

# HEALTHY CONVERSATION SKILLS AS AN INTERVENTION TO SUPPORT HEALTHY GESTATIONAL WEIGHT GAIN:

## Experience and perception from intervention deliverers and participants



### BACKGROUND

Healthy Conversation Skills (HCS) is an approach to supporting behaviour change developed by a team of multi-disciplinary researchers, including psychologists and nutritionists, in Southampton, UK. Health care providers (HCPs) who are trained in HCS develop four key skills aimed to help them empower patients to make lifestyle changes through having healthy conversations. The four key skills are to:

1. Use Open Discovery Questions (ODQs).
2. Spend more time listening than giving information.
3. Reflect on practice.
4. Support SMARTER goal-setting.

One of the key philosophies of HCS training is that 'people come to us with solutions' indicating that the expert in a patient's life is the patient themselves.

### THE STUDY

**The study was a randomised controlled trial, of the impact of HCS support from a registered dietitian (RD) on the diet, physical activity levels and gestational weight gain (GWG) in pregnant women.** During study visits and phone calls an RD completed questionnaires and had conversations with participants about their health. An RD trained in HCS led study visits and phone calls with the intervention group. A second RD who was not trained in HCS led the study visits and phone calls with the control group. Study visits and phone calls with both participant groups were carried in the Clinical Research Unit at the University of Alberta, Edmonton. This paper reports a process evaluation and examined:

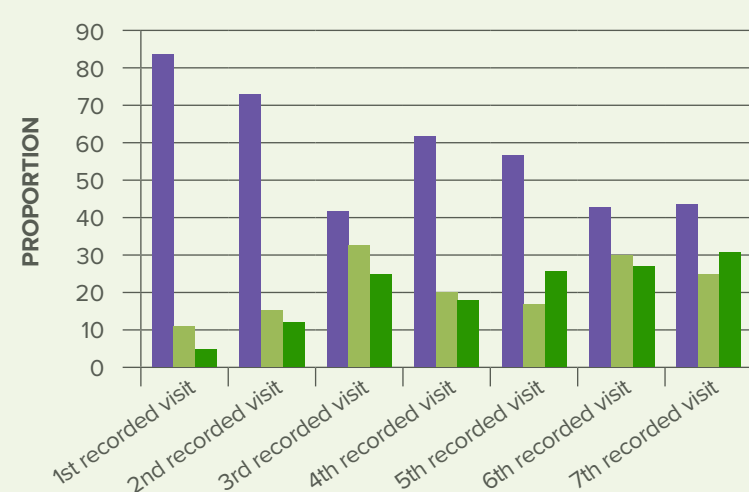
1. Experiences and perceptions of using HCS between the intervention and control RDs and
2. Perceptions of support received from the RDs by intervention and control women, as well as the acceptability of the intervention. The process evaluation included:
  - i) audio-recording sessions to assess use of HCS from the intervention dietitian;
  - ii) semi-structured interview with the intervention dietitian to assess experiences of using HCS;
  - iii) Quality of Prenatal Care Questionnaire and focus groups to assess participants' views of study experience. Study participants (intervention group=23; control group=27) were women between 8–20 weeks gestation. Women were eligible if they had a singleton pregnancy, were over 19 year of age, could read and speak English, had access to a telephone and the internet and were willing to provide their Alberta Healthcare Number.

### FINDINGS

Overall the findings suggested that being trained in HCS resulted in an RD using more ODQs to explore participants' context and spending more time listening than speaking in sessions. The intervention RD felt that using HCS was useful for building relationships with participants by exploring and understanding their barriers and solutions to issues they had, but that taking new skills from the training room into practice was challenging and needed time, practice and reflection. This is highlighted by the fact that as the study progressed the intervention dietitian spent more time using ODQ's and less time making suggestions (Figure 1) and as a result spent less time talking and more time listening to the participant (Figure 2). Participants in the intervention group felt more supported by their RD than those who interacted with an RD not trained in HCS.

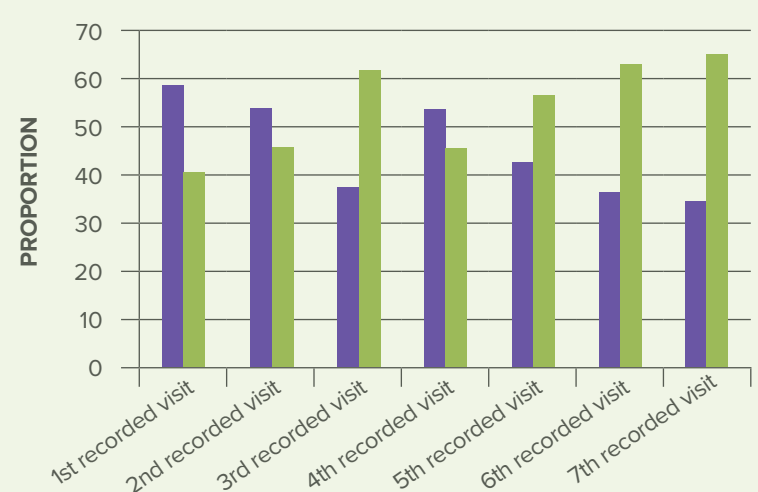
**FIGURE 1.** Proportion of Response types by intervention Dietician

- Suggestions/advice given
- Other questions
- Open discovery questions



**FIGURE 2.** Proportion of words spoken by the study Dietician versus participant at each study visit

- Proportion of words from RD
- Proportion of words from participant



### CONCLUSION

Training an RD in HCS elicited conversations that allowed participants to reflect on their own barriers and solutions to health behaviour change which are more likely to fit within their own context and therefore be more likely to be achievable. HCS are simple but effective techniques that represent a practical approach for HCP's to be able to support women to feel able to make diet and lifestyle changes which could act as a strategy for delivering on GWG guidelines and other healthcare policies.

Jarman, M., Adam, L., Lawrence, W., Barker, M., Bell, R.C., ENRICH Team. (2019). Healthy conversation skills as an intervention to support healthy gestational weight gain: Experiences and perceptions from intervention deliverers and participants. *Patient Education and Counseling*, 102(5): 924-931.



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