

# Motivational Interviewing: Patient-Centered Behavior Change

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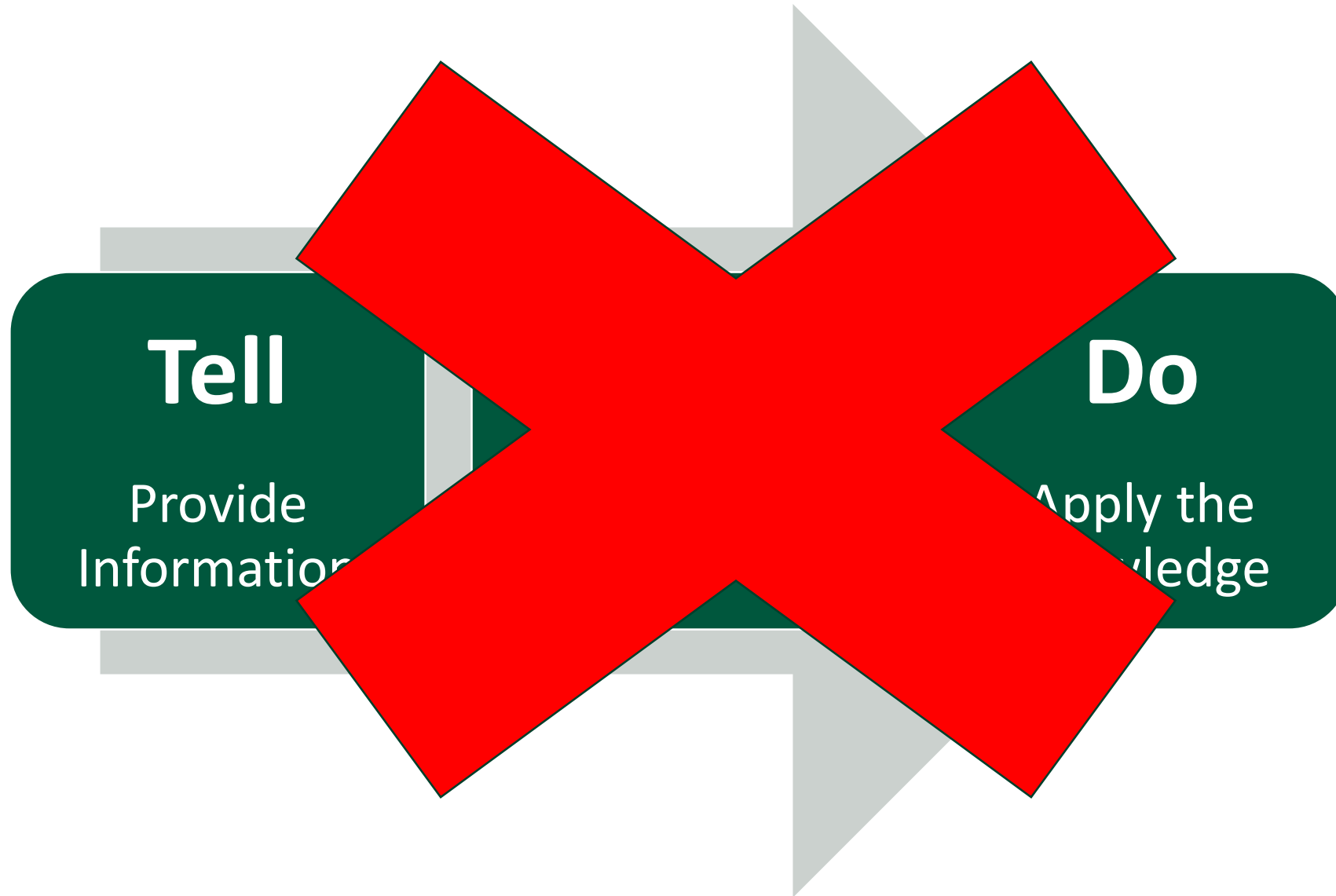
**CRIHB**

The California Rural Indian Health Board, Inc.

