Motivational Interviewing and Oral Health Communication: Case-based Studies

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Objectives

- Identify cueing events in clinical practice that could serve as the teachable moment for the use of motivational interviewing techniques
- Apply the core components of motivational interviewing (scaling, motivating, negotiating and advising) in role playing scenarios
Motivational interviewing

“a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”

- Collaboration (vs. Confrontation)
- Evocation (Drawing Out, Rather Than Imposing Ideas)
- Autonomy (vs. Authority)

Often called micro counseling skills, OARS is a brief way to remember the basic approach used in MI

- Open Ended Questions,
- Affirmations,
- Reflections, and
- Summaries
Motivational interviewing

- Does not assume that health will be the most important factor motivating the patient
- Acknowledges and incorporates other motivators that support the bad behaviors
  - Developmentally consistent with the needs of early adolescents
Steps in Motivational Interviewing

1. Establish rapport
2. Raise the subject
3. Explore the pros and cons
4. Explore discrepancies
5. Assess readiness to change
Step 1. Core Principles of Establishing Rapport

- Express empathy
  - Share your understanding of their perspective
  - Express curiosity; but low investment
  - Communicate support regardless of the decision patients make

- Roll with resistance
  - Confrontation and argumentation only increases resistance
  - Resistance increases when patients feel that they have not been heard
Step 1. Core Principles of Establishing Rapport

- See ambivalence to change as normal, not pathologic
  - Avoid persuasion
  - Harness patients own desire to change
  - Situate in the context of their desire to attain goals
- Use reflective listening
  - Decreases resistance
  - Restates what patient has said
- Create self-efficacy
  - Build confidence and set the stage for smaller successes to lead to larger success
Step 2. Raise the subject

- If you don’t ask about it
  - The patient will think it isn’t important
  - You’ll be operating off a set of assumptions that may be false
    - That the patient understands the behavior you desire
    - That the patient values the same behaviors that you do
    - That the patient has the time, skill, and motivation to perform the behaviors
Step 3. Explore the pros and cons

- Have the patients weigh the pros and cons
Example of pros and cons

Pros of smoking

- It relaxes me
- It helps me focus
- It’s something fun to do with my friends
- It keeps me from eating

Cons of smoking

- It costs a lot
- I know it is bad for me
- I get cigarette burns in my clothes from falling ashes
- People say I smell like smoke
Step 4. Explore discrepancies

- **Discrepancy**
  - Help patients appreciate the value of change by exploring the discrepancy between how they want their lives to be vs. how they currently are behaving.

- **Look forward**

- **Query extremes-best and worst that will happen?**
Example of how to explore discrepancies

- You know that smoking is bad for your health and would like to quit. But you really like how it relaxes you and keeps you focused.
Step 5. Assess readiness to change—Based on the Transtheoretical Model of Behavioral Change
Transtheoretical Model
Prochaska and DiClemente

Stage 1: No intention to change, often unaware of the problem

Stage 2: Contemplation: Aware the problem exists and serious evaluation of options but not committed to take action

Stage 3: Preparation: Intends to take action and makes small changes; needs to set goals and priorities

Stage 4: Action: Dedicates considerable time and energy; make overt and viable changes; develops strategies to deal with barriers

Stage 5: Adaptation/Maintenance: Works to adapt and adjust to facilitate maintenance of change

Stage 6: Evaluation: Assessment and feedback to continue dynamic change process
Figure 2: The Readiness Ruler Showing the Stages of Change in Targeted Behavior

- Denial
- Ambivalence
- Preparation
- Action
- Maintenance

<< Relapse
Step 5. Assess readiness to change

- Use change rulers (scaling)
  - On a scale of 1-10 what is the likelihood that you will make this change?
  - What would it take you to move from a ___ to a ___?

I don’t want to quit.
Tobacco is not a problem for me.
Trying to quit would be a waste of my time.

