

# Short Conversations

## How to Make the Most of Them

by Diane M. Eade

Does it ever seem as if you are rehashing the same conversations over and over again? Most of us cover the same old issues repeatedly, and then can't determine why we fail to achieve a better result. Worse still, in today's crash-and-burn world, we have even less time to get our point across than ever before, making new approaches critically important.

Consider the 30 to 75 short conversations you have during a normal day, with family, patients, friends, colleagues, drug reps, and even phone solicitors. In a matter of minutes, you can influence their attitudes profoundly. So wouldn't you like to have a consistently positive effect on those attitudes?

For those who seem trapped in the quagmire of repeated attempts to change others' unhealthy behaviors, a few simple changes in your approach can profoundly improve your success rate. A couple of simple adjustments in your approach to a short conversation can mean the difference between a positive, negative, or no response to your suggestions, whether the conversation is with your spouse, your child, your boss, a patient, or a colleague.

I've used both family life and health examples to illustrate the type of adjustments I'm suggesting. The best aspect of these ideas is that they work so well in both professional and personal settings. They are tools used regularly by many successful people who lead, even when they have no real power or authority over others.

### **MAKE THE MESSAGE POSITIVE**

As I watched my nephew playing with his son in the water, and heard the small boy's screams of agony, I moved closer to find out what was wrong. There was my nephew, simply dunking his son to the waist, repeating, "Don't be afraid; don't be afraid; don't be afraid!" All the poor boy could focus on was fear, and his screaming was the net result of his father's valiant efforts!

Often in the management seminars I conduct, I hear comments like, "I'm fearless!" or "I won't let it fall apart!" Because our mind's focus is based on the direction we provide, all I can think when I hear these well-intentioned remarks is to suggest that a plan to "hold it together" will work better than a reaction that "prevents it from falling apart."

Consider the old seminar ploy of "Don't think about a yellow rose." The first thing that flies into everyone's head is the picture of a yellow rose! So now, please don't think about fear. In fact, be fearless!

Your mind, despite its best efforts, must naturally focus on fear. Realize that the difference between "fearless" and "courageous" may very well be the difference between failure and success.

So, state your message in the positive. You'll take a giant step forward toward moving your listener's response to a higher level.

### **SHIFT FOCUS TO THE FUTURE**

Far too many conversations get stuck in the past. Just look at medicine's and nursing's approaches to patient history taking. The clinician starts briefly with the present-asking for the cause of "today's" visit-then tends to move quickly to the past. This process makes perfect sense; the patient's current health is the result of past and present behavior, so that's what you discuss. Much of your conversation details what got this patient into the current health predicament.

Thus, the study of illness and disease often tends to be mired in the past. No doubt this approach feels comfortable and natural. Yet there's a more effective way to help patients improve their health, and that is to focus on the future.

When I speak with people about their reasons for not seeing a health care provider, I find a common thread: they know they've misbehaved and they feel guilty. Often, for reasons of their own, intelligent people who know the right thing to do make other choices. They avoid guilt by avoiding whoever will make them feel guilty.

For example, I go to the dentist every six months for a checkup and cleaning. In the past, I brushed my teeth regularly but flossed inconsistently. At every visit, both the hygienist and the dentist told me that I'd been "bad," and that I should floss more consistently.

I knew that they were right. I simply made other choices. One time, however, my regular hygienist was away, and another person cleaned my teeth. She approached me differently. She told me that I had beautiful teeth, and that it would be very disappointing for me when the back ones had to be removed. I asked if there were problems, and she replied that the gums had started to recede. She said this was the beginning of the end, and that before I knew it, I would be facing a serious, tooth-threatening issue.

I asked her what could be done to prevent it. She replied that she doesn't believe in lecturing people. I insisted on her advice. She, of course, told me that I had the power to keep all my teeth, and suggested that I floss my teeth after every meal, particularly the back upper teeth, which were at greatest risk. Since then, I floss my entire mouth at least once a day and often get to the upper back teeth a second time.

The substitute hygienist communicated very effectively in our short discussion. First, she painted a clear, compelling picture of the future. I always knew that "something" might happen as a result of not flossing regularly. The consequences were always hypothetical, though, until she made them tangible and immediate. She was very specific, and it didn't take much for me to see myself as a toothless old woman.

Second, she didn't focus on the negative aspect of my past behavior. In fact, she didn't even mention my prior failure to floss! She understood that recriminations and guilt are repelling, not attracting. Like most people, I run away from criticism and toward constructive suggestions. Like most people, if I'm to change my behavior, I need specific, recognizable motivation.

Next, she involved me in the conversation, as compared to giving me the usual lecture. This hygienist didn't offer her suggestion. She made me beg for it. By the time I heard it, I wanted to hear it. By gaining my buy-in, she took me a long way toward the behavior change that I needed to make. Her advice was part of a conversation, not the typical lecture, which was conducted while the hygienist had her hands in my mouth and I could not speak!

Fourth, she suggested one, simple, specific future action. Often there are several actions that a clinician, parent, spouse, or employee might like to effect. I'm certain the hygienist would have liked to tell me to rinse with mouthwash before and after brushing. My teeth would certainly look better if I gave up coffee and tea. I should probably carry a toothbrush with me at all times. And so on.

Behavior change, however, tends to be challenging for most people. One change, flossing the back upper teeth regularly, was required. Since the odds of anyone making multiple changes simultaneously are low, offering only one small change at a time typically produces more action.

Finally, she made it feel like a suggestion rather than a command. This nuance really matters. Nobody likes to feel as if they're being bossed around. We dislike it from our supervisors, reject it from our peers, and rebel against it from our parents. Other adults deserve to be treated like adults, even if their behavior has been irresponsible.

Staying in adult-adult discussions can be especially challenging with patients, who are often sick and weak. They've been conditioned to check their personal power at the door and put the clinician on a pedestal. Such interaction creates a parent-child relationship that can cause the patient to

rebel after leaving the office, leading to dangerous noncompliance. Yet a simple change in approach-for clinician and staff not to treat the patient as a naughty child-can mean the difference between a successful or failed intervention.

The same holds true when the communication is between parent and child, spouses, business colleagues, and friends. Short conversations have the power to effect permanent change.

Perhaps the best illustration I can give on the power that comes with a simple change in attitude is to look at the difficult conversations adults often have with teenagers. During this precarious time of life, a young person changes emotionally and physically from the innocence of childhood to the complexity of adult existence. Authority figures-the very people who have exerted the most powerful positive influences in the teen's life to date-suddenly provoke previously unimagined frustrations. Why? While the young person is shifting from a child-parent interaction to an adult-adult relationship, the authority figures are simultaneously struggling with a next-to-impossible adjustment: replacing the adult-child relationship with one that accepts the child as an adult.

The process is complicated, because the young person's commitment to adult-adult relationships tends to waiver. When it's convenient or more comfortable, the teenager may tend to revert to the child role.

That's where mastery of the short conversation can make all the difference in the world. Every short conversation must be carefully assessed: Does the child want independence or protection, confrontation or cooperation?

Here, during each short conversation, the authority figure must step out of the momentary emotion and look at the big picture. Again, focus on the future . . . and on the young person's emotional growth. You'll have a better shot at maintaining a healthy interchange with the young person.

So pay attention to those quick discussions. Much can be accomplished in your lifeplan with a few simple words said using the right approach and attitude. Chances are, you'll also head off a few, long heart-to-hearts in the future!

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