

Motivational interviewing and its application in dental practice

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Dental psychology lecture

Institute of Behavioural Sciences

Learning objectives

- The importance of behavior change
- Transtheoretical Model (TTM) of behavior change and its clinical usefulness
- Be able to identify the 6 stages of change
- Understand the spirit of motivational interviewing
- Know the effective communication skills

Chronic diseases and health promotion

ADHERENCE TO LONG-TERM THERAPIES: EVIDENCE FOR ACTION



Adherence to therapies is a primary determinant of treatment success. Poor adherence attenuates optimum clinical benefits and therefore reduces the overall effectiveness of health systems.

“Medicines will not work if you do not take them” —
Medicines will not be effective if patients do not follow prescribed treatment, yet in developed countries only 50% of patients who suffer from chronic diseases adhere to

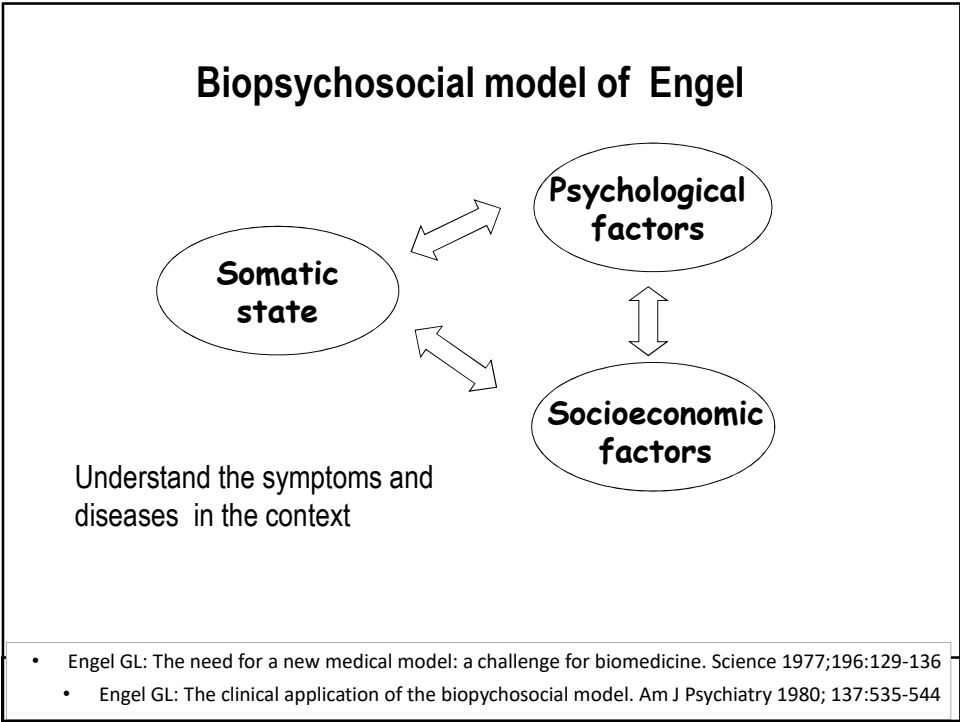
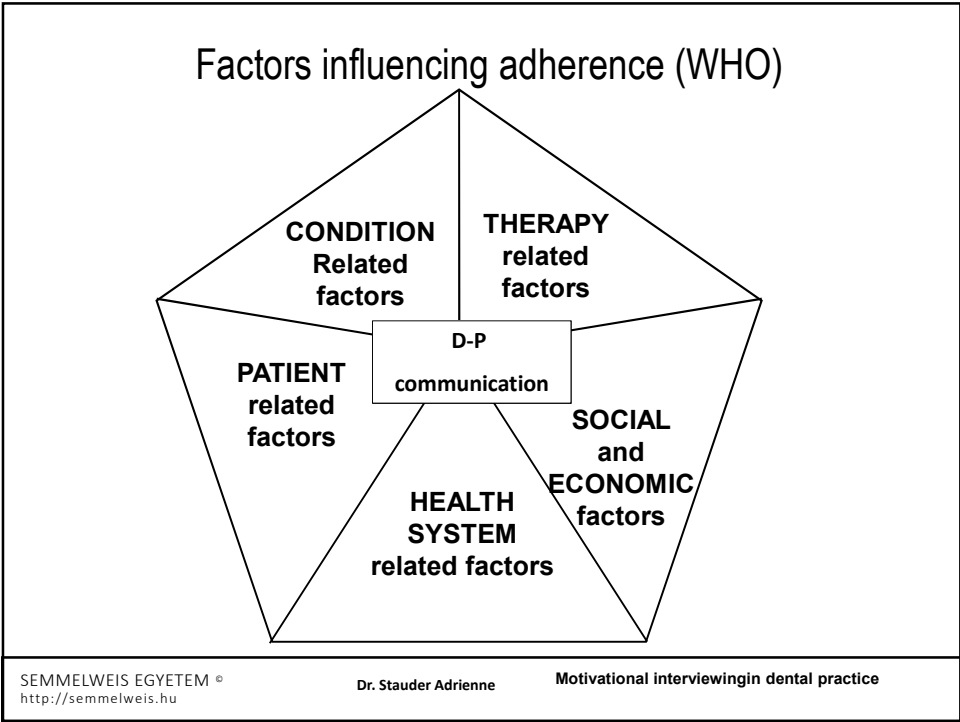
treatment recommendations. In developing countries, when taken together with poor access to health care, lack of appropriate diagnosis and poor adherence is threatening to render futile any efforts such as diabetes, depression and HIV/AIDS.

