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9 Simple Steps to help initiate and support your patients' behaviour changes.

Talking Style

Tailor your interactions with patients to promote behaviour change

The way you interact with patients can impact how they feel about behaviour change. The following techniques suggest ways you can improve communication with patients to promote behaviour change. They are accompanied by quotes taken from real interviews with patients.

1. Build rapport

Building a positive, friendly and professional relationship with the patient is an important feature of all dental appointments. When initiating behaviour change conversations with patients, establishing a good relationship will help them to feel that their experiences are understood and support their motivation.



What do patients say?

“I think the relationship with the dentist should be and is really important, because like the better relationship you have, the more sort of tailored advice they can give you [...] From the patient’s perspective, if you build a relationship with your dentist then you trust them more and you may be more receptive to the advice they’re giving you rather than just ignore it.”

2. Tailor interactions appropriately

Make sure to use words the patients understand, and avoid complicated jargon that may be confusing.

“When I go to the dentist, I go to have a chat with her – she is a very nice lady, but she uses big words and I can’t always understand what she is trying to explain.”

Use relevant information to tailor behaviour change conversations to the patient. Take note of information the patient provides and incorporate this into the advice you give.

“I’d love to have a nice Hollywood smile like a celebrity, but I know my smoking makes my teeth yellow.”

Take note of any goals patients mention and use these when discussing behaviour change with them. In this example, you could suggest to the patient that quitting smoking would help them to achieve a Hollywood smile. You can then use additional techniques to develop a plan to achieve this.

This links to the ‘Goal Setting’ technique in the ‘Objectives’ domain.

3. Use reflective listening

Adopt a style of interaction that involves listening carefully to the patient, and where appropriate reflecting back to them the key elements of what they are saying. This shows you are listening to further build rapport, and allows for clarification of the patients thoughts and feelings.

E.g. “So you said that you do want to cut down on your alcohol intake, but feel that at the moment that is not possible as you feel you have to drink when you socialise with friends”

3. Summarise information and confirm decisions

At the end of the conversations, provide a summary of the information exchanged and establish a clear confirmation of any decisions that have been made and any goals or aims the patient has agreed to.

E.g. “We have talked about your sugar intake, and you have indicated that you want to reduce the amount of sugar you are consuming as it is damaging your teeth. You are going to aim to reduce the amount of sugar in your diet by swapping sugary, fizzy drinks for water during the day”

Additional pointers

The patients we spoke to also gave the following suggestions

“Not trying to explain something while their hands are still in your mouth checking teeth”

“I think kind of like dictating that this is the way you should lead your lifestyle. I think that wouldn't be very helpful.”

“Not excluding you from the consultation and not just saying letters and numbers to the person across typing on the keyboard but actually explaining the problem in relation to health behaviours.”

“Not explaining stuff, not showing you what's happening, that sort of thing.”



Opinions and thoughts

Discuss how the patient thinks about their problematic behaviour

Patients' thoughts, opinions and beliefs influence their behaviour. You might therefore want to address some key thoughts with patients. Here are some examples of how you could do this in practice.

A night out is no fun without drinking.

Cues to listen out for

I love chocolate; it's my comfort food.

1. Assess current and past behaviour

To understand the patient's current behaviours, ask about their smoking, drinking and eating habits. Try to gather details about their behaviours, for example, if a patient indicates that they smoke, enquire about the amount smoked, the age when they started and the pattern of smoking behaviour.

Top tip

- ✓ **To understand what works and what doesn't for this patient, assess the number and duration of past quit attempts and experiences related to these, including factors that led back to smoking. Identifying barriers to behaviour change will allow coping plans to be made to help support behaviour change.**

"Last time I tried to quit I lasted three weeks, but when I went out with my friends and they were all smoking, I couldn't help myself"

2. Assess current readiness to change

Assess the patients' current level of motivation to change their behaviour, and try to gauge their confidence in successfully changing.

Top tip

- ✓ **Be aware that however motivated the patient seems to change, there is always an action you can take to assist their behavior change.**

"I don't want to stop smoking. I've smoked for 30 years and nothing bad has ever happened. There's nothing you can do."

"I have thought about changing my diet, but it's too difficult to cut out chocolate."

3. Framing/reframing

Encourage a focus on doing a healthier behaviour instead of stopping an unhealthy behaviour. Reframing can be portrayed to the patient as a gain rather than a loss; for example, increasing the amount of water a patient drinks rather than focusing on cutting down on sugary drinks.



