Setting achievable outcomes and getting rid of limiting beliefs

The Anglian Community Enterprise (ACE) Early Supported Discharge (ESD) for Stroke service provides intensive multidisciplinary specialist rehabilitation at home for people who have had mild to moderate strokes. The ESD team works closely with the Stroke Unit at Colchester Hospital (CHUFT) and Kate Grant Rehabilitation Unit at Clacton Hospital.

Case Study: Anglian Community Enterprise Stroke Rehabilitation Team

Following an initial contact from Beyond Training Solutions, Laura Parker, who manages the stroke rehabilitation scheme, contacted us to arrange 2 days training for her team to provide some base NLP skills that they could utilise with stroke patients and their families and carers.

Laura’s team consists of 20 staff who provide physiotherapy, occupational therapy and speech therapy to those who have had a mild to moderate stroke and are located within North East Essex.

Step 1: Create A Bespoke Training Session

We had a detailed conversation with Laura over two occasions to understand what she wanted to achieve from the workshops.

It was agreed that each training session would be workshop style with the aim of providing tools and techniques to enable patients recovering from a stroke to set their own achievable outcomes and manage any limiting beliefs that would previously have prevented them from achieving them.

Through the building of excellent and immediate rapport, the team would learn how to create that safe space for the patient, allowing them to relax into the treatment, support and advice. By being aware of the patient’s language preferences and adapting their own communication to allow it to resonate and be embedded in the patient’s understanding, they would find that the likelihood of their adherence to recommendations could be increased.

Once they have mastered some of the language techniques, we would then cover how using perceptual positioning can help people deal with internal and external conflict and encourage a positive state. This would then lead into the second session where we would study and experience how we can facilitate the patient to adapt expectations and set outcomes and goals that they really own and want to work towards. By then putting this all together with challenging limiting beliefs and reframing these limitations, the patient could then be more able to achieve a better quality of life.
Step 2 : Delivery

The Early Support Discharge team was divided into two to allow continuation of the team service and took place a few weeks apart.

Each team contained a mix of health specialities and both newer and more established members of the team.

Through presentations, discussions, demonstrations and lots of interaction and practice the following was covered:

- How to building immediate rapport with both the patient and the carer/ family to ensure a relationship of trust and understanding.
- Communicating in the patients language to be better understood and to allow the patient to feel fully involved in their care.
- Refining listening skills and how to judge when a message has been understood.
- Defining emotions and levels of understanding using sensor acuity.
- Reframing an issue into an achievable step.
- How to enable the patient to look forward and move towards an acceptance of the situation whilst striving for the utmost quality of life.
- Challenging and leaving behind limiting beliefs.
- How to work with the patient to set self owned and achievable outcomes.
- Utilising perceptual positioning in managing internal and external conflict.
- State management for the practitioner and the patient to encourage a positive outlook.

In order to ensure that each member of the team really understood each technique, they worked on their own personal limiting beliefs and personal goals following a defined process and allowing time for them to coach each other and Andy and Jo to assist with additional individual coaching.

The also worked on real issues that they had experienced to look at alternative ways to handle them and to protect themselves in situations of conflict or potential emotional attachment.

Step 3 : Making a Difference

Feedback on the day from the team was excellent with everyone really seeing how the techniques could be utilised in a home environment with patients and Laura reported positive feedback overall from everyone she spoke to.

Many patients judge themselves against their previous abilities and suffered from low moods and frustration when they could no longer do what they used to be able to do. Learning techniques that could then be utilised with the patient to help them move from being at effect (controlled by the situation) to being at cause (being in control of what they could control) was seen as being extremely empowering for the patient.

Understanding how to communicate in a specific way with each patient to improve understanding and encourage commitment from the patient to follow advice was also seen as a key part of the day.

Many of the team expressed to us how they enjoyed the interactive part of the day and how using the techniques on themselves enabled them to better understand how they could be applied. For some this interaction did take them out of their comfort zone but it was recognised that this was probably very necessary!