Adherence regarding lifestyle recommendations: 10-20%

Compliance / Adherence

- The extent behaviour corresponds to recommendations
- medication, diet, lifestyle changes
- The incidence of adherence:
 - Curative therapy 70-80%
 - Preventive therapy 50-60%
 - Long-term (6 mo-3 ys) therapy < 50%
 - Children’s chr. therapy 50 %
 - 20-40% don’t take / 15-20 % don’t buy prescribed drug
 - 72% don’t follow any dietary recommendations

“Drugs don’t work in patients who don’t take them.”



NICE National Institute for Health and Care Excellence

Guidance ▾ NICE Pathways Standards and indicators ▾ Life sciences ▾ BNF ▾ BNFC ▾ CKS ▾ About ▾ More ▾

Read about [our approach to COVID-19](#)

Home > NICE Guidance > Conditions and diseases > Oral and dental health

Oral health promotion: general dental practice
NICE guideline [NG30] Published: 15 December 2015

Guidance Tools and resources Evidence History

Overview
Recommendations → Guidance [Download guidance \(PDF\)](#)

Implementation: getting started
Context
The committee's discussion
Recommendations for research

Recommendations

[1.1 Oral health advice given by dentists and dental care professionals](#)
[1.2 How dentists and dental care professionals can adopt a patient-centred approach](#)
[Terms used in this guideline](#)

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Oral health advice given by dentists and dental care professionals

- Give all patients (or their parents or carers) advice during dental examinations
 - ✓ on oral hygiene practices and the use of fluoride
 - ✓ about diet, smoking, smokeless tobacco and alcohol intake
- Ensure the advice is tailored to meet individual needs
- Ensure the patient, or their parent or carer, understands the plan to maintain or improve their oral health.

Create an individually tailored dental care plan with the patient or their parent or carer.

to prevent, as well as to treat, oral health problems, ask about the patient's:

- personal circumstances and their oral health (risks)
- oral hygiene practices and how often they use fluoride
- behaviours that may affect their oral health in the short or long term, including their diet, smoking, or using smokeless tobacco or alcohol
- existing health conditions or any disabilities or other difficulties that might prevent them from maintaining or improving their own oral health, or the oral health of someone they care for.

Personal, cultural, social, environmental and economic barriers to good oral health

- Be aware of the links between poor oral health and socioeconomic deprivation
- Recognise that some people may not think it is important to go to the dentist regularly
- Understand that some parents or carers may not realise that it is important to keep children's primary teeth healthy
- People may need help to use dental services

The importance of parents' and carers' attitudes and behaviours

- Sugary foods and drinks are a major cause of tooth decay
- Promoting tooth brushing among children and young people can help establish life-long habits that will protect against gum disease and caries.



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Do you have any habit that you would like to change?....

- If yes, what is it?
- Related to sports? Sleeping habits? Studying? Relationships?



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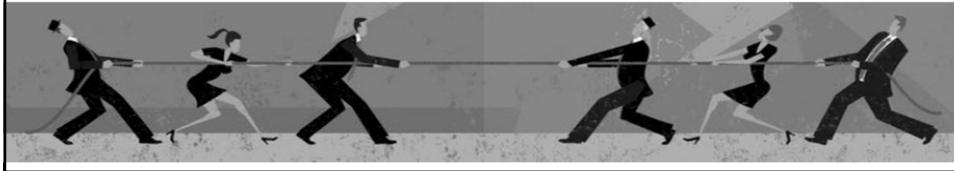
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Why change is difficult?

At every stage of life many decisions require some change.
such as housing, work, study, health, lifestyle

AMBIVALENCE

Wanting or not wanting the change
Wanting incompatible things at the same time



Why change is difficult?

