



Using neuro linguistic programming in health and social care settings – a practical workbook



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I was first introduced to neuro linguistic programming when, having completed my M.A. I was working as Head of Organisational Development for a Primary Care Trust and looking for the next step in my career. I had heard of NLP so got myself a bank loan and bought a practitioners course.

I can honestly say I have never regretted one minute of that bank loan; NLP opened up a whole new world of possibilities and taught me invaluable new skills which I continue to develop and refine to this day.

Had you asked me that day as I walked out of University after receiving my M.A, whether I would one day write an e book, let alone write one about neurolinguistic programming and have another couple of books in the pipeline, I would have laughed but here it is, my first e book.

I hope you find it practical and useful, the scenarios and practical hints and tips are gleaned from years as a nurse/ midwife and working intensively later in my career, with children's and adult care services.

Maybe this will be the start of your journey into the fascinating world of NLP?

Introduction

Imagine being able to communicate easily and effectively with all sorts of people all of the time, both at home and at work. Working in health and social care our communication skills are essential to understanding our clients/patients and our colleagues. Being able to relate well to others is the mainstay of effective care and service to the public, and invaluable to our selves.

We are taught some communication skills in our initial training, we also pick up lots of ideas 'on the job'; learn from observation of how others communicate well with people (or not!), we learn from our home life and our up bringing about what is acceptable when communicating with others, ideally we also learn from our communication faux pas!

How can NLP help improve communication in health and social care settings and how can this book help you personally?

In her book 'the sociology of health and illness', Sarah Nettleton identifies that the medical model of care is based on four tenets; the first being that the mind and the body can be treated separately, (mind- body duality). She says that the subjective interpretations and meanings of health and illness can seem irrelevant when using the medical model.

In his book 'Quantum Healing' Deepak Chopra, says that it is essential that the mind and body are treated together as they are inextricably linked, and that the mind is extremely powerful in terms of healing the body (the mind-body connection).

I am sure that at some time in our lives we have all experienced the mind- body connection; stomach upsets for example before exam or interview, can be seen as stress in the mind manifesting a physical reaction.

In his book 'Plain English for Social Services – a guide to better communication' Graham Hopkins identifies that using everyday terms and avoiding jargon is essential to connecting with service users. Whilst this is essential, the added value that NLP brings to the communication process is that it helps us to know **what** everyday terms will make most sense to people; as they will be different in every case.

Naturally we all communicate with others in the way that makes most sense to ourselves, so for example I may use lots of pictures and diagrams when teaching a client/patient a certain thing, because that is how I learn. However, it may not necessarily suit the client as well as it does me; there may be a better way of getting my messages across to him/her.

NLP is a mechanism to help you really link into another person's model of the world, what they think of the world around them, how they 'see' things and therefore what makes sense to them. For example, think about the last time you said something to someone else and they completely got the 'wrong end of the stick'. They perhaps took what you said out of context, maybe took an innocent remark personally, possibly agreed to do one thing then did totally the opposite!

What could all that have been about?

Have you ever asked someone how they 'feel' about a certain issue only to have them look at you like you are an alien! Perhaps they said something back to you to the effect:

'What do you mean **feel** about it, there's nothing to feel about it'

It's as if feeling something about that particular thing were a strange and unusual phenomenon.

In gaining an understanding how different people (i.e. people other than you) make sense of the world around them, you can adapt your communication style, be flexible, to improve how you interact effectively with more of the people, more of the time. NLP can therefore help you in:

- Consultations with patients/clients – really understand how they make sense of the world around them and 'tap into' their individual learning styles, making communications more understandable and advice more easily followed.
- Meetings with colleagues or clients, flexibly communicating with people to reach consensus more easily and create a deeper understanding of the way forward.

Each chapter of this short e-book offers practical exercises which are fully related to 'real life' working with clients or managing clinical situations.

Why is this book important in health and social care settings?