# Learning Objectives

- At the end of this presentation, participants will be able to:
  1. Discuss the advantages and clinical uses for motivational interviewing (MI) in oral health care.
  2. Identify MI strategies that can be used effectively in clinical practice.
  3. Demonstrate the use of MI with a mock patient to build intrinsic motivation for change.

# The Tell-Show-Do Approach




# Facts about Behavior Change

- 30-60% of information given by you to the patient is forgotten within an hour.
- 50% of health recommendations are not followed by patients.
- When a patient is not ready for behavior change, then nothing we say or do will change that.
- Giving advice or trying to persuade them not only will fail to motivate them, but may actually create defensiveness.

# Classic Approaches to Oral Health Education and Behavior Change

Knowledge	If I tell them that their oral condition might affect their heart health, they will change.
Insight	If I show them that they have gingival inflammation, they will change.
Skill	If I teach them how, they will change.
Threats	If I make them feel bad or afraid, they will change.



# So How Should You Approach Patient Interactions?

# A New Approach

- ▶ People have the need to feel
  - Competent and self-efficacious.
  - Self-regulated rather than controlled.
- ▶ The degree to which these needs are met increases or decreases the likelihood for sustained behavior change.
- ▶ Put the patient in the driver's seat, while we serve as a guide and a resource.



# The Patient-Centered Approach

- You operate as a facilitator who supports patients to make changes that promote their health.
- In order for changes to be most valuable, effective, and long-lasting, they must come from within, not from an “outsider.” It is your role to guide them:
  - In analyzing the factors that both harm and promote their health.
  - In identifying possible choices and courses of action and their consequences.
  - In developing and implementing a plan for change.