AMBIVALENCE

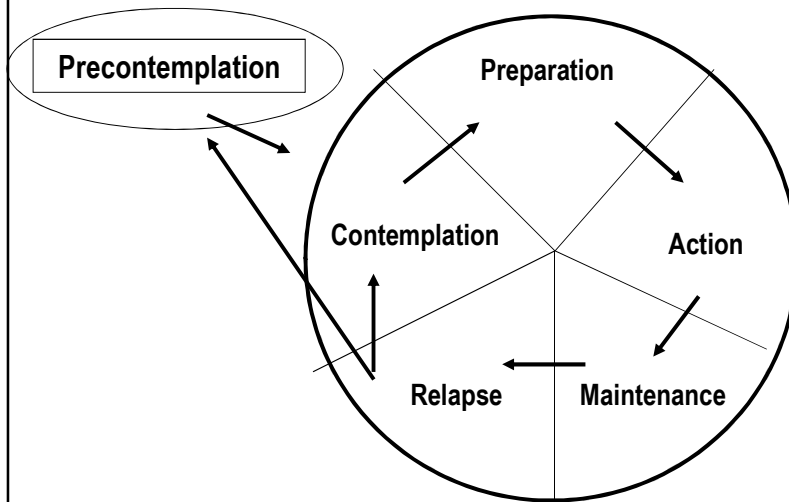
Anxiety

Procrastination

Resistance



Stages of change: transtheoretical model (TTM)



Prochaska JD, DiClemente CC, Norcross JC: In search of how people change. Applications to addictive behaviours. Am Psychologist 1992;47:1102-1114

1. Precontemplation

Characteristics:

- Lack of awareness, denial of the problem.
- The problem is identified by others.
- Show reactance when pressured.

Strategies:

- Express concern, ask permission to discuss
- Give informations, encourage to think or read
- E-P-E: Elicit – Provide - Elicite

HOW MUCH ACID IS IN YOUR DRINK?

HIGH ACIDITY
DRINK RARELY (IF AT ALL)

- Soft Drinks
- Diet Soft Drinks
- Sports Energy Drinks

MEDIUM ACIDITY
DRINK OCCASIONALLY

- Juico

LOW ACIDITY
DRINK PLENTY

- Water
- Milk

Why should we care about acid?

Tooth decay occurs when sugar combines with bacteria in the mouth and produces acid. This acid attacks the teeth, along with the acid already contained in your drinks. Diet or "sugar-free" soft drinks still contain acid that harms the teeth. Ongoing acid attacks weaken your tooth enamel which can lead to cavities.

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2. Contemplation

Characteristics

- Begin to consider behavior change
- Think about alternative solutions
- Ask informations

Strategies:

- Elicit perspectives, discuss alternatives.
- Help identify pros and cons of change.
- Suggest trials.

Unhealthy behaviours often has an important function, for example immediate stress reduction



3. Preparation / determination

Characteristics:

- Understand that change is needed.
- Commitment to specific goals, methods.
- Postpone start date for change.

Strategies:

- Discuss action plan (practical advices).
- Set start date.
- Encourage to announce publicly.

Action plan (5+1 days)

| |
|-----------------------------------|
| • <u>5 days before quitting</u> : |
| • <u>4 days before quitting</u> : |
| • <u>3 days before quitting</u> : |
| • <u>2 days before quitting</u> : |
| • <u>1 day before quitting</u> : |

4. Action

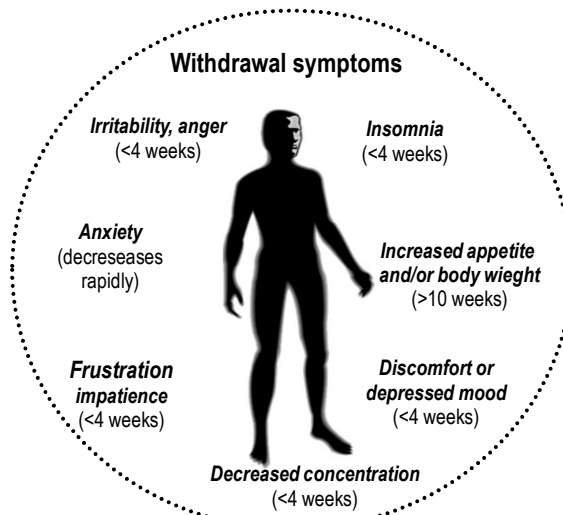
Characteristics

- Follows plan to change
- Can describe plan in details.
- Committed to face obstacles, resist slips .
- Vulnerable to abandon effort impulsively.

Strategies:

- Discuss the plan, help to modify if necessary.
- Discuss difference between slips and relapse.
- Help anticipate how to handle slips.
- Emphasize pros of change.

Physical and psychological symptoms making behavior change difficult^{1,2}



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5. Maintenance

Characteristics

- Accomplished change.
- Had some slips already – resist or loose ground.
- Feel improvements as a result of the change
- May develop lifestyle that precludes relapse.

Strategies:

- Show support and admiration, reinforcement.
- Ask about slips, wavering of commitment.
- Reflect long-term benefits of the new behavior.
- Help to correct eventual mistakes.