The research available on communications in health and social care is vast, the small sample below, shows it is a key concern:

"It is well known that most complaints and litigation in the NHS and social care come from poor communication process. Equally, clinical mistakes stem from a lack of communication strategy, and poor communication style contributes to most interpersonal conflict in the workplace"

www.medicology.co.uk

"Despite greater clinical experience during the course of a career, many clinicians tend to remain disease focused rather than patient focused, and miss empathetic cues emanating from patients. They may therefore fail to address the social and emotional impact of illness on individual patients, and their particular fears and hopes. They may also fail to check that patients have understood the information provided. There is therefore a clear need for ongoing communications training".

www.library.nhs.uk

(NHS evidence)

A recent Kings Fund report highlights poor communication between maternity staff and other disciplines and lack of leadership, they argue that this combination impacts on safe care of maternity patients

www.kingsfund.org.uk

(report – 'Maternity staff working hard but barriers remain')

And the Audit commission in 1993 found that 70% NHS litigation was related to poor communication, have things changed very much since?

In researching child death cases including Victoria Climbié, baby P all the official reports mention poor communication as one of the key issues: Either communication with families or, more often, between agencies and their staff.

So the key point is that despite having tons of communications skills training and ongoing courses designed and developed at a cost of millions to the NHS and social services, could the addition of NLP add another facet to communicating on a deeper more individual level and enhance what is currently there?

Will NLP solve all communication problems... Definitely no. Could it help in our quest to improve how we connect with others and make sense to patients and clients?... Definitely yes.

What is the link to neuro linguistic programming?

NLP was developed in the 1970's by a psychologist (Richard Bandler), a linguist (John Grinder) and an anthropologist (Gregory Bateson). They examined how a person's thought processes; including what they tell themselves unconsciously, and the words people use, combines to produce reactions and behaviour patterns in themselves and others.

Breaking NLP into three parts:

Neuro – relates to how the brain processes experiences using the five senses.

Linguistic – refers to the language we use, and how our experiences are coded and given meaning in the mind

Programming – describes internal patterns of behaviour that help a person evaluate their experiences and make decisions (it also relates to how we can re-programme thoughts, and use communication with ourselves and others, to our best advantage)

NLP has been described as the study of human excellence and how we communicate to influence others.

We all know that as practitioners, our viewpoints or 'takes' on situations can perhaps differ from those of our patients/clients and our peers. What seems hugely important to one person may seem fairly insignificant to another.



Time out

Take a few moments right now to think about a time when your perception of a situation was very different from another person's. Choose something perhaps that, at the time, caused difficulties between you.

Think and feel your way through the events from your perspective, then take the same amount of time to think and feel through the events from the other persons point of view; try to imagine what they were thinking at the time, what prompted them to do or say what they did, how might they have 'seen' or 'felt' the circumstances at the time. Now think about the situation as if you were an observer of the interaction, see both yourself and the other person in the picture and think about what was happening; how could the communication have been misinterpreted by both people, what could have been said or done differently

What could have been the basis of the different perceptions? NLP theory says that we all take in information from the world around us in different ways, then we process it to make meaning and then develop, what is known in NLP terms, as an 'internal representation' of our world. Some things we generalise from the information, some information we delete, and some we distort to fit our model of the world.

For example a person may tell you 'no one likes me at work', is that true? Or is it that the person has generalised a bad experience, then distorted all the communication, the looks, the things people say and the way they say them, to fit that model?

Our internal representations are influenced by our memories, values, our behaviour patterns, the things we delete as not relevant from the experience, what we distort to fit with our assumptions and what we generalise as similar to something we have experienced before.

It is this individual interpretation of reality that can confound communication! One of the key messages in NLP is that 'the map is not the territory', which basically means we all see things and experience them slightly differently, and just because others perceive a situation differently from ourselves, this does not have to mean one is right and one is wrong, just that it's different.

Understanding and using NLP helps us to make more 'sense' of human interactions. Using NLP helps us to increase our adaptability in our own communication styles, and aids our understanding as to why others can and do see, hear, and feel things differently from ourselves.

NEURO linguistic programming

Let's take a look at how people make sense of their world first;

We all take in information using our five senses of seeing, hearing, and feeling, smell and taste.

Unless any are impaired, we all use all our senses all the time; however we do tend to rely on one more than others to support this sense-making process.

So how do we know which we use the most? Here is a short test that can help you decide. Go through the assessment and find out which internal representational system (IR) you tend to use most, then read up a little on your IR and see if it fits.