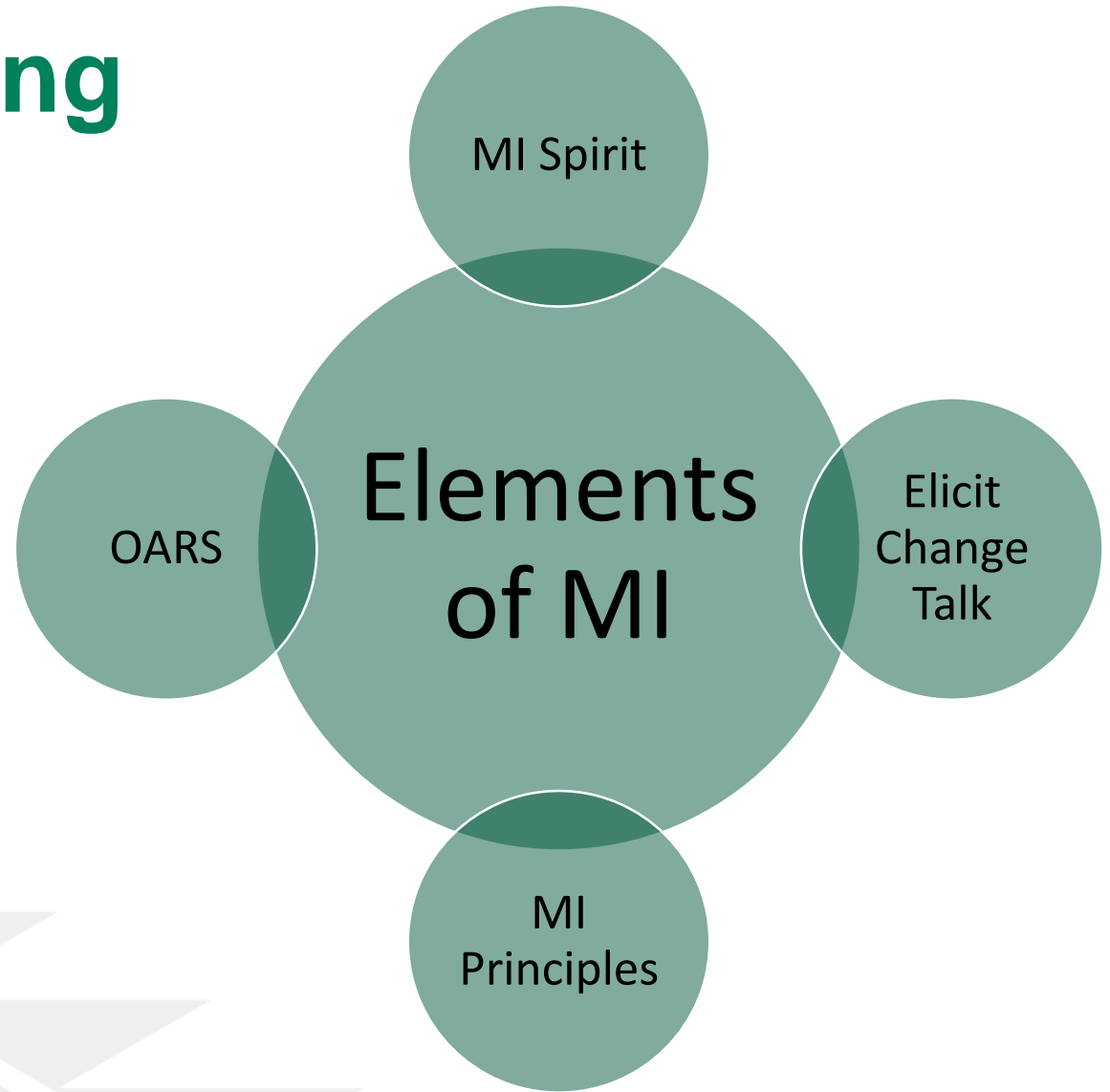
# Big Eyes, Big Ears, Small Mouth

- **Big eyes:** carefully observe the patient and their surrounding context
- **Big ears:** listen carefully
- **Small mouth:** don't talk too much



**Big Ears to listen, Big  
Eyes to See and a  
Small Mouth to Speak**

# Motivational Interviewing



# Origins of Motivational Interviewing

- ▶ An evidence-based, patient-centered, collaborative counseling approach that focuses on strengthening a patient's motivation for a positive change in behavior
- ▶ Originally developed in 1983 as a counseling approach for people with substance abuse problems
- ▶ Addresses the ambivalence and discrepancies between a person's current values and behaviors and his future goals
- ▶ Appears to be most effective for patients with low motivation to change behaviors

# Overview of Motivational Interviewing

- The basic idea is that patients who allow themselves to discuss their current habits and then determine the need for changes in their behavior become more motivated to actually make those changes.
- Changes are influenced by an individual's confidence in his or her ability to change specific behaviors.
- Brief counseling sessions are intended to hasten the natural process for change.

# James Video Part 1

Video from Crest Oral  
B dentalcare.com

<https://www.dentalcare.com/en-us/professional-education/ce-courses/ce381/clinical-case-1-james>