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6. Relapse

Characteristics

- Consistent return of the problem behavior.
- Begins as slips, not consistently resisted.
- May cycle back to precontemplation, contemplation

Strategies:

- Frame relapse as normal – opportunity to learn.
- This is an experience that contribute to definitive change („when” next change attempt instead of - „if”).
- Remind the reasons for changing.
- What went well (resources), what triggered the relapse
- Important to lessen time spent in this stage.

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How to deal with emerging problems?

- Expected consequences?
(physical, mental, social)

- Withdrawal symptoms?

- Resist temptations?

- How to replace smoking?
Other activities, social support, stress management

The patient's perspectives

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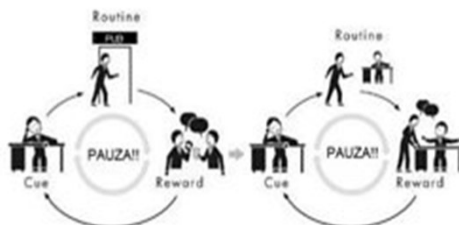
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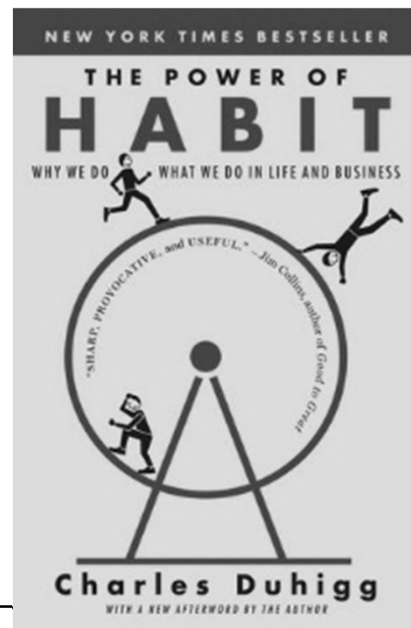
Attitude \Rightarrow behavior

Habit loop: Changing habits

Golden rule of habit change:
Keep the Cue and Reward, replace the Routine



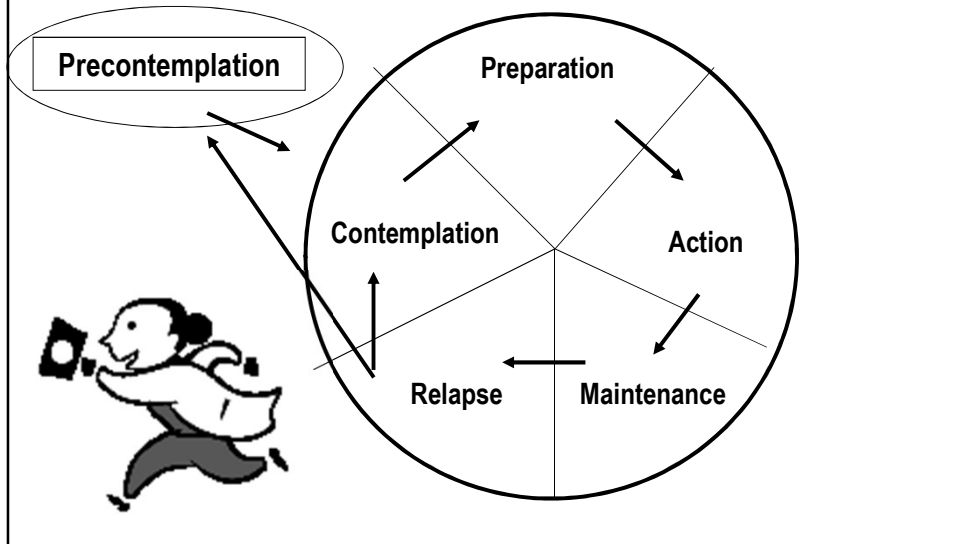
Behavior \Rightarrow attitude



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The transtheoretical model (TTM) in practice



Prochaska JD, DiClemente CC, Norcross JC: In search of how people change. Applications to addictive behaviours. Am Psychologist 1992;47:1102-1114

First step:
Identify in which stage of the
change your patient is?



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Ask open ended questions!

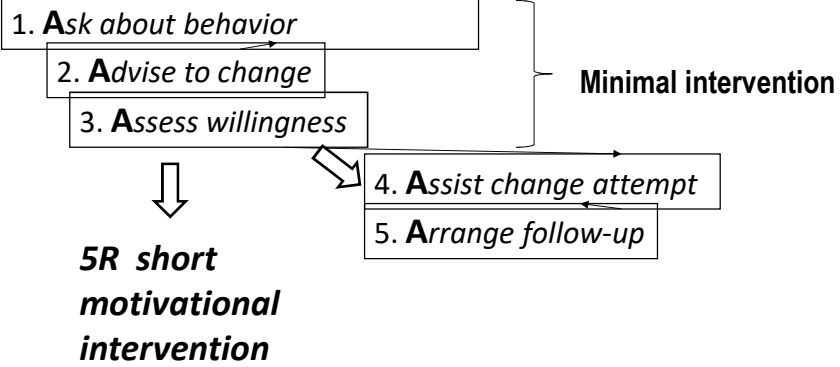


What do you think about your (problem behavior)?
Have you ever think to change?
Have you ever tried to change?
If yes, what have you tried until now?