Top tip

- ✓ **This technique may be particularly useful with more challenging patients that are showing difficulty stopping an unwanted behaviour**

4. Provide information on the consequences of behaviour

Provide the patient with information about the relationship between the behaviour and its likely consequences. These could be based on more general epidemiological data, tailored to a relevant group based on that individual's characteristics (i.e. demographics, clinical or behavioural information) or specifically that patient. This could include costs or benefits that are not directly related to health, such as feelings.

“We know that people who smoke are at a much greater risk of oral cancers, but there are many other aspects of oral health that are also affected. Smoking discolours your teeth and can increase the risk of periodontal disease”

5. Pros and Cons

Prompt the patient to identify pros and cons for wanting and not wanting to change the behaviour. Once identified you can help the patient compare reasons for wanting and not wanting to perform or stop a behaviour. Pros and cons might include emotional, social, and environmental consequences of performing the behaviour. Pros and cons may appear in the form of future feelings or visualising what life would be like if the behaviour is changed or unchanged.

Top tip

- ✓ **Ask the patient to write down the pros and cons to take away with them or to bring along to their next appointment.**



After you have asked the patients to compare the pros and cons ask them which option is better: performing or not performing the behaviour. If the patient feels the pros outweigh the cons, this suggests they are not yet motivated to change, however, you should not be discouraged from initiating a behaviour change conversation.

Objectives

Set and review clear behaviour targets

Setting goals can be very helpful when patients are ready to make a change but not sure how to make a start on it. Setting meaningful, manageable and detailed plans can be powerful in helping patient turn their intentions into actions. Some ideas for how to set constructive goals are below.

1. Goal setting (for the behaviour or outcome)

Work with the patient to agree upon and set a specific goal. A goal could be defined in terms of a **behaviour** (quitting smoking or reducing the amount of sugary foods consumed) or as an **outcome** of a behaviour (improved oral health). Re-visit, review and amend these goals when you see patients again. This may lead to re-setting the same goal, making a change to a goal, or setting a new goal.

Top tips

- ✓ Encourage specific, measurable, achievable, realistic and timely (SMART) goals.
- ✓ Give feedback on the outcome of the goal. Draw attention to what worked well, highlight the patient's successes and strengths, identify what didn't work and plan how to overcome this going forward.



2. Graded tasks

If an identified goal seems too big or unachievable, consider setting easy-to-perform tasks that can be increased in difficulty over time. These tasks could be continually increased until the wanted behaviour is reached. For example, if a patient intends to stop drinking sugary drinks, but feels this is overwhelming, discuss how they could cut down on their intake more gradually.

“Patient: I drink 5 cans of Pepsi during the day, but want to stop, as I know how bad it is for my teeth. I don't think I could just quit tomorrow as I'd be craving it all day and wouldn't have enough energy for work.”

Professional: It sounds like stopping drinking it all together might be difficult. What about setting some smaller goals? What kind of smaller steps might work best for you?”

3. Prompt patients to reward themselves

Encourage praise or rewards for achieving behaviour change, or making progress towards changing their behaviour. This will help to maintain motivation, and allow the patient to reflect on the changes they have made. These rewards should not include the behaviours the patient is changing, for example, those stopping smoking should not reward themselves with a cigarette.



Tailored plans

Work with the patient to develop individualised actions

If you hear cues indicating uncertainty about how to change you could try using tailored plans. Here are techniques showing how you might do this in practice.

I want to give up smoking but I wouldn't know where to start

Cues to listen out for

It's hard to not drink but still go to the pub three nights a week and still see your friends.

1. Action planning

Help the patient create a detailed plan of what they will do. This should include:

- When they will do it
- What they will do
- Specific details

“Every morning when I am having my breakfast I will refill a bottle of water to take to work with me, instead of buying a can of Coke from the café.”

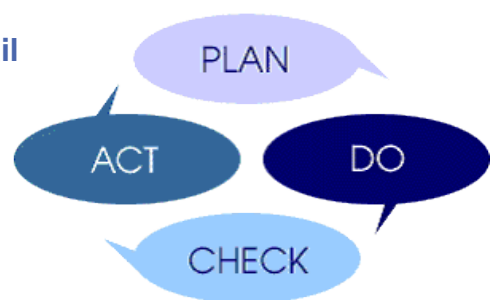
2. Coping planning

Form plans with the patient for overcoming difficulties in sticking to their behaviour change. Discuss what barriers to behaviour change the patient may face, and create 'if-then' plans for overcoming these barriers.

“If I am craving sweets, then I will eat a food I know is healthier for me, such as a banana”

Top tips

- ✓ Encourage the patient to really get into detail by generating 'if-then' plans, and actively linking these on a piece of paper.
- ✓ Once these plans have been implemented, encourage the patient to revise them based on what worked well and what didn't.