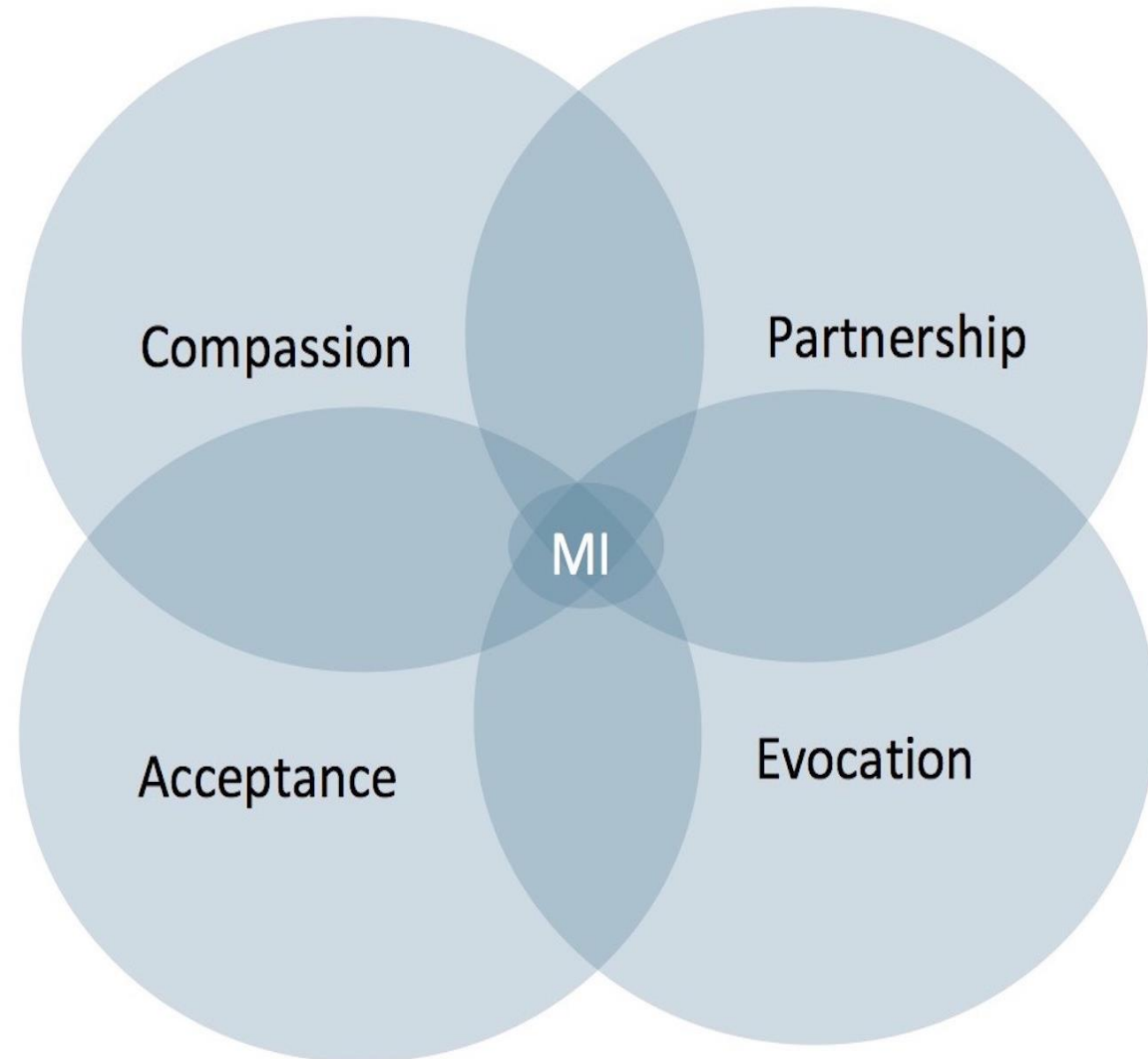
# Why Wasn't the Clinician Successful?

- What made this interaction less successful than it could have been?
- What mistakes did the clinician make?

# Spirit of Motivational Interviewing

▸ Four integrated components—“**the Spirit of MI**”

- **Partnership:** communication for collaboration
- **Acceptance** of the patient's autonomy
- **Compassion**
- **Evocation:** The patient identifies his own existing reasons, needs, desires, and motivations for change.



# Spirit of Motivational Interviewing

- |                 |     |               |
|-----------------|-----|---------------|
| ‣ Autonomy      | vs. | Authority     |
| ‣ Collaboration | vs. | Confrontation |
| ‣ Evocation     | vs. | Education     |



# Guiding Principles of Motivational Interviewing

## ‣ Express **empathy**

- Show an active interest in the patient's perception of his challenges so that you can understand his motivation.