Diagnosis from one sentence

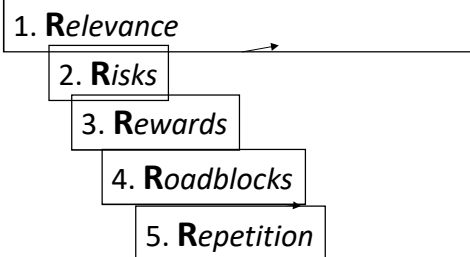
- When I have some time, I go for a walk or jogging
- "Unfortunately, lately I don't have time to go to the gym, and I can't even worry about when I'm eating."
- "Isn't there a pill that helps me to stop craving for cigarette?"
- "If for some reason I can't floss my teeth, I'm missing it."
- "What my organism wants can't hurt."
- "I want to lose weight, but I don't have time to deal with it."

5A short intervention



By the United States Public Health Service (USPHS) and the WHO.

Short motivational intervention: 5R



By the United States Public Health Service (USPHS) and the WHO.

Encourage behavior change in addictions: FRAMES

- Feedback
- Responsibility
- Advice
- Menu
- Empathy
- Self-efficacy

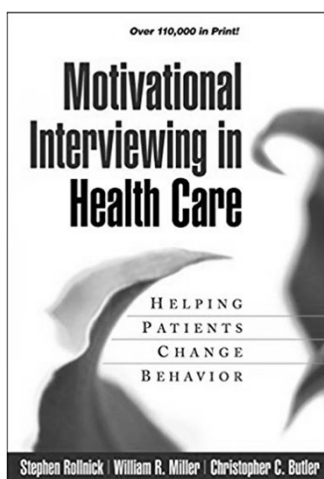


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Motivational interviewing (Miller and Rollnick 1991, 2013)



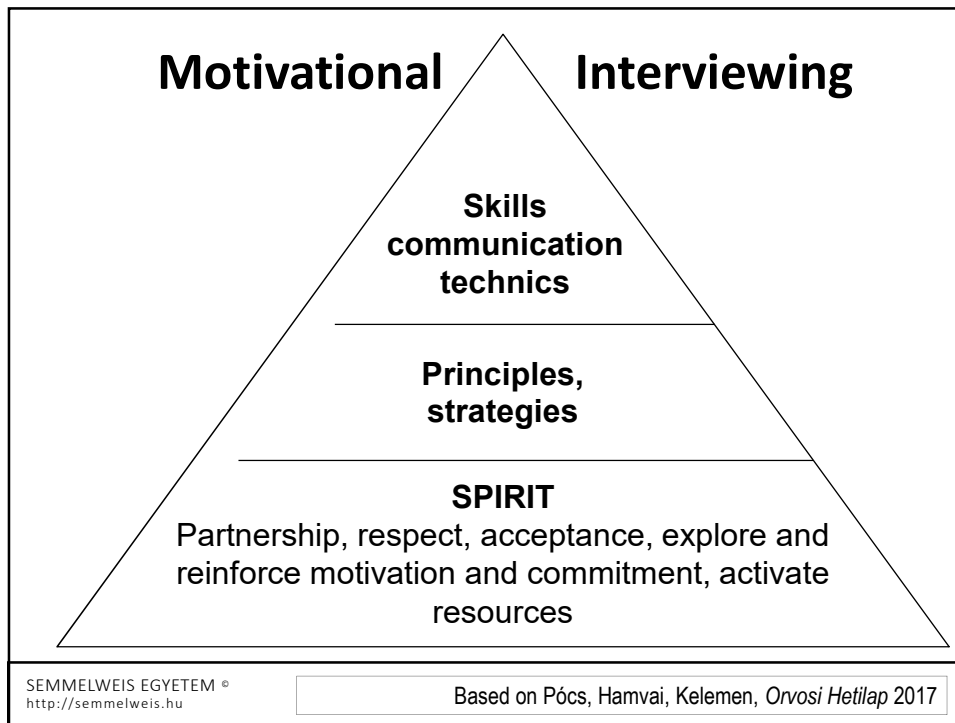
- **R**esist the righting reflex!
- **U**nderstand your client's motivation!
- **L**isten to your client!
- **E**mpower your client!