NB people very rarely use taste and smell as a main representation process so these are not tested in the assessment below.



Time out: Internal representation test

Please answer the questions below and allocate a score to each sub statement as follows, write these at the side of the statement:

4 points = closest description of me

2 points = next best description of me

3 points = next best description of me

1 point = least descriptive of me

1. When on holiday at the beach, the first thing that makes me glad to be there is:

- ☐ a. The roar of the waves and the sound of birds in the distance
- ☐ b. The scenery, the bright sunshine and glistening, blue water
- ☐ c. The feel of the soft sand beneath my toes and the warm sun on my face
- ☐ d. The cost was reasonable for this kind of holiday

2. During an argument I am most likely to be influenced by:

- ☐ a. Whether or not I can see the other persons perspective/point of view
- ☐ b. Whether I am in touch with the other person's perspective and what the other person is feeling
- ☐ c. If the other persons argument is logical and makes sense
- ☐ d. The other person's tone of voice and the words they use

3. When buying a car, I make my decision first on:

- ☐ a. The price, safety features and economy on petrol
- ☐ b. The colour and styling, how I would look in it
- ☐ c. The sound of the stereo or engine/how quiet it is
- ☐ d. How comfortable you I feel in it when you take a test drive

4. If you agree with someone you are more likely to say:

- ☐ a. That makes sense
- ☐ b. That looks right
- ☐ c. That feels right
- ☐ d. That sounds right

5. It is easiest for me to:

- a. find the ideal volume and tuning on a radio
- b. select the most comfortable furniture
- c. select rich, colour combinations
- d. find the most interestingly relevant points in a conversation

6. I most easily communicate what is going on with me by:

- a. The tone of my voice
- b. The words I choose
- c. The way I dress/look
- d. The feelings I share

7. I find it easier to follow a presentation if:

- a. There is a visual display and I can visualise the concepts
- b. The presenter speaks clearly and has an interesting tone of voice
- c. The presentation is clear, logically presented and the facts are correct
- d. I feel that I understand the presenter's perspective, and the information is within my grasp

8. When given an assignment at work, it is easier to carry out if:

- a. Have an understanding of what is required
- b. Someone talks to me about what is required
- c. I have a feeling for what is required
- d. I can picture what is required

Now place the numbers you have allocated to each letter in the grid below.

(e.g. if you gave question one, statement a. 4 points, then write 4 in the pace beside question 1, statement a. and so on until you have a number against each a,b,c,d for each question)

Then count down the columns to get a score on each.

Question number	Visual	Auditory	Kinaesthetic	Auditory digital
1	b. <input type="text"/>	a. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>
2	a. <input type="text"/>	d. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>
3	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	a. <input type="text"/>
4	b. <input type="text"/>	d. <input type="text"/>	c. <input type="text"/>	a. <input type="text"/>
5	c. <input type="text"/>	a. <input type="text"/>	b. <input type="text"/>	d. <input type="text"/>
6	c. <input type="text"/>	a. <input type="text"/>	d. <input type="text"/>	b. <input type="text"/>
7	a. <input type="text"/>	b. <input type="text"/>	d. <input type="text"/>	c. <input type="text"/>
8	d. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	a. <input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you scored highest on Visual

People with a preference for visual tend to memorise things by looking at pictures, they are less distracted by noise than other representational system types. They tend to think in pictures as this kind of information is processed quicker in the brain than other informational types. They can often have trouble remembering verbal instructions and sometimes speak quite quickly to keep up with the rapid visual images as they fly quickly through the consciousness. Appearances are important to a visual person, who tends to be well groomed, neat and generally organised.

If you scored highest on Auditory

Auditory people typically tend to talk to themselves and can be easily distracted by noise in a room that others may not even notice. They learn by listening and repeating things back to you. They typically like music and enjoy talking on the telephone. They like to memorise steps and sequences and like to be told how they are doing. They will pick up on tone and tempo of voice and be sensitive to changes in tone.

If you scored highest on Kinaesthetic

People who are kinaesthetic will typically speak more slowly than others. They learn by memorising and 'walking through' something. Kinaesthetic people can take longer to reply to a question as they internally, unconsciously evaluate how the answer may make them feel. They tend to stand closer to others than perhaps a visual person, as they are fine with being in close proximity to others.

