

An Introduction to Healthy Conversation Skills

A new way to engage patients in brief, behavior
change counseling



*HCS was developed by a multidisciplinary team from
the University of Southampton & its partners*



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Why care about lifestyle behaviors anyway?

- Chronic disease rates (including cardiovascular disease) continue to increase (Martin et. al. 2024)
- The National Research Council estimates that **lifestyle behaviors account for 40-50% of the risk** associated with death before the age of 75 years (Ford et. al. 2012)
- American Heart Association (AHA) has also transitioned to focusing on the **promotion of lifestyle behaviors to prevent the onset of CVD risk** (Lloyd-Jones 2022)
- However, promoting healthy lifestyle behaviors remains challenging (Schroeder 2007)



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Intersection of Healthy Lifestyle Behaviors and Mental Health

Sleep: Strongest behavioral link between both anxiety and depression

- Insufficient or irregular sleep disrupts emotion regulation, stress responses, and cognitive functioning

Physical Activity: Consistent physical activity is strongly linked with better mental well-being

- Movement improves mood through neurochemical changes, reduced inflammation and improved sleep

Nutrition and Eating Behaviors: Irregular eating routines and skipping meals predict poor psychological health

- Regular meals and stable daily routines support brain health and stress tolerance

Wang et al (2025); Long (2025);
Amiri et al (2024)



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What is the role of clinicians?

- Healthcare clinicians are encouraged to **discuss healthy lifestyle behaviors that prevent chronic disease and promote mental health in a patient-centered manner** (Kris-Etherton 2021; Kaminsky 2022)
- Discussing healthy lifestyle behaviors significantly **increases the likelihood that the patient will initiate behavior change**. (Arnett 2019; Waldron 2011)
- However, clinicians face **several barriers** including time constraints, difficulty conveying “risk levels” to their patients, and lack extensive training in behavior change counseling (Kolasa 2010; Kushner 1995)



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What is lifestyle behavior change counseling?

- Structured, patient-centered approach to help patients modify unhealthy behaviors and adopt healthier ones
- Lifestyle behaviors can include
 - Diet, Physical activity, sleep, smoking, substance use
- Typically involves
 - Assessing patient's risk behaviors
 - Advising on need for change
 - Agreeing on specific goals
 - Assisting with treatments/resources
 - Arranging follow-up to support sustained change



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What are the different types of behavior change counseling?

- **5As** (Assess, Advise, Agree, Assist, Arrange)
 - Works well with smoking, has limited evidence in lifestyle behaviors
- **Cognitive Behavior Theory (CBT)**
 - Works well for a variety of behaviors but need extensive training
- **Motivational Interviewing (MI)**
 - Highly effective in working for lifestyle behaviors
 - Dependent on fidelity of person delivering counseling
 - Needs long amount of training



What is Healthy Conversation Skills?

- Healthy Conversation Skills is an **evidenced-based communication skills training program** to support health care providers to initiate effective **behavior change conversations** with clients in **time-limited interactions**. Healthy Conversation Skills is **person-centered**:

Engage and motivate clients to explore the context of their behaviors, set their own goals, and identify their first steps to change



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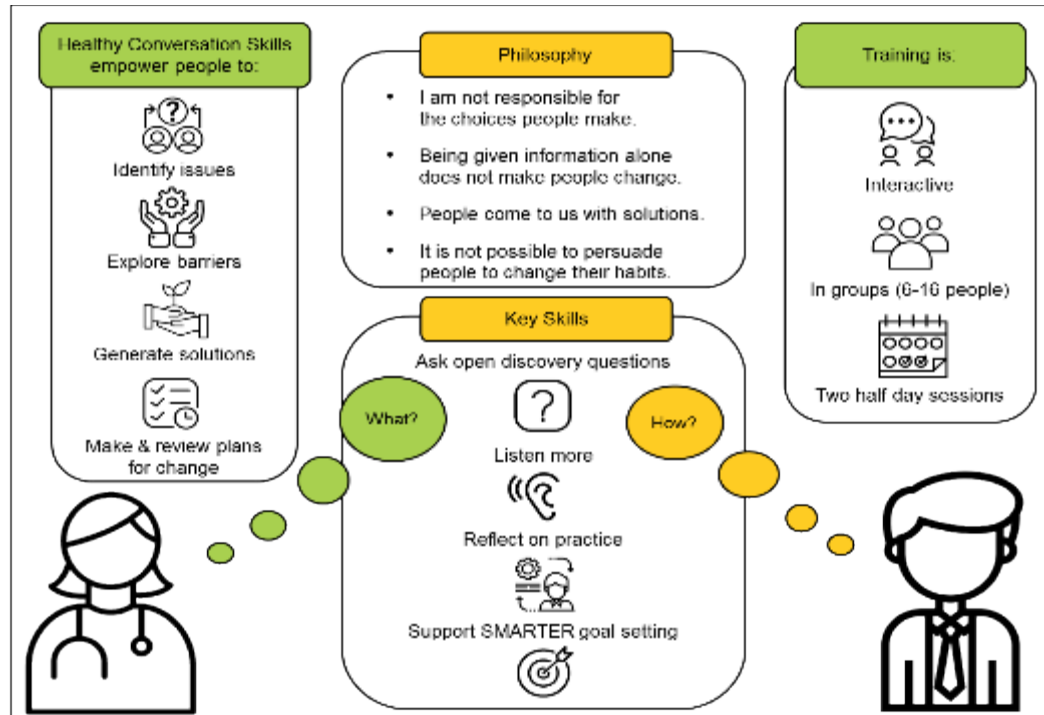