> 10 000 scientific papers

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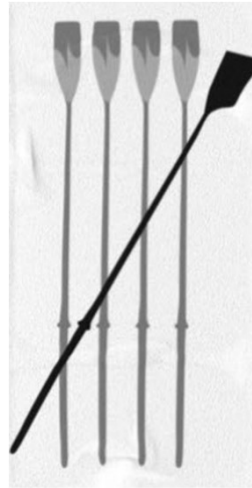
Principles of motivational interviewing

Goals: help to resolve ambivalence, to elicit the client's own motivation, own arguments to change

- **R**oll with resistance – explore the ambivalence
- **E**xpress empathy – understand the patient
- **A**void confrontation – listen to the patient
- **D**evelop discrepancy – elicit change talk
- **S**upport self-efficacy – empower the patient

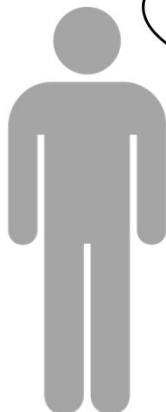
4 core communication skills basic for counseling

- **O**pen ended questions
- **A**ffirmations
- **R**eflections
- **S**ummary



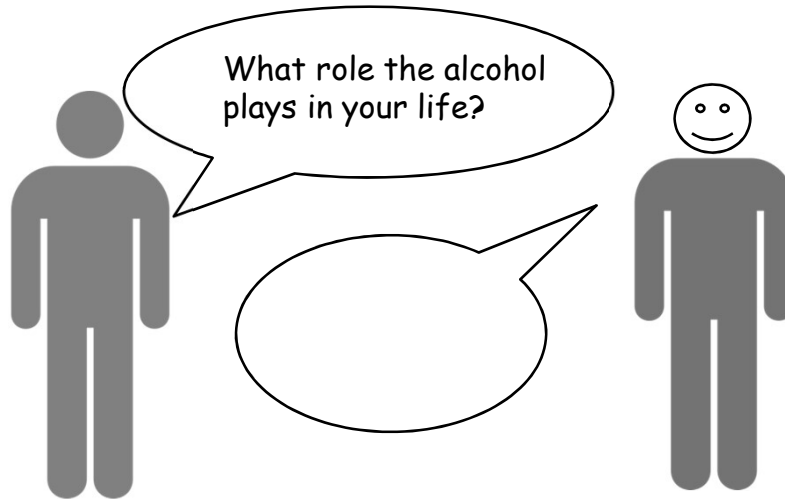
OPEN ENDED QUESTIONS

How much do you drink?



Encourage the patient to talk about what's on HIS mind - rather than what is on the counselor's mind.

OPEN ENDED QUESTIONS



Affirmations

- Simple statements about anything positive that physician notices about the client :
attempts, achievements, accomplishments

„You really care a lot about your family”

„This is hard work that you are doing”

„It took a lot of courage coming in today knowing that.... ”

Reflective listening

Listen to your client to **understand** what the client is thinking and feeling and **say it back** to the client to express your **empathy**.

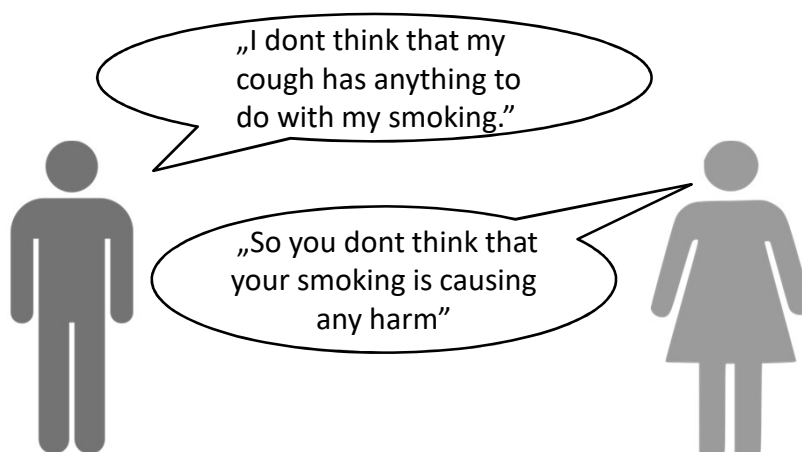
Simple reflection: repeat (paraphrase)

