



Module 4

Additional Resource

Practical session

Having a Behaviour Change Conversation with Parents of Young Children

Whilst completing module 4 eLearning resource, learners explored the theory and principles of having effective conversations. The module identified key methods to use when having reciprocal conversations such as developing rapport, being empathetic and the skills to help the parent identify their motivations. Learners were also introduced to recognising the resisting parent and explored the concept of “*rolling with resistance*” to help manage situations when the conversation might not be going so well.

This additional practical session explores these principles further by creating an opportunity of putting the theory into practice. Those who are engaging in behaviour change conversations with parents can use the activities from within this session to gain verbal and physical experience, utilising all the skills discussed during the eLearning. The session encourages participants to reflect on personal experiences of behaviour change to help them understand the difficulties that parents may face when trying to implement changes to improve their child’s oral health. There is also an opportunity in the module to work with colleagues through role play in which participants can practice the principles of communication and theory of behaviour change as well as identifying and reflecting on previous experiences of resisting parents and how this can be managed. Participants may recognise that they are already using many of these skills in their day to day work but will also be able to practice areas where they may previously lacked confidence or experience.

There are also two mini guides available which participants should be familiar with, these were introduced in the eLearning session. These can also be downloaded using the link below. These should be printed out double sided and folded to make a useful leaflet that may be of use as a revision of communication skills and resistance methods for this activity based session:

[Communication skills mod 5.pdf](#)

[Rolling with Resistance.docx mini mod5.pdf](#)

The activities in this session encourage a team approach to learning and should be completed with a minimum of two people per group. Larger teams can work in small groups and end each activity with a large group discussion to reflect and summarise the experience gained during the exercise. The session should be facilitated by one member of the team. The following pages detail any equipment you may require and instructions on how the activities should be approached.

Module Aim:

- Exploring the key principles of communication and developing skills to use whilst having behaviour change conversations with parents of young children.

Module Objectives:

At the end of the training participants will be able to;

- Apply communication and behaviour change theories to conversations with parents. (*activity 2, 3*)
- Recognise barriers to communication and behaviour change. (*activity 2, 3, 4*)
- Understand how a structured conversation works to encourage behaviour change. (*activity 5*)
- Guide parents to self-identify the changes they can make to improve their child's oral health. (*activity 5*)
- Recognise resistance and be able to confidently manage it. (*activity 4, 5*)

GDC Learning Outcomes:

This course meets the GDC Development Outcomes:

- A. Effective communication with patients, the dental team and others across dentistry
- B. effective work with others in the dental team, in the interests of patients
- C. Maintenance and development of knowledge and skill within your field of practice
- D. Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first

Assumed prior knowledge:

- Participants should have completed Starting Well Module 4 prior to undertaking this module.

Materials required:

- Paper to print worksheets
- Pens
- Sticky name labels
- Flip chart/large piece of paper

Group numbers:

These exercises are ideal for small groups. If there is a larger group you can divide the learners into smaller groups. Ideally a mix of different job roles, ages and work experience per group - this will allow diversity within the group and create more dynamic conversations and share personal experiences.

Activity 1

Communication Ice breaker exercise: Circle, Square, Triangle or Z

Purpose: To allow participants to share a little about themselves with the group as part of the Introductions to one another

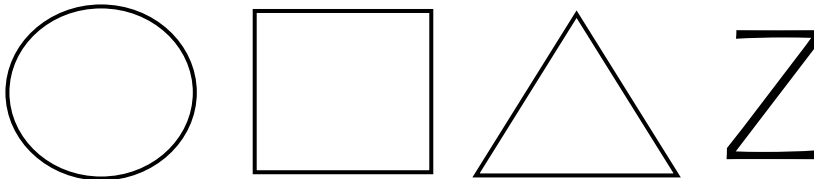
Time Guideline: 10 minutes

Resources Required: Flipchart or white board and markers, sticky name labels/sticky notes with participants' names, pens for participants

Description:

1. Explain that this activity is designed to help participants learn more about one another.

2. On a flip chart/large piece of paper, draw the following:



3. Ask each participant to write their name on a sticky label and to draw one of these shapes next to their name. Tell them to pick whatever shape appeals to them the most and that they think best represents them.