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What is HCS[©]?

- Developed by multidisciplinary team at the **University of Southampton, UK**
 - ...to “address barriers related to changing health-related behaviours among women with young children in Southampton, UK”

- Based on **Social Cognitive Theory** and underpinned by the **Behaviour Change Techniques**
- Enables tailoring for any health behaviour**
- Used with any client population**
- Delivered by a HCS trainer**





Why HCS?

- Supporting people to **change their health behaviours is important**
- **Giving people advice and instruction** (i.e. used in traditional healthcare consultations / medical model) is usually insufficient for behaviour change
- **Person-centered approaches use exploratory conversations** to understand the person's context and support them to identify their own solutions
- **Health care provider (HCPs) report barriers to using person-centered approaches for behaviour change**
 - Low confidence in their communication skills
 - Concern that it will negatively impact rapport with their client
 - Feeling ineffective in supporting client behaviour change
 - Not enough time in busy appointments
- HCS is one **evidenced-based person-centered approach** that can be used to support HCPs to have conversations about behaviour change with clients

What is a healthy conversation?

Example of a "Healthy Conversation"



Ask Open Discovery Questions (ODQs) – starting with 'what' and 'how'

Identify behaviour they want to change

Explore their **barriers** to change

Help them generate their own solutions

Make and review plans for change

Skills can be used in any conversation to explore behaviour change

SPRING

Southampton Pregnancy Intervention
for the Next Generation

Gravida **g**
HEALTHY START
WORKFORCE PROJECT



HCS has been rolled out in many locations...



What does the training for HCS[©] look like?

- No technology e.g. PowerPoint slides
 - Resources include: whiteboard, posters, post-it notes, pens, easel paper, hand-outs etc



Healthy Conversation Skills: response styles

Open Discovery Question

Open Question (other)

Closed Question

Empathy / Reflection

In my experience

Telling / Suggesting

S
M
A
R
T
E
R

specific

measurable

action-orientated

realistic

timed

evaluated

reviewed



What is the evidence for HCS?

Public Health Nutrition (2013) 136, 167

doi:10.1017/S0954579413000091

Healthy conversation skills: increasing competence and confidence in front-line staff

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Submitted 10 January 2012; first revised version 17 June 2012; accepted 1 August 2012; published online 19 September 2012

Abstract

Objective: (1) To assess change in confidence in having conversations that support parents with healthy eating and physical activity post-training. (2) To assess change in staff competence in using open discussion questions (used previously beginning with 'how' and 'what' that help individuals reflect and identify barriers and solutions) post-training. (3) To evaluate the relationship between confidence and competence post-training.

Design: A pre-post evaluation of 'Healthy Conversation Skills', a staff training intervention.

Setting: Four Sure Start Children's Centres in Southampton, England.

Subjects: A total of 145 staff working in four Sure Start Children's Centres completed the training, including dietitians (n=10) and community development or family support workers (n=135).

Results: We observed an increase in median confidence when having conversations about healthy eating and physical activity (both $P < 0.001$), and in using open discussion questions (P < 0.001), after staff attended the 'Healthy Conversation Skills' training. We also found a positive relationship between the use of open discussion questions and confidence in having conversations about healthy eating post-training ($r = 0.25$, $P = 0.01$), but a non-significant trend was observed for having conversations about physical activity ($r = 0.15$, $P = 0.06$).

Conclusion: The 'Healthy Conversation Skills' training proved effective for increasing the confidence of staff working in four Sure Start Children's Centres to have more productive conversations with parents about healthy eating. While implementation of these skills may be a useful public health nutrition capacity building strategy, to help community workers support families with young children to eat more healthily.

