

Tobacco Dependence Adviser Training Course: Inpatient Mental Health

Trainer's guide

Module 4: Behaviour change techniques and core communication skills

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Behaviour change techniques and core communication skills

Purpose:

- To outline the behaviour change techniques (BCTs) that are of particular importance for working in an inpatient mental health setting.
- To teach participants how to maximise the good listening and communication skills they already have and apply the skills of non-biased listening.
- To gain confidence in techniques that elicit the patient's views and questions on smoking and smoking cessation, providing reassurance, and dispelling myths in a non-judgmental, clear, and accurate manner.

Duration: 1 hour 10 minutes

Process:

- Presentation
- Group discussion
- Skills practice

Resources:

- PowerPoint presentation
- Breakout rooms
- Handout 1: Patient statements

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Activity 1: Communication skills practice

Activity No: 1

Resources: Breakout rooms

Breakout room numbers and duration: Pairs; Two 5-minute sessions

Duration: 15 minutes

Method:

Step 1:

- Advise participants that they are going to split into pairs for **5-minutes**.
- Ask the pairs to interview each other on **‘Something I’ve been meaning to complete for ages but haven’t got around to yet’** (e.g. clearing up the house, sorting paperwork, decorating or completing course work).
 - The aim of the exercise is to use all their excellent communication skills to try and find out what is going on from the other person’s perspective and to help the other person **think of a solution for themselves**.
 - The interviewer’s task is to **use listening skills** and **ask probing questions**.

Step 2:

- After 5 minutes bring the first session to a close and bring the group back.
- Ask the interviewers whether they accidentally found themselves giving advice when they heard what the situation was.
- If so, did they notice the speaker often gave replies like **“yes, but I’ve tried that…”** or **“I can’t do that because…”**
 - Whose problem is it? Who has the power to change it?
 - Who is likely to have the most experience to be able to change it?
 - What is most likely to make someone change, an idea they have thought of themselves, or something you suggest?
- The group will agree that most people will always follow their own ideas and plans more readily than other people’s.
- Give feedback that it is natural when someone is struggling or stuck with an issue to offer advice.
- However, it takes more time and skill to encourage them to identify their own solutions, but the results are worth it.

- For example, when someone wants to give up smoking it is important to use techniques that empower the patient and leave them in charge of their own timescale and progress.

Step 3

- Instruct the group to **swap over roles and continue the exercise for 5 minutes.**
- However, this time the new interviewer **must not offer any advice or solutions but must instead concentrate on asking exploring questions** (e.g. what have you already thought of doing? How long has this thing been an issue? What have other people suggested? What stops you doing that? Does it matter if it ever gets done? Is there anyone who can help you?).

Step 4:

- After 5 minutes bring the group back.
- **Ask the interviewers how they felt being instructed not to give advice.**
- Allow them a moment of internal reflection (many will say it was an uncomfortable experience).
- Now ask the interviewee to let you know if, in the absence of advice, there was any point to them having this conversation. Invariably, one or two people will say it was very useful because they started to think about the issue and realised the blocks they'd been putting up and had actually come up with their own answers.

Trainer [Optional]

If you want to demonstrate the challenges of change, you could ask participants to cross their arms in the way they normally would then quickly uncross them and cross in the other direction:

- How do they feel? Likely they will say strange, uncomfortable, etc.
- Was it easy, hard? Likely they will say they had to think about it and, even then, got confused with the old way.
- What do they want to do (if they haven't already)? They will likely say change back.

Highlight that change is often hard, made even harder with smoking due to addiction.