If you scored highest on Auditory digital

Auditory digital people will use smatterings of all representational systems to make sense of their world. The key thing about people with a preference for Ad, is that things need to make sense, be logical and sequential. Ad people like lists and stepwise processes. They learn best by sequencing and sense making and often can exhibit characteristics of all the other representational (rep) systems. If your score was highest in this category, you may like to check the next highest as this rep system may be your 'next most used'.

NB. You may find in this test that you have two or three categories with the same score, this is fine, as this test is only very short, longer ones would help you decide your most used rep system. You may also find that you start to take more notice now of the ways you like to take in information. Longer tests can be found on the internet.

Does the previous short explanation of your possible IR fit with you? Are you now thinking about family members and members of staff or patients who seem to fit into these categories too?

So how can this knowledge help? We can't give the IR assessment to all patients and staff! So, how could we get clues as to how other people make sense of the world?

I mentioned that language was how we coded and interpreted our world, well language gives us the necessary clues we need to point us in the right direction when it comes to improving communication.

Meanwhile, the other aspect of NEURO linguistic programming refers to physiology or body language, and to the process of developing rapport with others. Rapport happens when we are 'on the same wavelength' as the people we are talking to. The interesting thing about this is that, when people are truly in rapport with one another you can observe that they match each other's body language totally unconsciously. This tends to include matching elements such as pitch, tone and speed of voice as well as breathing patterns and posture.



Time out

See if you can identify from observing people those who seem to be in rapport, are they matching each others' movements to a certain extent? Do they laugh or change expression at the same time or just after each other?

Also, over the next few weeks, have a go at becoming aware of your own physiology during a friendly conversation with someone; watch to see whether you catch yourself in the same physical position as the other person or whether the other person shifts to match you shortly after you move. You will find this fascinating to observe, rapport is created naturally, however as you bring it into your conscious awareness more, you will be able to practice and hone your skills even further to create rapport more quickly with others.

Neuro LINGUISTIC programming

So language gives us clues as to another person's internal representation system, in other words the system they use most to make sense of the world around them. However it should be remembered that we all use our five senses all the time.

The basis of linguistics in terms of communicating 'on the same wavelength' so to speak is that, if we use the words the client uses back to them, they will understand them more easily.

This includes not just avoiding the use of jargon, but also selecting everyday words appropriately too.

So what types of words may give you a clue as to a person's IR? The words used are called 'predicate' words and some examples for each IR follow:

Visual

Some people use mainly visual clues to make sense of the world and their language will reflect this, they won't use these kinds of words all the time however if you listen carefully you will be able to pick them up scattered amongst the language patterns.

For example:

'Cloudy, crystal clear, hazy idea, lacks clarity, looks good to me, I can see your logic', 'can you show me how that works'

A mainly visual person needs to **see** that your advice makes sense, and will learn best by looking at diagrams and pictures. They tend to stand further away from you when speaking, as unconsciously they like to take in you as a 'whole picture'.

Kinaesthetic

A kinaesthetic person's language would not be just about feelings as they also use physical sensations to make sense of situations; so, their words may also indicate kinaesthetic movement for example:

'It all boils down to', 'that feels right to me', 'that's hard to grasp', 'let's get a concrete idea of what we are doing'.

If you are advising this person your advice needs to **feel** right for them. They learn best by walking through a plan of action, so they can experience as closely as possible what the plan will mean for them, in order to **firm up** their ideas about it.

Auditory (sometimes called auditory tonal)

A person who uses their sense of hearing to gather information and make sense of the world around them will use language clues related to hearing, for example:

'That sounds right to me', 'listen up', 'I hear what you are saying', 'That rings a bell with me'.

When advising auditory people your plan needs to **sound** right for them. They are very sensitive to your tone of voice and can be distracted by noises in the room that you may not even notice. Auditory people learn best by listening and sequencing, so asking them to repeat your instructions back to you is a great way of 'cementing' the advice into their memory.