## ‣ Develop **discrepancy**

- Inconsistencies between values and behaviors
- Evoke his reasons for or against change.
- Change is motivated by a perceived discrepancy between present behavior and important goals or values.

# Guiding Principles of Motivational Interviewing

## ‣ Roll with resistance.

- Listen to his ambivalence without pushing him to discuss behavior change.
- Avoid conflict or arguing for change.
- Do not oppose resistance.
- Resistance is a signal to respond differently.

## ‣ Support **self-efficacy**

- Build his confidence that he is capable of changing.

# OARS

- ▶ The skill set that puts the Spirit of MI into action.
- ▶ These tools shift the conversation so that the patient is doing more of the talking.
  - **O**pen-ended questions
  - **A**ffirmations
  - **R**eflective listening
  - **S**ummary



# Open vs. Closed-Ended Questions

## OPEN

- ▶ Encourages elaboration and discussion
- ▶ Leaves it up to the patient how to respond; not “boxed in”
- ▶ Increases authenticity of response

## CLOSED

- ▶ Invites short (yes/no) answers
- ▶ Asks for specifics
- ▶ Multiple choice
- ▶ Limits the patient’s answer options

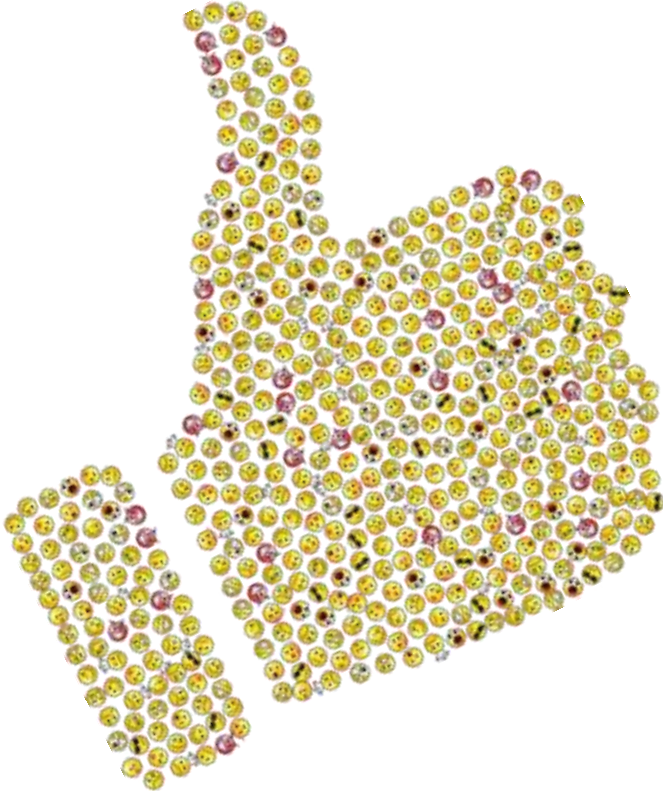
# Open vs. Closed-Ended Questions

- **Closed-ended:** Are you flossing?
- **Open-ended:** What are you doing to keep your gums and teeth healthy?
  - Will give you much more information, such as specific home care tools and practices, time of day it occurs, what they think they “should” be doing but aren’t, their beliefs, values, and desires about oral health
  - Makes the patient an active participant in the conversation, as opposed to being interrogated by questions
  - Good open-ended question words: what, tell me, describe

# Affirmations

- Utterance that accentuates something positive about the patient
  - Strength
  - Efforts
  - Intentions
  - Worth
- “You are working hard at taking time to floss every day.”
- “It is obvious you’ve invested a lot to make these changes.”

# Affirmations



- ▶ Not the same as “cheerleading” or “praise”
  - ▶ “Good for you!”
  - ▶ “Great job!”
  - ▶ “Yessss!”
- ▶ Praise is focused on you: “/ think you are doing such a good job!”
- ▶ Affirmations are focused on the patient.

