



Christine Mclean
Nurse and Specialist in Change
Management, Leadership
Development and Service Improvement,
CMC Consulting

Changing Behaviour



USING NEUROLINGUISTIC PROGRAMMING TO HELP PATIENTS ACHIEVE THEIR GOALS

How can you help patients to achieve their goals when trying to improve their health? In this article, we explore the neurolinguistic programming (NLP) technique of defining “keys to an achievable outcome”. The theory is that the more specific you are about the goal you are aiming for, the more achievable it becomes. This follows two articles in previous issues where we examined how to develop rapport with patients using linguistics and body language effectively (see www.bjpcn.com if you missed them).

How often have you been in a clinic and agreed a goal or an action with a patient only to find when they return that they have not been able to achieve it, or they stretch the truth a little, or they don't come back at all because they are embarrassed to tell you they haven't done it. In fact, how many of **you** have done this at some time in your lives? I know I have.

The difficulty is that we sometimes set goals that are either unachievable, seem so big we don't know where to start, or we set them for other people rather than letting them set them for themselves, making them less likely to commit. Another classic thing we tend to do when setting goals is to set them as 'states', such as 'increased confidence' or 'feeling better in myself'. If we agree 'states' as goals then we are moving into the realms of the non-

specific and ambiguous. These are difficult to measure and make it hard to know when we have achieved a goal for certain.

The keys to setting an achievable outcome are based on asking questions of patients who are working through what their goals are, to enable them to really define what they want to achieve and what they will need now and in the future to ensure they get to where they want to be.

As with all NLP techniques, the link to the unconscious mind is crucial. It's the 'little voice' in the back of our minds, what we tell ourselves about what we can and can't manage to do, that is the most powerful motivator or de-motivator when working towards achieving something. So we need to link into this 'little voice' to ensure it gives the correct messages to keep us going.



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KEYS TO AN ACHIEVABLE OUTCOME

State in the positive

When asking patients what they want to achieve it is really important to get them to identify with the outcome and define specifically what it is they want to do. For example, which goal sounds most powerful?

"I don't want to be breathless when I walk to the shop."

"I breathe easily when I walk to the shop."

or

"I don't want to weigh this much when I get married."

"I will weigh x amount when I get married."

Interestingly, the brain cannot process a negative. For example: don't think of a blue tree. Do you see what I mean? You thought of a blue tree, didn't you? That's because to be able not to think of a blue tree, you have to first think of a blue tree, then tell your brain not to think of it. Confusing, but true. So, if your patient says they don't want to be breathless anymore their unconscious mind hears 'want to be breathless'.

Stating goals positively takes a little practice but is very powerful in terms of taming the 'little voice.'

Specify where you are now

This way of asking a question requires you to get the patient to really identify with their current situation and be fully associated with it. This means asking what exactly is it like for you now?

Which question would get a more specific answer?

"What is it like for you to walk to the shops now?"

"If you were walking to the shops right now, this minute, what would it be like for you?"

This method of questioning can help the patient fully experience the 'now' of the situation. This is really important in creating motivation to move away from their current situation and towards the goal by creating a little discomfort with how things are presently and realising the full impact of this on themselves and their lives.

Specify the outcome

This is about linking the outcome to the five senses and the way your patient makes sense of the world. The main representational systems are auditory, kinaesthetic, visual and auditory digital (see the first article in this series, for more information). We all use our senses all of the time, but we have a 'default' sense that we use the most.

The way you ask this question should link to as many of the five senses as possible. The aim is to make the outcome compelling, creating a real need in the patient to achieve it.

For example, here are some questions to get your patients tapping into their senses:

"Imagine you are walking to the shops right now and you can breathe really easily" (give them a couple of seconds to do this).

"Right...are you there now? What are you saying to yourself...?" (auditory)

"What are you thinking about your achievements?" (auditory digital)

"What can you see around you?" (visual)

"What are you feeling?" (kinaesthetic)

After each question, let the patient take some time to express everything about the way they are experiencing the outcome as if it is now. Use the tone and tempo of your voice to build excitement and a sense of achievement associated with the goal and experience of the outcome.

You could also use questions about the other senses, if appropriate to the goal. For example, if you are supporting a patient giving up smoking you may ask, "How does food taste in your mouth?" and "What are the smells and tastes like?"

Once the patient has fully experienced their future, having achieved their goal, you will now need to put that image into their future by asking when this outcome will be achieved. This should be very specific, for example, by August Bank Holiday Monday (precise dates will help). Then ask them to again think of the outcome and push it into that date.

This may leave the patient 'associated' with the outcome, which basically means they are unconsciously linked as if the goal has already been achieved. The danger of this is that the unconscious part of their mind may think the goal has already been achieved and reduce motivation - the 'little voice' says "why bother?" To stop this, ask the patient to stand outside their body on August Bank Holiday and see themselves experiencing all they just expressed to you. Ask them if they can see themselves in the picture of the future? This is called 'disassociation' and is important to moving the goal into the future as something to be worked towards.

Specify evidence procedure

This sounds very technical but is simply getting the patient to state how they will know when they have achieved the desired outcome.

For example,

"How will you definitely know when you have achieved your goal?"

"I can walk to the shops on Bank Holiday Monday. I breathe easily and enjoy the experience of walking."

What will this outcome allow me to do or what will it get for me?

This is asking the patient to really think through the benefits of achieving their goal. It may be a little repetitive, but we are training the 'little voice' by deepening thoughts about the goal and its desirability.

Which type of questioning would be most useful at this point?

"Are we agreed that you will start walking for 10 minutes a day with your husband and build up by another five minutes every four days?"

The patient will probably answer, "Yes."

OR

"What would walking 10 minutes a day help you to do, or allow you to do?"