Keywords: Open health talk, Confidence, Evidence

A mother's diet quality influences breast and infant diet and health, and has subsequent implications for risk of chronic disease later in life^{1,2}. The recent public health white paper 'Healthy Lives, Healthy People: Our Vision for Public Health in England' places importance on improving mental health, particularly for mothers from disadvantaged backgrounds³. The white paper also highlights the need for prevention activities to reach young mothers to enhance the health and well-being of children and their families. Four Sure Start Children's Centres in the UK are a Government-led initiative to provide health, education and support services for young children and their families, where emphasis is placed on reaching the most vulnerable⁴. Healthy eating is identified as a

priority, and services provide an opportunity to support children and parents to healthy diets and support healthy eating behaviours⁵. Encouraging staff working in these centres are equipped with core skills in public health nutrition, particularly in supporting healthy eating, has the potential to improve the diet and linguistic health of women and children.

Midlife development is a key element in building resilience to enhance the health and well-being of children and their families. It is important to identify population segments that are at greatest risk of poor health, health and community workers to enhance the health, effectiveness and sustainability of community-based interventions. In this study, we sought to assess the

Health and Social Care in the Community (2013) 28(4), 400–407
doi:10.1017/S0954579413000091

Implementation of new Healthy Conversation Skills to support lifestyle changes – what helps and what hinders? Experiences of Sure Start Children's Centre staff

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Accepted for publication 8 January 2012

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Abstract

Effective communication is necessary for good relationships between healthcare practitioners and clients. This study examined barriers and facilitators to implementing new communication skills. One hundred and ten Sure Start Children's Centre staff attended one of 13 follow-up workshops in Southampton, UK between May 2009 and February 2011 to reflect on the use of new skills following a training course in communication, reflection and problem solving. Barriers and facilitators were assessed with an adapted Problematic Experiences of Therapy scale (PETTS). Staff reported frequency of skill use, and described what made it more difficult or easier to use the skills. Complete data were available for 100 trainees. The PETTS indicated that staff had confidence in using the skills, but felt that there were practical barriers to using these, such as lack of time. Skills were used less often when staff perceived parents not to be engaging with them (Spearman's correlation $r_s = -0.52$, $P < 0.001$), when staff felt less confident to use the skills ($r_s = -0.37$, $P < 0.001$) and when there were more practical barriers ($r_s = -0.37$, $P < 0.001$). In support of findings from the PETTS, content analysis of free text responses suggested that the main barrier was a perceived lack of time to implement new skills. Facilitators included seeing the benefits of using the skills, finding opportunities and having good relationships with parents. Understanding the range of barriers and facilitators to implementation is essential when developing training to facilitate ongoing support and sustain skill use. Special attention should be given to practical barriers, such as lack of time, to the skills to address this.

What is known about this topic

Improved communication skills of health and social care practitioners are associated with a range of positive outcomes.

Communication skills can be improved through training.

Trainers face a range of barriers and facilitators to implementing new skills.

What this paper adds

The more a skill is used, the more confident trainees felt in its use.

Qualitative data substantiated the



Patient Education and Counseling

Journal homepage: www.elsevier.com/locate/pedc



Use of healthy conversation skills to promote healthy diets, physical activity and gestational weight gain: Results from a pilot randomised controlled trial

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ARTICLE INFO

Article history:
Received 1 February 2012
Revised version received 6 December 2012
Accepted 1 January 2013

Keywords:
Pregnancy
Randomised controlled trial
Controlled weight gain
Healthy conversation skills

ABSTRACT

Objective: This study evaluated the use of Healthy Conversation Skills (HCS) to increase conversation skills (as measured by confidence in supporting women to achieve optimal gestational weight gain and healthy behaviours). **Methods:** Twenty pregnant women were randomised to the control or intervention group. Study visits and phone calls were delivered by Integrated Dietitians (IDTs) to women in the intervention and control groups. The intervention IDTs used the HCS to support women to achieve optimal gestational weight gain and healthy behaviours. The control IDTs did not. **Results:** Women in the intervention group improved their diet score between baseline and visit 1, while the control group did not. At 24 weeks, women in the control group reported being satisfied for longer than women in the intervention group. There were no differences in total gestational weight gain between the groups. **Conclusion:** Pregnant women who interacted with an IDT using Healthy Conversation Skills reported positive outcomes for healthy behaviours. **Practice implications:** Healthy Conversation Skills should provide an approach to increase and sustain confidence in supporting health behaviour change in pregnancy.

