

Essential Secrets of Rapid Rapport with Patients

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The vast majority of our medical education is dedicated to learning diagnosis and treatment, with almost no time at all focused on learning to communicate with patients, share information and build rapport in a health-promoting way. This despite many studies showing that using techniques that establish rapid rapport can be as valuable as other diagnostic or treatment techniques in getting better results, higher levels of patient compliance, consistently greater patient satisfaction, lower incidences of malpractice complaints, and reductions in practitioner burnout.

In the 1970s, two researchers from the University of California at Santa Cruz set out to determine why it was that certain psychotherapeutic interventions worked to make positive change, while the vast majority did not. Through years of observation, Richard Bandler and John Grinder were able to break down the essential ingredients of what made exceptional practitioners effective in their clinical interventions, and through their studies created a field now commonly referred to as Neurolinguistic Programming (NLP). NLP has yielded hundreds of strategies and techniques for effective communication that have been utilized by everyone from medical practitioners to business leaders. Learning just a handful of key NLP-based communication techniques and practicing them over time is one route to establish rapid rapport with patients and become a more effective practitioner.

Start with Mirroring and Matching

Studies have shown that people will imitate one another's physical postures and movements as a gesture of affiliation and connection, a phenomenon termed "mirroring" and "matching" in NLP. Deepening rapport between people may include the unconscious behaviors of moving in a similar manner, talking at the same speed or in a similar tone, and even having the same or similar heart and breathing rates. Mirroring and matching appear inconspicuous in practice, and yet may seem obvious when observed consciously. Go to a restaurant and look around to see those who appear to be in deeper rapport. They will lean in at the same time, lean out at the same time, and generally mirror one another's bodily movements--perhaps one arm on the table, the other gesturing. When one scratches an itch, the other will as well.

Learning to observe the way a patient moves and expresses him or herself, and subtly mirroring or matching those movements and vocal qualities, can go a long way to generating deep, rapid rapport. It can also give a practitioner a real, physical sense of the patient's complaints beyond what their words can reveal.

Get a Sense of the Patient's World

People tend to structure their reality through their senses, primarily the visual, auditory, and kinesthetic/feeling. By listening to what a patient says both metaphorically and literally, practitioners can get a better idea of which sensory modality may be dominant. Examples of words cluing a

practitioner in to a patient's dominant sensory modality may be heard in phrases such as, "Look, I can see what you are saying" or "I just can't see how I can look at this differently" - both statements heavily-laden with visual predicates. Auditory-inclined people may lead with words related to tone, pitch, and volume, such as, "The pain has been really screaming at me all morning" or "I've been telling myself I should..." Those who are more prone to express themselves kinesthetically may use predicates that express the feelings behind their words, such as "My toes feel cold and tingle like pins and needles" "I need to get a more solid grasp on this" or "Get in touch with me when you get a handle on the way I should proceed."

Beyond the words, voice tone, tempo, and volume may give further clues to dominant sensory modalities. It has been said that the speed of one's speech at any given time relates to the rate at which they are consciously processing information. NLP experts assert that the more visually inclined will tend to speak more rapidly, and in a higher pitch relative to the lower, deeper pitch of kinesthetics, and the more melodic, rhythmic pace of someone whose dominant mode is auditory. Visuals may breathe a bit more shallowly, higher in the chest, while kinesthetic people tend to breathe deeper and lower into the abdomen, and auditory people split the difference.

Posture also mirrors these non-verbal cues, with the visually inclined more erect in posture compared to the more rounded or even slumped, feeling-based kinesthetics, who may also have more flowing movements as they express themselves. People whose dominant modality is auditory may tend to tilt their heads to one side as they listen and have more rhythmic movement when they speak.

Understanding how a patient structures their experience, which sensory modality is dominant for a person in a certain situation, allows the practitioner to structure a response closer to the patient's world view, thereby deepening rapport with them. In order to build rapid rapport with a kinesthetically dominant patient, an example of a congruent response in her preferred modality might be, "Let me touch on each point until you feel you have a firm handle on it," all the while mirroring posture and matching voice tone and volume.

What to Do With All This Information

Becoming aware of these subtleties of both verbal and non-verbal communication can be overwhelming, and what I've detailed above is really a very general summary of just a couple of important points. There are many more! The best way to absorb and integrate and ultimately utilize the observations of the patient are to take them a little bit at a time. Spend one day just observing the speed at which your patients speak. Another day, choose to pay attention to which sensory modality is dominant for each person. As the days go by, you will gradually learn to gather this information almost unconsciously.

Ultimately, the key to the observation and utilization of rapid rapport techniques in the clinical setting comes down to a repeated three-step process of observing, pacing and leading.

1. Observe: As the patient expressed him or herself throughout the consult, the practitioner carefully observes the patient's breathing, voice tone and speed, listens for words that point to a dominant sensory modality, etc.
2. Pace: By subtly mirroring and matching a patient's unconscious and non-verbal self-expression-- where the feet point, the crossing of one leg over another, the speed and location of movements, pace and volume of voice, and other, more subtle non-verbal expressions by the patient-- the

patient will generally tend to feel as if the practitioner really "gets" them, while the practitioner will likely get further insight into a fuller neurological experience of "being in the patient's shoes."

3. Lead: When well paced, a practitioner may note that upon changing position or rate of breathing, the patient will do the same. This may be a good time for the practitioner to assert some influence on the direction of the intake, giving input or moving along to initiate diagnoses and treatment.
4. Repeat: Once a practitioner has spoken or initiated a course of action (leading), they should pause to gauge the response of the patient, reaffirming that the patient understands and is on board with what has been proposed, and then start the process again (observe-pace-lead) as they move through the consult.

The key to rapid rapport is not only in learning how to speak to patients using appropriate words, it's about what is said non-verbally. While the above examples are simple and appear almost too obvious, a practitioner may be surprised by how quickly and easily rapport is established when a patient sees, hears, and feels that the provider is speaking their language without consciously being aware that it's happening. A practitioner who does an exceptional job of pacing and leading will find that they get better results for their patients, and a more fulfilling practice for themselves.

For a complete bibliography visit www.practicerrapport.com/what-we-do.

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