# A Warning on Affirmations



- Avoid the overuse of simple affirmations by repeating them many times during the conversation.



# Reflective Listening

- ▶ The clinician **interprets** what the patient says and **reflects back** to him in the form of a statement.
- ▶ “The interpreted echo”



# Reflective Listening

- ▶ Patient: “I tried to floss more as you suggested last visit, but my gums started bleeding. I stopped, thinking I was flossing wrong and hurting my gums.”
- ▶ Clinician: “You started flossing more, but your gums bled, so you want to make sure you are doing it correctly.”



# Summary

- Used to close the MI session
- Ensures that you understand the patient's perspective
- Assures the patient that you understand them
- Transition between talking about an issue and eliciting change talk



# PRACTICE!

- ▶ Who wants to participate in a role play?
- ▶ Role-play that your 3-year-old patient has Early Childhood Caries. This is partly because she is allowed to drink Kool-aid at will from a sippy cup during the day, as well as taking it to bed.
- ▶ Utilize OARS to have a conversation with her mother about this situation.



# Four Processes of Motivational Interviewing

## Engage

- Establish a working relationship.

## Focus

- Clarify the patient's agenda.

## Evoke

- Elicit the patient's reasons for change.

## Plan

- Develop and commit to a plan of action.



# Engagement

- The process of building rapport with the patient so that he is comfortable disclosing personal issues
- It offers understanding and acceptance.
- The other processes build upon this as its foundation.



# Focus

- “What is the most important thing that we make sure we address today?”
- If there are several possible options, provide a **menu** for the patient to identify priorities.
  - *“There are several directions we could go today—cleaning between your teeth, types of toothbrushes, quitting smoking, adding a rinse. Which one is the most important to you, or should we discuss something else?”*

# Evocation (Elicitation)

- ▶ The process of drawing out the patient's internal motivation for change
  - ▶ His ideas, thoughts, and feelings about why or why not they should change
  - ▶ This shines a light on **discrepancy**.
- ▶ *“Why would you want to make this change?”*
- ▶ *“If you did decide to make this change, how might you go about it to succeed?”*
- ▶ *“What are the three best reasons for you to do it?”*



# Evocation: The Importance Ruler

- ▶ *“On a scale from 0-10, how ready are you to add cleaning in between your teeth daily? 0 meaning it is not going to happen, and 10 meaning you will begin today. Where are you?”*
- ▶ Then ask sliding questions: *“You said you were at a 7. Why are you at a 7 and not a lower number like 2?”*
- ▶ This will cause the patient to describe all the benefits of making a change.
  - ▶ *“You are at 7. What needs to happen to be at a higher number like a 10?”* This will cause the patient to identify the change-inhibiting factors.

0 Not at all	1	2	3	4	5	6	7	8	9	10 Extremely
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# Ambivalence

- ▶ People can be stuck in indecisiveness for long periods of time about certain behaviors. They have reasons to change and reasons not to change, all at the same time.
  - **Change talk**—the patient's own arguments for change
  - **Sustain talk**—the patient's own arguments for staying the same
- ▶ *“I know I should floss more, but I’m so busy and I forget.”*



# Planning

- A collaborative process where the patient takes the lead and the clinician serves as facilitator
- We help the patient develop a SMART goal (specific, measurable, attainable, realistic, timetable).
- Having the patient state out loud what they are ready to change is key.
  - *“What is your next step when you leave here today?”*

# Warning! Warning!

- The challenge is that we want to fix it, give advice, or try to persuade the person that it is not time-consuming to floss. In other words, that he is wrong.
- What happens when we take up the “good” side of the argument? The patient will often take up the other side and defend the opposite.
- We want the patient to strengthen his own motivation and change commitment by speaking to the benefits of changing and how he might go about it.

# Listen for Change Talk

- ▶ **Change talk** occurs when the individual's statements identify what behavior needs to change.
- ▶ Don't miss when this transition takes place!
- ▶ Rather than being swayed by your instructions, patients are more likely to be persuaded by their own thoughts and words.
- ▶ Change talk helps patients evoke their own plans to change.