4. After everyone has completed marking their sticky name labels, ask each participant to explain why he or she chose the shape they did. This could be done as one large group or within smaller groups.

5. After everyone has had a chance to discuss their sticky name labels, explain the following:

Research has shown that:

- a) those who marked their cards with a **Z** are the most intelligent in the group;
- b) those who marked their cards with a **triangle** flourish in their careers, driven by motivation, are confident, enjoy a debate, can be argumentative and can sometimes be impatient;
- c) those who marked their cards with a **square** are the most ambitious in the group and will be very successful, they are hardworking, sometimes a bit stubborn and like things to be well structured and done in an orderly manner.

	<p>d) those who marked their cards with a circle are the “party animals” of the group! They are fun and enjoy a good laugh, they are very empathetic, better at caring for others than themselves. They Listen and communicate well but are sometimes too easily swayed by other people’s opinions.</p> <p>Debrief: Although this is an icebreaking exercise to get the group warmed up, communicating and having fun. The morale behind the exercise is to demonstrate that a dental team is probably made up of several “shapes”, and each member will have individual skills and experiences that they can bring to the team. If each member uses their skills within the team environment, this will create an effective team that can communicate well with each other as well as with their patients and their patient’s parents.</p>
<p>Activity 2</p>	<p><u>Communication skills – listening and body language exercise: Just Listen!</u></p> <p>Purpose: This exercise encourages participants to communicate verbally about a particular subject and explores the principles of effective listening</p> <p>Time Guideline: 30 minutes</p> <p>Resources Required:</p> <p>A selection of index cards for each team of two. On each card write one subject heading for the participants to talk about. Here are some subject ideas: Climate change is our responsibility, plastic waste is our fault, Italian food is better than fish and chips, social media changed the world, best film ever to be made is Oliver Twist, chocolate is good for you</p> <p>Description:</p> <ol style="list-style-type: none"> 1. Ask the group to work in pairs, ideally try mix the group up so there is a variation of roles, ages and experiences working together. 2. Give each pair a set of index cards. 3. One partner will be the “talker” and will blindly choose a card. They will speak for three minutes being guided by the subject heading. As the participant talks, the other person cannot speak, make any facial expressions or show any sign that they neither agree nor disagree with what the “talker” is saying - their goal is to listen. 4. As soon as three minutes is up, the listener has one minute to summarise what the partner has said. He cannot debate, agree or disagree – only summarize. 5. Next, the roles switch, and this starts again with a new subject heading. 6. Try this exercise again, but create distractions – for example the speaker could sit with their back to the listener, the listener could clap their hands throughout the speakers talk, blind fold the speaker <p>Debrief: Talk with the team members about how they felt about this exercise. Discuss these questions:</p> <ol style="list-style-type: none"> a) Did the “speakers” body language communicate how they felt about what was being said?

	<p>b) Did they know much about the subject they had to talk about – if not how did they find this?</p> <p>c) Did they agree with the subject heading – if not how did they find talking about something they didn't agree with?</p> <p>d) How well did the "listener" listen?</p> <p>e) How well did the listening partner summarise the speaker's opinions?</p> <p>f) How did the distractions make both the listener and speaker feel throughout the exercise?</p> <p>Explain that this can be associated with conversations that they have with parents in the dental practice. Parents will not have as much knowledge on oral health as the dental team – think about the information you are giving and your choice of words. The parent may say something you do not agree with, likewise you may say something the parent does not agree with – try to consider this when engaging in behaviour change conversations with parents.</p>
<p>Activity 3</p>	<p><u>Behaviour change exercise – The process of behaviour change</u></p> <p>Purpose: To reflect on personal behaviour change and relate these experiences with the difficulties that parents may face when trying to make positive changes to their child's oral health</p> <p>Time Guideline: 10 minutes</p> <p>Description:</p> <ol style="list-style-type: none"> 1. Ask the participants to work in pairs 2. One at a time, each participant is to talk about a personal behaviour they have tried to change in the past, ask them to think of the following questions? <ul style="list-style-type: none"> a) <i>Was there a trigger that made you want to change?</i> b) <i>Were you successful</i> c) <i>How many attempts did it take</i> d) <i>Did you maintain the change – if not, why?</i> 3. Ask if any volunteers can share their experiences with the rest of the group <p>Debrief: Explain that as the participants already know from their own experiences, making behaviour changes can be difficult. It is important that dental team members who are having behaviour change conversations remember this and to use their own experiences to empathise and support parents who may be struggling to implement changes into their own lives. If they have experienced relapses before they can empathise that this is a normal process and demonstrates the importance of identifying readiness for change, motivation and barriers that may be causing the relapse to enable a successful behaviour change.</p>
<p>Activity 4</p>	<p><u>Communication exercise – Rolling with resistance</u></p> <p>Purpose: To emphasise how certain statements can have a negative effect on the outcome of a conversation</p>