3. Form a behavioural contract

To make these plans more concrete, form a contract with the patient, outlining the action and coping plans formed. This will prompt commitment, and support the fulfilment and maintenance of any plans.

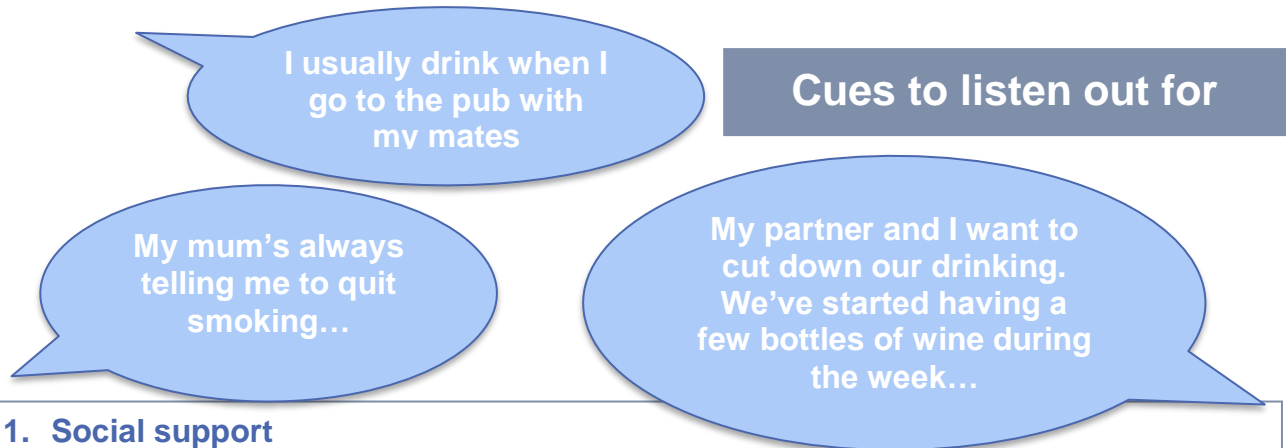
Top tip

- ✓ Write the patients goals down on a piece of paper and give one copy to them, and keep one in their record card. This will act as a reminder to both you and the patient, and to prompt commitment to any agreements.

Help from others

Identify how others may influence behaviour change

Social support can be powerful in influencing whether or not a patient makes changes in their lifestyles. Social influences might come from patients' family and friends, or healthcare professionals. Take a look below to consider different ways of using social support to help patients make changes to their behaviours.



1. Social support

Identify with the patient what social support is available to them (e.g. friends, relatives, colleagues). Be aware that you as a healthcare professional can also offer encouragement and reinforcement of wanted behaviours.

Top tip:

- ✓ Consider how social influences can be helpful and unhelpful in trying to change parts of a patient's lifestyle. Explore with the patient how to overcome unhelpful social influences.



2. Social comparison and approval

This technique involves drawing the patient's attention to others performance to allow the comparisons with their own performance. Consider what other people think about the behaviour in question. This information will clarify whether others would approve or disprove of what the patient is doing or will do.

"Patient: I have tried to cut back on buying sugary snacks, but it doesn't go down too well at home with my husband and the kids.

Professional: It sounds like your family aren't on board with your plan, what do you think needs to happen to make this easier for you?"

Top tip:

- ✓ Ask the patient to work out who in their life they feel has most influence over their behaviour change attempts (e.g. partner/children/parents).

P

Practice & Record

Encourage the patient to rehearse and record their behaviour

Mentally rehearsing the routine of a behaviour increases the chance of doing it in real life. Help the patient identify what behaviour they could rehearse and in what situations. Consider how the patient could monitor their behaviour and discuss the outcome(s) with them. Here are some examples to show you how you might do this in practice.



1. Monitoring

With the patient, establish a way to monitor and record their behaviour and its outcome(s). This allows patients to 'learn through doing' as they can reflect upon behaviour and observe the relationship between behaviour(s) and outcome(s). Observing change in the right direction reinforces wanted behaviours (e.g. oral health improving after altering eating patterns). Monitoring can also reduce unwanted behaviour (e.g. eating sweets when feeling down).

Monitoring may be done in a number of ways:

- **Self-monitoring.** You could ask patients to complete a diet, smoking or alcohol consumption diary to monitor their behaviour for a set period of time before their next appointment.
- **In clinic.** Record the patient's progress each visit
- **Third party.** This may be another healthcare professional depending on the behaviour (e.g. a GP, nurse specialist or relative)

Top tips

- ✓ **Suggest monitoring in a way most suited to the patient (e.g. diary, on mobile, word document)**
- ✓ **It is helpful if the patient records the date and time of behaviour and outcome(s) in order to provide accurate information on reflection**

2. Feedback

Patients value feedback. Provide them with information about their performance and outcomes and comment clearly on the relationship between these. Feedback may be:

- **Informative** regarding frequency, duration, intensity of a behaviour or outcome(s) (e.g. reduced frequency of sugar intake)
- **Biofeedback** based on the patient's oral health.