Auditory digital

The auditory digital person uses all five senses equally to understand their world. An auditory digital person will use smatterings of language from all main representational systems; however the main difference, as mentioned previously, is that this person likes things that make sense to them, they like a logical order to things so they may use words and phrases like:

'That makes **sense** to me; I **think** that is about right, let's go through it **step by step**, what comes **first**?' 'That seems very **sensible** to me'

The auditory digital person likes things to be orderly and enjoys list making. If you are advising this person they will need to really understand the reasons for the plan and will want more technical information on which to make a judgement as to whether it is right for them, than perhaps users of the other IR systems will do.

They learn best by breaking plans/advice down into chunks and really understanding each chunk before moving on.

We need to find out this information by listening carefully for the types of words above in bold. This may feel contrived at first however it becomes second nature after a while.

The trick in communication is to use similar words back to the client; as they may not be the words you would generally use this may feel a little contrived at first.

Let's examine how a short consultation may go using this information:

Conversation one

Client: *I can't seem to make the change in my diet it's just too hard for me*

Practitioner: *Hard in what way?*

Client: *Well, I just think that the diet is too strict and I feel really bad when I don't follow it as I should.*

Practitioner: *Well let's get that feeling bad right out of your system; shall we take it one step at a time and go through the diet plan and see if we can make more sense of it?*

Client: *That would be better for me; I think I would be able to get a better grip on what I need to do if we go through it like that.*

So was the client auditory digital or kinaesthetic? The practitioner matched the words and tried out both types of language clues; as the conversation went on, the practitioner may have picked up more and more clues to make a better judgement.

Conversation two

Client: *I am not coping with this plan of care for him.*

Practitioner: *In what way are you not coping, can you give me some examples?*

Client: *It sounds silly but I need to be really clear about who is doing what during the day when I am not there. It doesn't ring true sometimes when he says a carer has been in, in the morning, and I can't see how a plan that isn't co-ordinated can work.*

Practitioner: *Let's have a look at the schedule and go through it step by step and try to make it clearer, does that sound OK to you?*

Was the client auditory or visual? The practitioner used smatterings of each to link more into the client's possible IR system.

As you can see it is not an exact science, and it does take flexibility from the practitioner in using language patterns he/she may not naturally use. However, the main bonus is that you will be able to 'connect' more with people, you will get your messages across more easily and they will be understood more often than before.

There are many, many other NLP mechanisms that support improving communication, such as clues to what a person is deleting, distorting and generalising from their experience when they speak, what assumptions they are making and more importantly perhaps, what you as a practitioner are assuming from the conversation. All this amazingly useful information will be in a future publication, watch this space!



Time out

For the next few interactions with people really listen to the words they use, try to pick up on any predicate words they are using and take a guess at their possible IR system.

Then, once you have tuned in to the predicate words, practice using some similar words back to people and note the reaction, does it help conversation flow, do you feel more on the 'same wavelength'? Do more and more clients actually remember your instructions and advice?

As I mentioned before there is little doubt that this will feel contrived at first, and indeed you probably do a lot of this matching words naturally. All this exercise does is to bring it into your conscious awareness, allowing you to practice and hone your skills.

Neuro linguistic PROGRAMMING

In this short e book I really don't have the opportunity to give the programming section of NLP the space it deserves. Suffice to say that the programming part of NLP shows us how to put all our language and rapport building skills as well as our internal thinking patterns and behaviour together to create better communications with more people more of the time.

In my next book will examine more in depth the language patterns, rapport building and the application of it all into day to day life.

We will also examine NLP in relation to running meetings effectively, reaching agreement and consensus, goal setting with clients and goal setting for yourself, where do you want to be in your career in the next 5 years? As an addition I will show you how NLP can be brought to life in a training/presentation environment – link into every student/delegate within the first minute of your presentation!

About the Author

Christine has more than 25 years experience in health care and local authority settings. She is available to speak at conferences and work with teams on using NLP practically to help patients/clients and help communications between staff.

She designs and delivers bespoke training packages on basic NLP skills and motivational interviewing techniques for a wide range of practitioners and their managers, in a fun and practical way.

She is a leadership coach and mentor and works extensively on a one to one basis to support people wanting to make positive changes in their lives generally, or at work with their teams

She works effectively and efficiently from treatment room to board room, using her unique blend of professionalism, enthusiasm, humour.

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