	<p>Time Guideline: 20 minutes</p> <p>Resources Required: List of statements (handout 1)</p> <p>Description:</p> <ol style="list-style-type: none"> 1. Introduce the activity as an exercise in communication resistance. Explain that a communication resistance is when someone says something that has the potential for ending any further discussion on the subject. 2. Present Handout 1 to the participants. 3. Ask the participants to spend a few minutes reading the statements 4. Encourage a discussion on the statements – asking participants to share their own experiences and perceptions of these or similar statements. 5. Highlight particular statements that you as the facilitator may have experienced. Share your experience concerning the negative impact these statements can have on conversations. 6. Ask the participants to make suggestions on how they could redirect a negative statement from a parent into a conversation with a positive outcome. <p>Debrief: Explain to the group that most of these statements represent resistance to change. <i>Rolling with Resistance</i> is a method you can use when a parent is resisting behaviour change during your conversation. This method opposes a counter argument or an overly passionate response from the practitioner. Rolling with Resistance encourages the idea that resistance is a normal process of behaviour change. Rather than fighting it, the practitioner rolls with it. As you will have learnt in module 4, there are some methods such as <i>reflection, shifting the focus, reframing, respecting autonomy</i> and <i>leaving it</i> that can help you roll with resistance.</p>
<p>Exercise 5</p>	<p><u>Scenario based exercise</u> – Behaviour change conversations</p> <p>Purpose: To practice the principles of communication, theory of behaviour change and methods of rolling with resistance.</p> <p>Time Guideline: 30 -40 minutes</p> <p>Description:</p> <p>Working in pairs or small groups (depending on the number of participants). One person plays the part of the parent, the other plays the part of the dental professional who is engaging in a behaviour change conversion, the remaining person(s) to act as an observer. The following scenarios are ideas that can be used as a guide for role playing behaviour change conversations – groups could develop their own scenarios from their own resistance conversions they explored in activity 4. Each group to try and explore different scenarios where possible and feedback their experiences to the wider group at the end of the activity.</p>

Before the role play activities start, participants should spend a few minutes to discuss:

- Any particular issues they anticipate during the scenario.
- What areas they may feel challenged with within the behaviour change conversation.
- Their personal objectives for the role-play.
- Which areas of the behaviour change conversation are they keen to explore.
- Any specific areas would they like feedback on.

Scenario 1:

A mum/dad of a 2 year old child who drinks juice from a baby bottle on a night and in a “sippy cup” with a spout (not a free flow cup) through the day. Child has decay and is being listed for a GA to remove some teeth and some restorations. Parent understands the cause of decay but when the child is told he can’t have the juice, they find his behaviour very stressful. The entire family are often woken up through the night with him crying. Parent is not convinced about stopping the bottle of juice.

Don’t forget to consider the methods of rolling with resistance from Module 4.

Scenario 2:

Parent is quite distracted, using phone and looking at herself in the surgery mirror/in her bag/out of the window when the dental professional is trying to explain that the child needs some help with brushing. Mum informs that she does keep telling her child who is 5 to brush her teeth properly but she messes about a lot. She is really busy getting ready for work on a morning and could do without having to “nag her” so much – it’s hectic enough as it is!

What could you do to roll with the resistance here? Thinking of creating self-tailored goals discussed in module 4 – could you encourage the parent to implement a goal here?

Scenario 3:

A mother who is still breast feeding her baby at 14 month old. She is a calm character, not argumentative but really passionate about breastfeeding. She has had a positive bonding experience with her child and find it comforting for both her and her infant. She is resistant to your advice to stop at this present time.