# DARN CAT

- Preparatory change talk
  - **D**esire to change
  - **A**bility to change
  - **R**easons to change
  - **N**eeding to change
- Mobilizing change talk
  - **C**ommitment to change
  - **A**ction towards change
  - **T**aking steps towards change

# “Change Talk” vs. “Sustain Talk”

## CHANGE

- “I feel terrible about how smoking has affected my relationship with my husband.”
- “I could probably clean between my teeth if I tried.”
- “Maybe quitting wouldn’t be so bad.”

## SUSTAIN

- “It’s just easier for me to smoke.”
- “I don’t have time to floss every night.”
- “But I just enjoy it too much to quit.”

# How Do We Elicit Change Talk?

- Acknowledge the patient's reasons for change.
- Respond to “nuggets” of change talk with MI strategies.
- Express curiosity when you hear change talk.
- Explore the patient's values, strengths, hopes, and past successes.
- Reinforce change talk when it comes up.



# Eliciting Change Talk

- *“Why would you want to make this change?”* (Desire)
- *“How might you go about it in order to succeed?”* (Ability)
- *“What are the three best reasons for you to do it?”* (Reasons)
- *“How important is it for you to make this change?”* (Need)
- *“So what do you think you will do?”* (Commitment)

# Markers of Resistance to Change

- Sidetracking
  - Changing the subject, not responding, not paying attention, withdrawing, put-downs
- Arguing
  - Challenging you or your views, disagreeing, hostility
- Interrupting
  - Cutting off, talking over
- Defensiveness
  - Minimizing or denying the problems, excusing behaviors, blaming others, rejecting your opinion, pessimism, sarcasm

# “Roll with Resistance”

- Do not fight; roll with it.
- Use the patient’s momentum to further explore his views.
- Encourage him to develop his own solutions to the problems he has identified.
- Remember that the PATIENT is the expert in his condition, and in its solution.



# What to Avoid

- Arguing for him to make the change YOU want him to make
- Pushing back
  - Meeting resistance with resistance
- Allowing continued sustain talk
  - Shift the direction of the momentum. Don't let it run down a negative course.

# James Video Part 2

Video from Crest Oral  
B dentalcare.com

<https://www.dentalcare.com/en-us/professional-education/ce-courses/ce381/clinical-case-1-james>

# Why Was the Clinician More Successful?

- Open-ended questions
- Reflecting
- Active listening
- Emphasizing patient choices
- Empathizing
- Affirming
- Collaborated with the patient when giving information

# Brief MI

- Ideal for health care providers who have limited time (5 to 10 minutes)
- Can be used to improve compliance with preventive regimens, or to reduce or eliminate negative behaviors, such as tobacco use
- Focuses on the collaborative spirit of MI
- Key elements:
  - Assessing motives
  - Enhancing awareness
  - Supporting change
- Goal: reduce the patient's resistance to change while building rapport and supporting his goals

# Brief MI

- Step 1: Ask permission to share information.
  - *“May I ask you a few questions about your current oral health habits so I can understand your situation better?”*
- Step 2: Ask open-ended questions to find out
  - What is important to the patient.
  - What he is ready to do.
  - What support he needs to be successful.



# Brief MI

- Step 2 is known as **Elicit-Ask-Elicit (Ask, Listen, Inform)**
  - Begin by asking the patient what he already knows or is interested in learning.
    - *“What do you know about the risks associated with diabetes and gum disease?”*
  - Avoid re-telling him something he already knows.
  - Then you provide **only** the information the patient wants, after the patient chooses from a list of options you provide.
    - *“We can talk about quitting smoking, how to better clean between your teeth, or using this prescription toothpaste. Which one sounds more interesting to you?”*

# Brief MI Example

- ▶ Home care product use
- ▶ If they choose it, they will use it.