I am thinking about quitting.
I know that quitting would be good for my health.
I am interested in hearing about ways to quit.

I am ready to quit using tobacco.
I would like to get help to quit using tobacco.
Goal is to facilitate the patient’s tipping the balance in favor of the health behavior.
DARN-CAT: Listening for the cueing language of Motivational Interviewing

Preparatory Change Talk

Change talk

- **Desire**
  - (I want to change)
- **Ability**
  - (I can change)
- **Reason**
  - (It’s important to change)
- **Need**
  - (I should change)

And Most Predictive Of Positive outcome:

Implementing Change Talk

- **Commitment**
  - (I will make changes)
- **Activation**
  - (I am ready, prepared, willing to change)
- **Taking Steps**
  - (I am taking specific actions to change)
Teach back

- Ask the patient to repeat back, in their own words, what they need to do
  - It is not a test of the patient but of the effectiveness of your communication skills

- Begin with a permissive stem
  - “No one remembers everything their doctor tells them to do.”
  - “We’ve gone over a lot of information. No one is going to remember it all.”

- Second, take responsibility for any inability of the patient
  - “I want to be certain I did a good job explaining the plan for Baby T’s oral health because I know it can be confusing.”

- Last, ask for the “teach back”
  - “What will you tell your mother about the recommendations we made for Baby T?”
  - “What do you think were the most important points we talked about today?”
Evolve Case

- Ms. T is a 19 year old African American mother of a 9-month old male infant. She is a single mom who presents for a well-child visit to her PCP office because
  - “The insurance company called me and told me to bring Baby T in for his routine visit”
- Ms. T had no routine medical or dental care for herself or her son
- Ms. T lives in South Jersey, and has no family or friends in the area and relies on public transportation
- Ms. T has Medicaid managed care insurance
Case continues

- On exam, Baby T has one tooth that mom states erupted ~ 1 month ago.
  - On questioning, mom states that she is not performing any oral care on this tooth
- Baby T receives formula from a bottle, as well as full-strength juice.
- Mom states that she routinely gets Baby T to go to sleep by leaving him to “cry himself out” with a bottle left in his crib for naps and bedtime
Questions

- What are the deficits?
- What are the strengths?
- What oral health teaching and follow-up are indicated at this time?
- Fluoride in the infant formula?
- Fluoride in tap water to mix infant formula?
- Referral to dentist
  - Fluoride varnish?
- Nutritious foods
- Healthy bottle habits
Case continues

Ms. T misses several f/u appts and finally returns to clinic when Baby T is 18 months old

On questioning, Ms. T states that she has
  - not brought Baby T to the dentist yet
  - has been cleaning his (now 6 teeth) with a clean wet cloth weekly, rather than daily
  - Stopped giving him bottle in the crib
Oral care needs

- What are the deficits?
- What are the strengths?
- What oral health teaching and follow-up are indicated at this time?
- Referral to a dentist
  - Fluoride varnish
  - Small soft toothbrush
  - Check teeth and gums
- Healthy eating
Cueing events?

- A teachable moment characterized by a strong emotional response due to perceived risk or new role
  - Positive - pregnancy, birth
  - Negative - new diagnosis, an illness or clinical finding, incarceration
Motivational interviewing

◆ Establish rapport
  - Express empathy
    • I hear how hard it is for you to do it all when you have no family in the area
  - Roll with resistance
    • I can see that this might not be the most important thing that you have to do for Baby T
  - Build self-efficacy
    • I know that you can do this even when your life is so busy because I can see what a great mom you are
Motivational interviewing

◆ Establish rapport
  – Accept ambivalence
    • You have given me lots of good reasons that this isn’t a priority
  – Reflective listening
    • If I understand what you’re saying, you know it is important to get Baby T to the dentist but there are so many things competing for your attention everyday. Anyone in your position might feel overwhelmed.
Motivational interviewing