Top tips

- ✓ **After feedback is given you may discuss another goal for the patient to work towards before the next appointment.**
- ✓ **Don't forget to praise the patient when there is positive feedback to give.**

3. Give homework

If patients are looking to make small changes, give homework to complete in between their appointments to help slowly build new, healthy habits. This should include parts of the behaviour they are looking to build, for example strengthening refusal skills in relation to unhealthy snacks.

This links to the ‘Graded Tasks’ technique, in the ‘Objectives’ domain.

Incentivise

Discuss the patients motivation towards changing their behaviour

There is a lot you can do as healthcare professionals to encourage constructive thinking in patients and boost their motivation to make important changes in their lives. Take a look at some ideas you could try out.

Cues to listen out for

I'm just not one of those people who can quit smoking

I've been trying to cut down on my sugar intake, but sometimes I cave and have a few sweets in the evening

1. Affirm and support the patient

Comment on the patient's progress, personal strength or ability to change their behaviour. A simple statement acknowledging patient's positive beliefs, behaviours or characteristics will increase their self-esteem and boost motivation.

“I can see you have really thought about stopping smoking, and that is a great start”

“I can see how hard you have tried to change your diet, and you should be really proud of the changes you have made”

Short statements such as these do not take up much time, but have been found to be very effective in changing behaviour.

2. Boost motivation and self-efficacy

Give the patient encouragement and bolster their confidence in their ability to change their behaviour. By supporting the patient's belief in themselves about their control over their behaviour, their motivation to change will also increase.

“You always come to your dental appointments, and that shows how committed you are. That commitment will definitely help you stop smoking”

C

hange the environment

Suggest how altering surroundings may encourage healthier choices

Changing aspects of a patient's environment can help prevent unhealthy behaviours and encourage healthy ones. Here are examples of how you might use these techniques in practice.

I know I shouldn't buy sweets but I walk past a corner shop that sells them everyday on my way to work

Cues to listen out for

All my friends smoke and when we're out it's really difficult not to join in

1. Restructuring the environment

Work with the patient to identify aspects of their **physical or social** environment that prevents a behaviour from occurring *OR* that promotes an unwanted behaviour.

“The canteen at work sells chocolate bars and I can't resist buying one”

Explore simple strategies to make alterations to the environment (e.g. *substitute one behaviour with another, introduce reinforcing prompts and cues*). These changes may be targeted at changing their **physical** or **social** environment.

Top tips

- ✓ **Don't offer a solution - Avoid *telling* patients how to change their environment. Help them to explore what they think might be effective instead.**
- ✓ **Keep it simple – use simple actions to restructure their environment to increase the chance of the patient changing their behaviour.**

2. Identify and avoid triggers

Discuss with the patient the things that they think precede their unwanted behaviour, or trigger cravings. Encourage the patient to break these associations by replacing the behaviour they are looking to change with another, less harmful behaviour.

For example, buying a coffee on the way in to work may be associated with buying a sugary snack, such as a chocolate bar. Making a coffee at home and taking it to work in a flask, rather than buying it and facing temptation, could avoid this trigger.

This links to the ‘Coping Planning’ technique, in the ‘Tailored Plans’ domain.



Knowledge & Support

Give patients the resources to maintain their behaviour change

Providing patients with resources to access once they are out of your care is important to ensure any behaviour changes achieved are maintained. The following techniques identify ways in which you can help to encourage behaviour change long term.

1. Create anticipation of future rewards

Encourage the patient to think about the long-term rewards of their behaviour change and future benefits to help maintain behaviour change and motivation. Rather than the reward being behaviour change, encourage patients to think about what benefits this will bring. This could be an oral health or a more general health goal, such as quitting smoking to overcome periodontal disease or to improve their overall fitness levels.

2. Direct towards additional support for now and in the future

Give information about options for additional support where these are available. This could include referring patients to specialist care services, such as smoking cessation clinics, or suggesting they visit their GP to receive further support for reducing their alcohol intake. You could also direct patients towards written material that may increase patients' knowledge of their behaviour, its possible consequences and outcomes, or the support available to them. Distinguish what are, and are not, appropriate written materials, and offer or direct patients to these (e.g. leaflets, booklets, websites).

Examples of useful websites:

www.nhs.uk/smokefree

www.nhs.uk/Livewell/alcohol

www.nhs.uk/change4life-beta/sugar