Activity No: 2**Resources:**

Option 1: Breakout rooms, Module 4 Handout 1: Patient statements
 Option 2: Trainer-facilitated group discussion [Appendix 2: suggested trainer responses]

Breakout room numbers and duration (optional): 3 participants per group;
 10 minutes

Duration: 30 minutes

Method:

- Advise participants that we are going to focus on applying the general communication skills you have been reviewing together to stop smoking consultations.
- These communication skills are particularly useful to address those 'heart sink' statements that may arise.
- Ask participants to open **Handout 1: Patient statements**. **Patient statements can also be displayed onscreen in breakout rooms during the activity.**
- Advise participants that you are now going to split into **groups of 3 for 10 minutes.**
- Ask participants to discuss, agree on and write down **ONE person-centred response to each of the statements** on their handout. If time is tight provide each group with one or two statements to consider.
- **After the breakout activity has ended**, bring the group together for feedback.
- **Read out a statement and then ask each group to respond. Repeat the process for each statement.**
 - Ask the group which responses they feel would be most effective and reinforce that there are several effective communication styles which work. Use Appendix 2: suggested trainer responses (for trainer use only).

What to look out for:

- If a participant is wildly off in their response, the trainer can gently make another suggestion, or continue with the round, allowing other participants to share their examples.

- Responses should generally include: acknowledgement of issue; elicit patient's understanding of the issue; work with the patient to find a solution.

Activity 2 suggested trainer responses

[Appendix 1]

Suggested trainer responses [for trainer's reference only]

Statement 1

"I really do want to give up, but it's just not something I can take on right now."

- That's great that you are thinking about your smoking and want to give up. It is the best thing you can do to improve your health and recovery.
- It sounds like you have a lot on your plate. Tell me about it.
- Stopping is not easy but with support a lot of patients just like you are able to do so successfully. I'd like to ensure you have the best support – it's just that important.
- How have things been going for you since in hospital? Have you been finding it difficult?
- "The problem with leaving it is that there could never be a good time to stop; but I do understand that there are better times than others?"
- "When do you think would be a good time for you?"
- "What worries you about stopping?"
- "How do you think you might benefit from stopping?"
- Use scaling questions 1-10 for confidence and motivation

When to stop is ultimately the patient's decision. However, the nature of tobacco dependence means that it is not a 'free choice' and using the above questions may help them to explore and clarify their thoughts, feelings and barriers. Focus on periods of being smokefree during admission, with your support and use tobacco dependence aids.

Statement 2

"I just don't think I will be able to manage. I find it really helps me cope with stress."

- Normalise that this is a common concern.
- It sounds like you are under a lot of stress, a lot of people who smoke says it's because it helps them manage stress. Do you feel that way? [Clarify as appropriate the feeling of stress relief experienced by people who smoke.
- Can I give you some information on how nicotine works (to dispel the myth that nicotine can help alleviate stress)?
 - "The good news is that smoking doesn't relieve stress, it's really just that we become addicted to tobacco to get nicotine and so, when we don't have it for a while, we get withdrawals and that feels like stress."
- **Using a stop smoking medication (enough for long enough) will help with cravings and tobacco withdrawal.**

- What do you usually find calming? Provide some examples that may help, e.g. deep breathing, walking, talk to someone.

Statement 3

“Stopping smoking is the last thing on my mind right now!”

- “Can you tell me what are the things that are worrying you at the moment?”
- “It’s perfectly normal to worry about stopping, what are you worried might happen when you stop smoking?”
- “There are good and bad times to embark on a stop smoking attempt, how do you feel about stopping at the current time?”
- “The time to stop will always be your decision, but clearly your doctor is concerned about your smoking.”

Statement 4

“And what do you know about my smoking and my life? Have you ever smoked?”

- [Tell the truth]
- “What makes you interested in that?”
- “Is it important for you to know if I have smoked?”
- “No, though I have been trained to understand the addiction and treatments on offer. I have helped X people stop. We offer an NHS evidence-based service that’s based on your needs and, although everyone’s different, my experience can help you get through one of the most difficult addictions and become a successful non-smoker.”

or

- “Yes, I smoked and in that way can understand first-hand how challenging it can be to stop.”
- If you do smoke currently, it is up to you whether you share or not.