Complex reflection: meaning / feeling

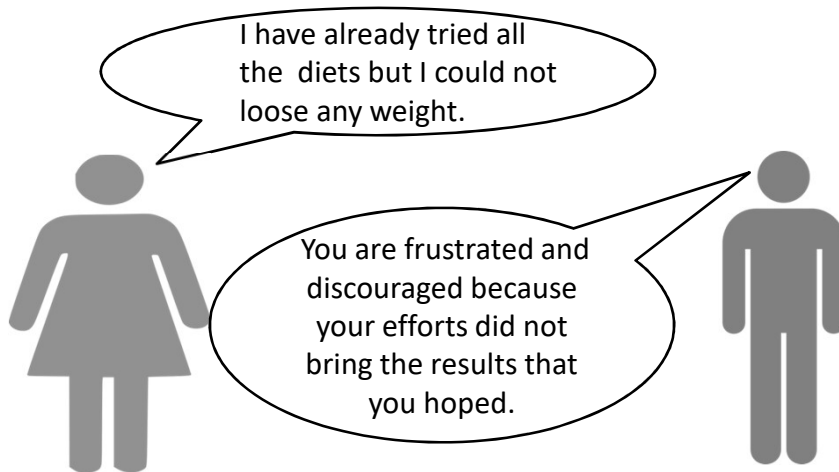
Normalization

Reframing

Reflective listening examples



Reflective listening examples

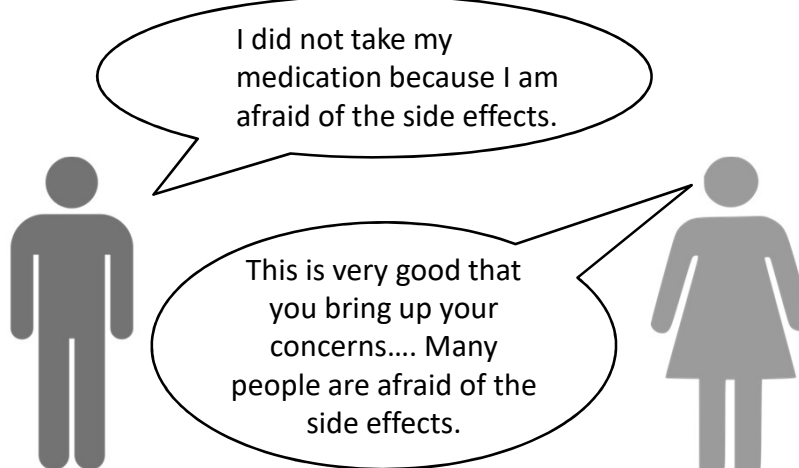


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Reflective listening examples



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Summary

Summarizing is reflection to several statements.

Can be strategic – selectively summarizing.

- *„If I understand you correctly, you have been thinking about going to sleep earlier. This would have the downside that you can not chat and play videogames with your friends late in the night. However you think this would help you to be less tired during the day and perform better at school.“*

FOUR PROCESSES

Engaging →

Focusing →

Evoking →

Planning →

Engaging

Establish a trustful and respectful therapeutic relationship

NOT TO DO (dis-engaging)

Assessing (???)

Telling (!!!)

Power, authority (>>>)

Labelling (□□□)

TO DO: make feel

comfortable,

accepted,

understood,

having mutual goals

Use the OARS skills! Can you remember?

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You should keep your diet
and do physical exercise
30 minutes every day!



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Do you mind if we speak about your diet and physical exercise?

Asking permission

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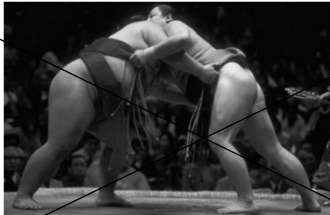

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Engaging

Avoid confrontation

Express empathy

Reactance theory:
 „Forcing”
 ↓
 Resistance
 can block change

Goal: „leading” the patient to argue for the change

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Focusing



Seeking and maintaining direction

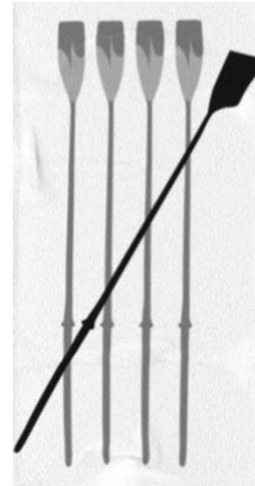
- Agenda
- Goals and priorities of the client

Roll with resistance

Understand ambivalence

Express empathy

Use OARS



Roll with resistance, express empathy

Understand ambivalence

„What do you think about your child’s dental cavities?”

„You have tried it and you failed. I understand that you don’t really trust that this time you could succeed.”

Avoid confrontation

So you don’t think that smoking is a problem for you.

This is your responsibility, your decision. I am here to help you.

Blaming, moralizing, advising, direct questioning, humor are not empathy!

DEVELOP DISCREPANCY

Goals and priorities versus current behavior

“So it sounds like you want to see your daughter growing healthy and pretty, on the other hand you can not stop yourself buying and keeping soft drinks all around in your household.”

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Mapping personal attitudes towards smoking

Why do I like in smoking ?

.....

What I don't like in smoking?

.....

The patient
 „works”!

Reasons for quitting:

Reasons against quitting:

early death, severe diseases, weight gain, less socializing...
 etc:



Estimate motivation

• *How important it is for you to change?”*

1: *not at all important*

10: *very important*

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

• *Why have you scored 7, and not, let's say, 4?*

Helps to clarify the patients pros and cons, and estimate commitment.

Evoking

ELICITING/EVOKING client's motivation

CHANGE TALK: favours change, the client is telling
„I would like to...” „I wish....” „I plan...” „I could try....”