What rolling with resistance skills could you try in this situation?

Scenario 4:

A mum/dad has a 5 year old child who is showing early signs of decay, the prospect of treatment and potentially future dental extractions doesn’t seem to be an issue as the older siblings went through the same thing when they were little – they were ok. Resistance persists and the parent suggests that it’s not a problem because it’s the baby teeth so they will get new teeth anyway soon.

Use your rolling with resistance skills to keep the conversation on track. What advice from the Delivering Better Oral Health Toolkit will you offer?

Reflection:

- a) As a group, discuss your experiences from the role play. How did it feel as the practitioner? Observers/parents offer their feedback.
- b) Were your objectives for the role play met? Did any other issues other than the ones you originally anticipated arise?
- c) How did you find implementing the rolling with resistance methods?
- d) Would you do anything different in the future?
- e) What communication skills did you use when having the conversation?
- f) Looking back at your conversation, can you recognise any stages of change? Was your parent ready to change?

g) Where you able to implement any self-tailored goals at the end of your conversation – if you did, were they developed with SMART principles?

Debrief: An opportunity for the facilitator to suggest any other things to consider that may not have been highlighted during the discussion. For example, suggest other rolling with resistance methods that could have been explored. Give any personal feedback on anything they observed from the outside.

This is the final debrief. The facilitator can summarise the session at this point, asking participants what the highlights of the session were, what they enjoyed the most about the session and if there are any key take home messages. You can ask them to complete the reflective feedback form found in the appendices.

APPENDIX

Handout 1: Communication exercise – **Rolling with resistance**

1. Don't be ridiculous.
2. It'll cost too much.
3. That's not my responsibility.
4. We don't have time.
5. We've never done that before.
6. That's not the way I do things.
7. If it isn't broke, don't fix it.
8. We're not ready yet.
9. You can't teach an old dog new tricks.
10. We tried that before and it didn't work.
11. I simply can't do it.
12. it's too big a change.
13. it's not my problem.
14. Let's get real.
15. We have done alright so far.
16. It won't work.
17. Okay, but if it doesn't work, it's your fault.
18. I don't agree, but if you say so.

Activity Evaluation and Self reflection/feedback form

CPD Activity: **Module 5 Starting Well**

Date:

Venue:

Please consider each of the following statements and decide whether they reflect your views.

Please score each statement from 1-10: Statement Strongly disagree - Strongly agree

1) The CPD activity has greatly improved my knowledge and understanding of the topic area:

1 2 3 4 5 6 7 8 9 10

2) The CPD activity has confirmed my perception of current best practice:

1 2 3 4 5 6 7 8 9 10

3) As a result of the CPD activity, I plan to make changes to my practice:

1 2 3 4 5 6 7 8 9 10

4) The learning aims and objectives for this CPD activity were appropriate:

1 2 3 4 5 6 7 8 9 10

5) The learning aims and objectives for this CPD activity were met:

1 2 3 4 5 6 7 8 9 10

6) I was given enough background information about the CPD activity in advance:

1 2 3 4 5 6 7 8 9 10

7) I was satisfied with the qualifications/experience of the instructor:

1 2 3 4 5 6 7 8 9 10

8) I would recommend this CPD activity to my colleagues:

1 2 3 4 5 6 7 8 9 10

Is there any part of the CPD activity that you felt was particularly successful?

Do you have any other comments or suggestions relating to this CPD activity?

**2 CPD
Hours
Awarded**

This is to certify that:

GDC Number: _____

Attended a training session on the topic:

Behaviour Change Conversations

Date: _____

Aim:

To provide training on having behaviour change conversations with parents of young children

Objectives:

- Apply communication and behaviour change theories to conversations with parents.
- Recognise barriers to communication and behaviour change.
- Understand how a structured conversation works to encourage behaviour change
- Guide parents to self-identify the changes they can make to improve their child's oral health
- Recognise resistance and be able to confidently manage it.

Development outcomes:

This CPD course meets the criteria for the GDC's development outcomes: A, B, D

This CPD is subject to quality assurance and facilitated by:

Name: _____ Signature _____

Date: _____