"Get fitter, spend more time with my husband, talking perhaps, allow me to feel more confident outside as he is with me, and get my circulation going."



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Why do you really want this outcome, who is this for?

This is about commitment in terms of who needs to drive this forward, who will benefit from the outcome and who, or what, the patient needs to achieve it. The "why?" is perhaps the most important as this can be the key to keeping on track if times get tough.

You may ask:

"Who are you setting this goal for?"

"Who may benefit from you achieving this goal...in what ways?"

"For what purpose do you want to achieve this?"

"What would you gain by achieving this goal?"

"What would you lose by achieving this goal?"

This helps the patient to examine their motives and drivers towards achieving their chosen goals, again creating more of a compulsion to accomplish and sending messages to the 'little voice' that the patient is in control of the outcome.

Asking the patient to be specific about gains and losses from achieving the goal can be very enlightening. I once worked with a client who said she wanted to give up smoking but working through this section of the 'keys', she realised she might lose her circle of 'smoking buddies'. This could be a real de-motivator when faced with reality outside the clinic environment. We then had to work through what this would mean and whether it was likely to come true or it was her 'little voice' playing tricks.

What resources are needed?

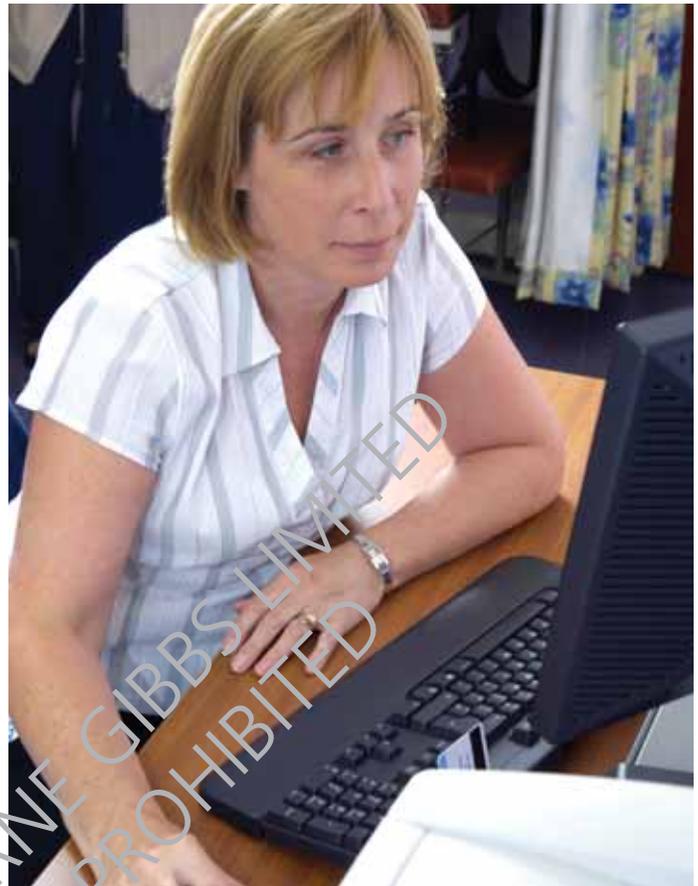
This key is examining what internal resources the patient has and what extra help they may need. This is about setting patients up to succeed, acknowledging what has worked for them in the past and what hasn't so they can adapt their strategies to ensure they achieve this time.

It may help to ask the patient: "Have you ever done this before?" If yes, ask what worked really well for them, and how they plan to use these strategies again. What pitfalls were there and how do they plan to avoid these in the future?

If they have not tried this particular behaviour change before, you could ask: "Do you know anyone who has done this?" If so, ask about what worked for them, and whether this might work for the patient. What are they going to try based on this knowledge?

You could also ask whether they have done anything similar before. For example, they may not have tried to keep to a diet before, but they did stop smoking, which required will power and abstinence. Help the patient to draw parallels in terms of the behaviours, knowledge and skills they needed for the behaviour change they have achieved which could transfer to their new goal.

Incidentally, the lady I was helping to give up smoking used this section to work through the list of her smoking buddies to see which people she might enlist to help her quit. As she was going through this, she remembered a time when she had had to be very strong with friends previously and she did not lose any of them as friends. Her 'little voice' of doubt was sending her worry messages and leading her to be fearful of an outcome that she had no evidence would happen. This could have unconsciously stopped her from quitting and she may have never really understood why. How many times have we all been fearful of an imagined outcome that has held us back?



SUMMING UP

The keys to an achievable outcome are immensely useful as they really examine every aspect of the specifics of why a patient wants to achieve something, what it's going to be like when they have achieved it, how they are going to achieve it and by when.

The more detailed the picture of what the outcome will bring and what the benefits will be, the more the unconscious mind will support people in achieving their goal. The unconscious mind is very powerful when it comes to determination to achieve. In his book *The Inner Game of Tennis*, author Tim Gallwey says, "There is always an inner game being played in your mind no matter what outer game you are playing. How aware you are of this game can make the difference between success and failure in the outer game."

Patients will often share the outer game with us. Using the keys to an achievable outcome can reveal some of the 'inner game' going on for them. This is sometimes a surprise, even to themselves, and definitely worth examining.

Just a final tip for you – use the keys for yourself too. Ask yourself the questions, determine your goals, then every day take one small step towards achieving them. It worked for me. Good luck!

more information

- James T and Woodsmall W. *Time Line Therapy and the Basis of Personality*. 1988. ISBN 0-916990-21-4
- Gallwey T. *The Inner Game of Tennis*. 1997. ISBN-10: 0679778314
- Christine Mclean – christine@cmccconsulting.org