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Patient Education and Counseling

Journal homepage: www.elsevier.com/locate/pedc



Healthy conversation skills as an intervention to support healthy gestational weight gain: Experience and perceptions from intervention deliverers and participants

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ARTICLE INFO

Article history:
Received 1 July 2012
Revised version received 26 November 2012
Accepted 10 December 2012

Keywords:
Pregnancy
Randomised trial
Pregnancy outcomes
Healthy conversation skills
HCS
Controlled weight gain

ABSTRACT

Objective: In a pilot RCT we assessed training in delivery of 'Healthy Conversation Skills' (HCS) to support healthy gestational weight gain. This study explored the experience of the intervention from the perspective of the intervention deliverers. **Methods:** Twenty pregnant women participated in the intervention. The intervention included: (1) a 1-day training course; (2) 10 follow-up workshops; (3) 10 phone calls. The intervention deliverers were asked to complete a questionnaire to assess their experience of using HCS, including: (1) perceived barriers and facilitators to using HCS; (2) perceived barriers and facilitators to using HCS; (3) perceived barriers and facilitators to using HCS. The data was collected on the usability of training HCS as a training tool for the challenges of conducting these new skills in practice and highlighted the need to review and reflect on practice as an ongoing process. Intervention deliverers reported more confidence with the study HCS as a training tool for the challenges of conducting these new skills in practice and highlighted the need to review and reflect on practice as an ongoing process. Intervention deliverers reported more confidence with the study HCS as a training tool for the challenges of conducting these new skills in practice and highlighted the need to review and reflect on practice as an ongoing process. **Practice implications:** The use of HCS by practitioners is an acceptable way to support lifestyle change in pregnancy. Practice implications: The use of HCS provide opportunities to support lifestyle change. Review of and reflection on practice may be used to refine the application of new skills in practice.

Healthy Conversation Skills Training

Training is for:

- Practitioners who want to learn how to use HCS when providing care

HCS empowers people to:

- Identify issues
- Explore barriers
- Generate solutions
- Make/review SMARTER plans for change

Philosophy

- I am not responsible for the choices people make
- Being given information alone does not make people change
- People come to us with solutions
- It is not possible to persuade people to change their habits

Key skills:

- Ask open discovery questions
- Listen more than talk
- Reflect on practice
- Support SMARTER goal setting

Training is:

- Interactive, in groups (6-16 ppl)
- Two 3-4 hour sessions
- Can also include mini trainings and intro sessions (like this one!)



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MAKE YOUR GOALS



Setting goals can be a great way to challenge yourself to make healthy lifestyle changes. Set yourself up for success by making your goals **SMARTER!**

SPECIFIC

What specifically do you want to change?

MEASURABLE

How much of this will you do, or how often will you do it?

ACTION-ORIENTED

What will you do to make that change happen?

REALISTIC

What is likely to stop you from doing this? What can you do to overcome this?

TIMED

By when will you have done this?

EVALUATED

How will you know when you've achieved your goal?

REVIEWED

How will you review what to do next?



My goal is: _____

e.g. I will complete two strength workouts each week.



I will do this by: _____

e.g. I will complete two workouts a week.



I will achieve this goal by doing the following: _____

e.g. I will go to the gym on my way back home.



What makes this goal realistic for my current life and commitments: _____

e.g. I will set a reminder on my phone so I don't forget.



I will complete this goal by (date): _____

e.g. I will follow this plan for the next four weeks.



I will evaluate my progress by: _____

e.g. Each week I will review my progress by tracking the days I workout on my calendar.



I will review my progress by: _____

e.g. I will review my progress with my partner and health coach at the end of the month to see how I am doing and adjust the goal if needed.

Compare and Contrast

Motivational Interviewing		Healthy Conversation Skills
How it works?	• Focuses on eliciting motivation from within the patient, • Exploring ambivalence, • Guiding them toward their own reasons for change, rather than imposing external reasons	• Use Open Discovery Questions to help someone explore an issues • Reflect on your practice and conversations • Spend more time listening than giving information • Use ODQ to support SMARTER plan
Training?	• Yes, often by an expert • Requires several weeks of training • MINT Certification • Other tools do exist	• Yes, two 4-hour sessions
Evidence?	• Strong evidence it can help if done with high fidelity • BMI2+ shows that it doesn't always work (Resnicow et. al. 2024)	• Improves confident and competence in clinicians & initial behavior change • Studies need to see long term effect on sustained behavior change
How long does it take?	• Can take minutes to hours depending on training and type of visit	• Designed to take 2-5 min

What does having a healthy conversation look like?

1 = Talker

(person wishing to change a behaviour)

2 = Helper

(can only *Listen* and ask *Open Discovery Questions* beginning with “how” or “what”)

2 mins for conversation, then swap



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Volunteer Please!

**Who would like to have a quick talk about
something they would like to change?**

2 x 2-minute conversations



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Thank you!
Happy to take any questions.

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