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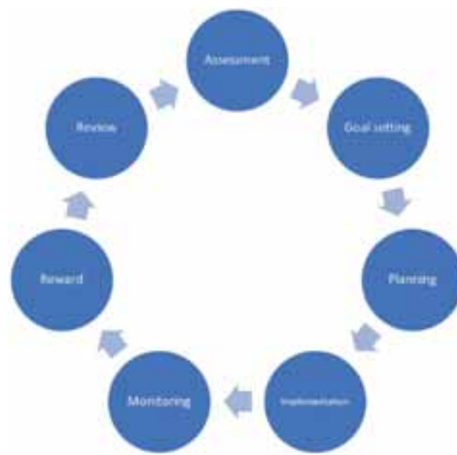
Changing the behaviour of patients is challenging for all healthcare professionals. It is perhaps made even more complex when the dental healthcare team wish to work with families to change the behaviour of children. In this article I am going to explore this challenge and suggest some important principles and approaches that you may wish to try.

The foundation of this approach is based on the assumption that in trying to change the behaviour of children, parents and carers are the best agents to undertake that task. The reasons for this are twofold: first parents and carers are an important and credible source of information and support for children – they spend the most amount of time with children and are an important role model for values and behaviour. A second reason for involving parents is the situational specificity of behaviour – I will discuss the importance of using cues to trigger key behaviours, and these are best in the situation where we want the behaviour to occur. Thirdly, behaviour change requires resources in terms of materials to support the behaviour as well as people to help, parents and carers can facilitate access to these resources.

The second key assumption which I shall return to often is the notion that behaviour change is an ongoing process, best supported through a professional and supportive relationship between the patient, their carers/parents and the healthcare professional. A one-off intervention is unlikely to be successful in the long run.

The approach I wish to outline has 7 steps as shown in the diagram below.



Assessment – Where are we now?

Assessment is the foundation of any intervention and aims to understand the current situation. In terms of behaviour change, the dental team will want to understand the specifics of the behaviours that are relevant to oral health, and any barriers to behaviour change as well as factors that could be useful in supporting behaviour change. Areas to cover could include:

- Oral Health Behaviours
  - Toothbrushing
    - When is this done?
    - How long for?
    - What do the family/carers use for the child in terms of brush, toothpaste?
    - Specifics about technique (might be best to observe this), such as brushing technique, child alone, child supervised, spit/rinse etc.
  - Dietary sugar
    - Record of sugar intake over day
    - Specific information on high sugar foods e.g. drinks, sweets
  - Priority as perceived by the dental team
  - Priority for parents/carers
- Barriers to change
  - What happens at school?
  - Does the child move between households – are there different rules in different places?
- Previous experience of change
  - Any history of changing behaviour e.g. sleeping, sports activities, food choices etc.
  - What worked
  - What didn't work
- Reward choice
  - What does the child like to do, if left alone what activity would they choose to do?
  - What rewards have parents/carers found effective?

Goal setting – Where do we want to go?

With a thorough assessment completed, the next step is goal setting, working with the parents/carers to identify an overall target for behaviour change. Ideally this should be SMART:

Specific
Measurable
Achievable
Relevant
Timed

For example, with toothbrushing, the overall goal might be, "*Name of child* will brush their teeth twice each day, once first thing in the morning, once last thing at night, with a soft toothbrush and fluoride toothpaste using the approved method for at least two minutes each time."

This is specific because it states an observable behaviour which can be judged by parents/carers (not for example something like "improve oral health"), it is measurable (two minutes, twice a day), should be achievable and realistic and is timed (each day).

The goal is our overall aim, which might take many steps to achieve. It is important that the parents/carers understand that there is not an expectation that the goal will be achieved instantly.

Planning – How do we get there and what will need on the journey

Planning behaviour change has been consistently shown to increase the likelihood that behaviour change occurs. There are two broad elements to planning: Breaking the overall goal into smaller steps and identifying the resources that you will need.

What are the steps involved in achieving the goal?

Changing behaviour is difficult and often occurs gradually. We can think of behaviour change as a journey with steps along the way which take us towards the final destination. Working with parents we can identify the steps towards the overall goal. Looking at the overall goal that we set for toothbrushing there are

- Familiarity with toothbrush and toothpaste
- Technique (including brushing style and spit not rinse)
- Supervision and support
- Two minute duration
- Timing of the brushing (morning and night)

In planning we need to identify what (if any) elements are already in place, which elements are logically prior to others (familiarity with the toothbrush and paste must come first if not established already), then decide the order in which elements can be changed noting that some elements may require progressive steps to change. For example, it might be that the child currently uses a toothbrush and toothpaste but has a less than effective technique, this could then be the target for the first element. Step 1, might be for the parent to guide the child by holding their hand as they brush, then the next step could be observing and giving feedback as the child independently brushes, before allowing the child to brush without supervision. Timing could be targeted by successive increments over time in order to achieve the full 2 minute target – 1 minute for the first week, 1 minute 15 secs for the next week and so on.