Open ended questions: why? what are the reasons? benefits? how? first step?

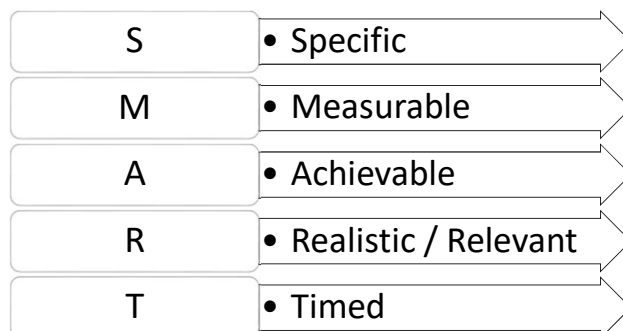
“What would you like to see different about your current situation?”

“What makes you think you need to change?”

“What will happen if you change?”

Planning

Discuss a specific change plan



OARS in the planning phase

- What do you plan to do?
- What have you already tried/ was helpful in the past? ?
- What would you need to succeed?
- Who can help / support you?
- How will you proceed?
- When could you start / do this?

- Ask open ended questions.
- Summarize what you hear.
- Use empathetic reflections.
- Use affirmations emphasizing the strength and resources.

SUPPORT SELF-EFFICACY (Affirmations)

- *„It is hard to admit that bulimia is a problem for you. But you did it, and it is a very important step. „*
- *„That is a good suggestion / excellent plan.“*
- *“You’ve already quit smoking for a few months. How have you been able to do that at that time?”*
- *“So even though you have not been abstinent every day this past week, you have managed to cut your drinking down significantly. How were you able to do that?”*

Assess self-efficacy

Where would you position yourself?

•1: *I am not able to do it (quit smoking, lose weight.....)* 10: *I am certainly able to do it*

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„What would help you to move from 5 to 8? ”

Motivational Interviewing

Engaging →

Focusing →

Evoking →

Planning →

OARS

Video demonstration

- Watch the videos and observe:
 - what goes wrong?
 - what goes well?
- A) The Ineffective Dentist: Non-Motivational Approach
<https://www.youtube.com/watch?v=3xrEaFPbYC8>
- B) The Effective Dentist Motivational Interviewing Demonstration
https://www.youtube.com/watch?v=f8QSA_5PEFM
- **Produced by University of Florida Department of Psychiatry.**
- Funded by Flight Attendant Medical Research Institute Grant #63504 (Co-PIs: Gold & Merlo).
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Trying it out

- Form pairs with somebody sitting next to you
- Think of something that you want to do in the future (eg. exercise more, go to sleep earlier, call your family more often, travel somewhere...)
- One of you take the „helper” role
- Ask your „client” what they want to do or change
- Listen actively, use OARS to **understand and to express your empathy**

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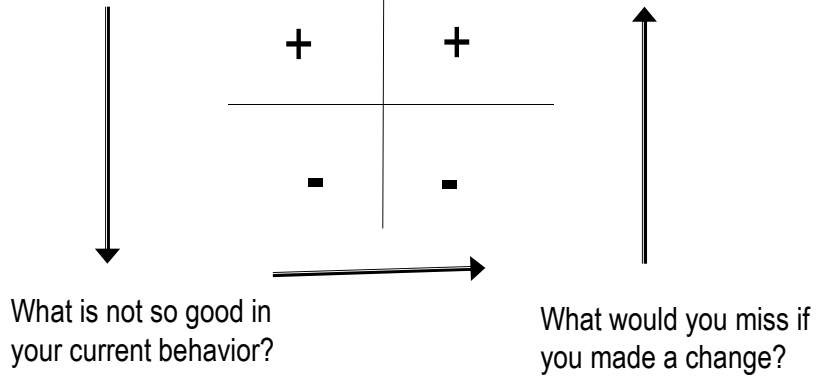
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Exploring sustain and change talk

What is positive with your current behavior?

What would be positive with a change?



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Estimate motivation

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• *Why have you scored ..., and not, let's say,?*

Helps to clarify the patients pros and cons, and estimate commitment.

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Help planning action

- What do you plan to do?
- What have you already tried/ was helpful in the past? ?
- What would you need to succeed?
- Who can help / support you?
- How could you / will you proceed?
- When could you start / do this?

Assess self-efficacy

Where would you position yourself?

- 1: *I am not able to do it (quit smoking, lose weight.....)* 10: *I am certainly able to do it*

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

•„What would you need to succeed / to move from ... to ...? What can I help?“

Key messages

- Change is a process in a biopsychosocial context
- The Transtheoretical Model (TTM) helps the clinician to use effective communication strategies depending on the stage of the behavior change
- Ask open questions to identify in which of the 6 stages of change your client is
- Motivational interviewing is an effective way to talk about change
- Motivational interviewing can help resolve ambivalence and procrastination