# PRACTICE!

- Role-play that the patient doesn't like using floss  
“because my fingers are too fat to get into those little crevices.”
- Utilize DARN CAT to help the patient's motivation to use an alternative home care product.

# MI Dos

- ▶ **Do:** Support and reflect the patient's change talk. This will cause the patient to feel engaged, empowered, open, and understood.
- ▶ **Do:** Ask for permission before giving information. Ask-tell-ask
  - ▶ *"I have some options that might work for you. Would you like me to share them with you?"* (Ask for permission) *"Some people find it difficult to get their fingers in their mouth to floss, so they use these soft picks instead."* (Tell information) *"How do think that might work for you?"*(Ask)
- ▶ **Do:** Sit the patient up before having a MI conversation.

# MI Don'ts

- **Don't:** Actively direct or persuade the patient to change. This can cause him to take up the opposite side—anger, defensiveness, powerlessness, discomfort.
- **Don't:** Tell people what to do. They hate that!
- **Don't:** Give advice to solve the patient's problem for him. Unsolicited advice and information are often met with resistance.
- **Don't:** Use Tell-Show-Do.
  - May actually raise resistance to change
- **Don't:** Use fear tactics or dire warnings of severe consequences if the patient doesn't follow your recommendations.
- **Don't:** Have an MI conversation while the patient is lying back!

# Citations

- Arnett, M.A. and Gwozdek, A. (2017) Motivational interviewing for dental hygienists. *Dimensions of Dental Hygiene*. May 2017;15(5):54-57. Retrieved from [http://www.dimensionsofdentalhygiene.com/2017/05\\_May/Features/Motivational\\_Interviewing\\_for\\_Dental\\_Hygienists.aspx](http://www.dimensionsofdentalhygiene.com/2017/05_May/Features/Motivational_Interviewing_for_Dental_Hygienists.aspx)
- Erickson, S.J., Gerstle, M., and Feldstein, S.W. (2005) Brief interventions and motivational interviewing with children, adolescents, and their parents in pediatric health care settings. *Arch Pediatr Adolesc Med*. 2005;159(12):1173-1180. doi:10.1001/archpedi.159.12.1173. retrieved from <https://jamanetwork.com/journals/jamapediatrics/fullarticle/486200>
- Freudenthal, J.J. (2013). Motivational interviewing. *Dimensions of Dental Hygiene*. March 2013; 11(3): 19–22. Retrieved from [http://www.dimensionsofdentalhygiene.com/2013/03\\_March/Features/Sunstar\\_Spotlight\\_Motivational\\_Interviewing.aspx](http://www.dimensionsofdentalhygiene.com/2013/03_March/Features/Sunstar_Spotlight_Motivational_Interviewing.aspx)



# Citations

- Lang, R. (2016) Motivational interviewing: Patient engagement and activation. *Colgate Oral Health Network for Professional Education and Development*. Dec 22, 2016. Retrieved from <https://www.colgateoralhealthnetwork.com/article/motivational-interviewing/>
- Macri, D., and Parness, J. (2015) Strategies for improving patient compliance. *Dimensions of Dental Hygiene*. Dec 2015; 13(12):27-29. Retrieved from [http://www.dimensionsofdentalhygiene.com/2015/12\\_December/Features/Strategies\\_for\\_Improving\\_Patient\\_Compliance.aspx](http://www.dimensionsofdentalhygiene.com/2015/12_December/Features/Strategies_for_Improving_Patient_Compliance.aspx).
- Nielsen Nathe, C. (2011). *Dental public health & research (3<sup>rd</sup> edition)*. Upper Saddle River, NJ. Pearson.
- Williams, B. and Bray, K. (2014) Motivational interviewing: A patient-centered approach to elicit positive behavior change. Crest Oral-B at dentalcare.com Continuing Education Course. Retrieved from <https://www.dentalcare.com/en-us/professional-education/ce-courses/ce381>

# Thank You!

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