What resources are needed?

There are the obvious resources for the behaviour change – for example in thinking about decreasing sugar intake, the parents /carers will be able to consider taking some foods out of the diet, substitution of low sugar alternatives and health snacks. There may also be the need to introduce cues to remind the family of the behaviour. For example, reminders for the fridge door, diary sheets and charts for recording placed where they act as a reminder. In the past we have produced special cups for children reminding everyone that they should only have water after brushing. Setting a timer or using the fantastic BrushDJ app to cue in how long to brush your teeth is another example of using cues to drive the behaviour.

Implementation

Encourage parents/carers to set a date to start, perhaps a memorable date such as the child's birthday relating this to other transitions in the child's life as a point of growth and development.

Expect challenges of implementation – doing something new is difficult and hard, but does get easier with time as I am sure many of us have experienced. Common problems are forgetting and the frustration of not being able to see any change. Accept that forgetting does occur and suggest to parents that if they forget once, they should put in place a cue such as a note in the place where the behaviour normally occurs and start afresh. If parents/carers are not noticing an improvement ask then to reflect on their monitoring (see below) to look for changes. If there is no change in behaviour, modify the goal by making an easier step in the chain towards the bigger goal.

Above all encourage persistence, on average it takes 66 days for a new behaviour to be established.

Monitoring – How are we doing?

Monitoring the behaviour provides feedback on success, as well as motivating change. There are two aspects to monitoring, keeping records of the behaviour, and monitoring the outcome of the behaviour.

To keep a record of the behaviour parents/carers can be encouraged to keep a diary of the behaviour or use a 'phone APP or some customised paperwork. Several toothpaste manufacturers produce calendars that will record how often a child brushes their teeth.

Research suggests that self-monitoring (keeping the record of the behaviour) is enhanced when it is supported by the healthcare professional providing information on how the behaviour is changing the person's health – so the dental team can demonstrate how the behaviour is having an impact on the child's teeth. The use of disclosing tablets is useful for toothbrushing since it can shoe that with effective brushing there is a significant difference in how coloured the teeth become. Encourage parents/carers to take photographs to show how the situation is changing.

Reward – Celebrating success

We often fail to celebrate the success of our behaviour change. Parents/Carers should be encouraged to build systems of rewards which are given when key milestones in the behaviour change are reached. This requires

- Identifying small and large rewards
- Using praise as a reward in conjunction with more tangible rewards
- Giving rewards ONLY when the behaviour is complete
- Gradually withdrawing rewards (other than praise) to establish the behaviour independent of reward.

In choosing how to reward a behaviour there are two approaches. Parents/carers will have a good understanding of what the child likes, and in particular their favoured activity. If for example a child likes to play games on an iPad, then access to the iPad could be made contingent on completion of the behaviour. This can be challenging for parents who can perceive this as withholding something from the child. However, this can often be achieved by shifting the time spent from a time of the child's choice to a time of the parent/carer's choice. The other alternative is to use a novel reward chosen by the child. We have previously used this to encourage children to co-operate with dental care – children were asked to choose a small toy from a selection, they were then told that they would receive the toy at the end of the visit if they managed to get 4 stickers from the dentist. They were given a sticker each time they did a specific behaviour (sitting in the chair, opening their mouth, having their teeth looked at with a mirror, having an x-ray). At the end children who had 4 stickers received the toy, those who didn't could keep the stickers they had until next time and try to collect all four over two visits. This demonstrates a second notion – small rewards that build up to a larger reward. It also demonstrates that the reward is only given for the complete behaviour as defined by the dental team in conjunction with the parents.

Praise should always be used in conjunction with tangible rewards, and children should be praised for what they do, not for a judgement. So rather than saying "Well done you've been good" we would encourage saying "You did amazingly well today, you sat in the chair, opened your mouth and kept it open while I looked round. Amazing!". This helps establish what they have done for the reward.

Over time tangible rewards should be removed, as the child's behaviour becomes more habitual and motivated by the internal rewards of achievement.

Review

Having been through this cycle, it is important to review whether the behaviour change has been successful, to identify the successful elements and any learning that can be used for the next steps. This will lead into the stage of assessment and identifying the next target for behaviour change.

This article has outlined a seven-step approach to changing behaviour through joint work between the healthcare team and parents/carers of children and young people. It is by no means an infallible approach, but I hope it will bring you some success. Good luck. ■

About the author

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