and how you felt about it at that time and now. Then describe your favourite hobby/pastime for a few mins and what you most enjoy about it. Person B – Listen using your verbal and non-verbal pacing skills. Then share with A what metaphors you noticed her/him using.

2/ Person B – using a metaphor – perhaps from one that A mentioned, perhaps from the favourite hobby or activity they mentioned, perhaps from one of your own choosing - lead A to an alternative viewpoint about that situation.

3/ Describe the mechanism of asthma and how bronchodilators and inhaled steroids work to treat it – using, for example : - a waterpipe/tap analogy or comparison

- a metaphor from the garden.
- a metaphor using a motor engine.

Relaxation Anchor Exercise

Choose a time when you felt particularly relaxed and comfortable. A particular time and place - perhaps at home, perhaps on holiday - when you remember that you felt really relaxed and comfortable. And when you've got one particular time, carry on with the rest of the exercise.

- And now go back into your body at that time and see all the things you could see through your own eyes, hear all the things you could hear - both outside and inside your head, and feel all of the feelings you were feeling at that time. Go ahead and really enjoy re-experiencing those lovely sights, sounds and feelings. And as you do this just gently press your index finger and thumb of your non-dominant hand together. For about 5-10 secs. And then - before the feelings fade - separate your finger and thumb again.
- Now open your eyes and notice who else is in the room. Perhaps look at your watch. Take a few moments to “come back to the room”.
- Then press the same index finger and thumb together again - and again, go back into that memory and really enjoy the experience - the sights, sounds and feelings of that time of total relaxation and comfort.
- And then after you're feeling really relaxed and comfortable you can separate your finger and thumb and gradually 'come back to the room', fully and completely and again notice what's happening around you and what sort of shoes the person sitting next to you is wearing.

Excellent Consulting Exercise 1

(To be read aloud to the participant)

“Choose a time when you felt particularly good about your consulting. It may have been a relatively simple case which you handled really well - or perhaps a more challenging situation, when you rose to the occasion and did a great job. So take a moment to remember a particular time and place - perhaps recently, perhaps some time ago - when you felt really competent and resourceful. When you knew that when you feel this way you can deal really well with whatever clinical situation you have to deal with. When you just knew that you did an excellent job with this consultation. And when you’ve got one, carry on with the rest of the exercise.

- And now go back into your body at that time and see all the things you could see through your own eyes, hear all the things you could hear - both outside and inside your head, and feel all of the feelings you were feeling at that time when you were doing excellent consulting. Go ahead and really enjoy re-experiencing those wonderful sights, sounds and feelings. And there may be a particular “trigger” word/s which summarises (e.g. “confidence” or maybe “excellent caring”) this for you and you can say it to yourself as you gently press your ring finger and thumb of your non-dominant hand together. For about 5 - 10 secs. And then - before the feelings eventually fade - separate your finger and thumb again. Now open your eyes and notice who else is in the room. Perhaps look at your watch. Take a few moments to ‘come back to the room’.
- Then press that same ring finger and thumb together again - and again, go back into that memory and really enjoy the experience say that trigger word to yourself internally- the sights, sounds and feelings of that time of totally excellent consulting.
- And now after you’re feeling really good about your consulting then , now you can separate your finger and thumb and gradually ‘come back to the room’, fully and completely and again notice what’s happening around you and what sort of shoes the person sitting next to you is wearing.

Next Step

What’s the next smallest step I can take towards this state of performing excellent transforming consultations?

Resources

Consulting with NLP / Changing with NLP / Persuading with NLP,

- all by Dr Lewis Walker, GP and trainer in Scotland

The Naked Consultation – a practical guide to primary care consultation skills, Dr Liz Moulton

The Inner Consultation, Dr Roger Neighbour

Magic in Practice – Introducing Medical NLP, Garner Thomson and Dr Khalid Khan

Introducing NLP, Joseph O'Connor and John Seymour

Solution-Focused Therapy, Steve de Shazer

My Voice Goes with You, Sidney Rosen

“Mirror Neurons” Rizzolatti (2005) *Science* 310 (5476)

“The Neurobiological Underpinning of Coping with Pain”

Edwards, Campbell, Jamieson and Wiech (2009) *Current Directions in Psychological Science*

“The Role of Positive Emotions in Positive Psychology”

http://www.unc.edu/peplab/publications/Fredrickson_AmPsych_01.pdf (2001)

American Psychologist

Positivity ,

- both by Dr Barbara Fredrickson

The Relaxation Response

Psychiatry: Journal for the Study of Interpersonal Processes, Vol 37(1), Feb 1974, 37-46V

- Drs Benson, Beary and Carol

NLP research database maintained by University of Bielefeld , Germany

<http://www.nlp.de/research/>

NLP Research and Recognition Project: www.nlprandr.org

NLP Training in Auckland and Wellington, New Zealand :

Dr Richard Bolstad, Transformations, www.transformations.net.nz

Stephanie Philp, Metamorphosis , www.metamorphosis.co.nz

Mark Klaassen, Communications Plus, www.commplus.co.nz

The Two Ronnies – “Forkhandles” sketch <http://www.youtube.com/watch?v=Cz2-ukrd2VQ>

Chris Bliss <http://www.youtube.com/watch?v=H8f8drk5Urw>

Contact Details

Prof. Bruce Arroll
Dept. of General Practice and Primary Healthcare
Auckland Medical School
University of Auckland – Population Health
b.arroll@auckland.ac.nz

Dr Nigel Thompson
Dept. of General Practice and Primary Health
University of Otago and
Wakatipu Medical Centre, Queenstown
nigel@wakatipumedical.co.nz
Cell. 021 550 950



Feedback

Thank-you for taking a few moments to help us continue to improve our presenting of this topic for you.

What have you most enjoyed?

What have you found most useful?

What would you like to know more about?

What would you suggest we change?

Would you be happy with us contacting you directly re your comments?

If so please write your e-mail address below or contact ph number.