◆ Raise the subject
  
  - Starting the conversation with a permissive stem
    
    • I would like to talk to you about Baby T’s oral health. A lot of my patients aren’t sure how to take care of a baby’s teeth or find the time to do it. Can we spend a few minutes talking about this?
Raising the subject

◆ Be ready for a ‘no’ and prepared to deliver a succinct health message
  
  “Finding time for oral health is difficult for everyone. As your (nurse/doctor) I have an obligation to tell you that oral health is an important part of your overall health. I can tell you about the benefits and can help you whenever you’re ready to learn about oral health.”
Explore the pros and cons

Pros?
◆ It is the right thing to do for Baby T
◆ If she can get him to sleep now without using a bottle she will be promoting better sleep hygiene and healthier teeth later
◆ It doesn’t cost anything

Cons?
◆ It takes time
◆ She has few people to help
◆ She is afraid she won’t be able to get a good night’s sleep if she can’t get Baby T to sleep
Create discrepancy

- You say that you want to do the best for Baby T but you haven’t followed up on our last recommendations.
Scaling

- On a scale of 1-10 what is the likelihood that you will make this change?
- What would it take you to move from a ___ to a ___?
Teach back

- “What will you tell your mother about the recommendations we made for Baby T?”
- “What do you think were the most important points we talked about today?”
Case continues

- Ms. T returns 6 months later having followed through on all recommendations
- What oral health care is indicated now through 5 years of age?
◆ Routine dental visits
  - Twice-daily brushing with small soft toothbrush
    • Supervised vs. independent?
  - Fluoride varnish
    • Until what age?
  - Fluoride toothpaste
    • Yes or no?
  - Fluoride supplements
    • Yes or no?
  - Fluoride mouth wash
    • Yes or no?
Case continues

- Now that you have Baby Ts oral care and medical care UTD, you turn your attention to Ms. Ts oral care
- Ms. T complains of painful chewing for the last 6 months
- On exam there are several observable dental caries and her gums appear to be red and swollen. You note halitosis.
- Her last dental appt was in high school (sophomore year)
- She states that she brushes her teeth (not her gums) once per day (AM), uses toothpaste she gets at the dollar store and does not floss
Case continues

- She eats a diet high in processed foods (refined sugars) and drinks large quantitates of sugary sports drinks “because they are healthier than soda”
  - She shares her drinks with Baby T
- She states that the bristles of her toothbrush are getting worn down
  - she last replaced her toothbrush one year ago
- Baby Ts dentist only sees children; Ms. T has no dental home
What are the deficits?
What are the strengths?
What oral health teaching and follow-up are indicated at this time?
- Referral to dentist
- Twice daily oral care with fluoridated toothpaste
- Daily flossing
- Balanced diet – avoid sugars and starches
- Replace toothbrush
- Avoid tobacco
- Limit alcohol
Motivational interviewing

- **Establish rapport**
  - Express empathy
    - I know how hard it is for you to care for yourself when you are so busy with Baby T
  - Roll with resistance
    - I can see that this might not be the most important thing that you have to do. That’s OK
  - Create self-efficacy
    - I know you can do this for yourself because I saw you do it for Baby T
Motivational interviewing

◆ Establish rapport
  – Accept ambivalence
    • You have given me lots of good reasons that this isn’t a priority
  – Reflective listening
    • If I understand what you’re saying, you know it is important to get Baby T to the dentist but there are so many things competing for your attention everyday, it’s easy to put your own health on the back-burner.
Motivational interviewing

◆ Raise the subject
  - Starting the conversation with a permissive stem
    • I would like to talk to you about your oral health. A lot of my patients can’t find time to take care of their own teeth. Can we spend a few minutes talking about this?
Raising the subject

◆ Be ready for a ‘no’ and prepared to deliver a succinct health message
  - “Finding time for oral health is difficult for everyone. As your (nurse/doctor) I have an obligation to tell you that oral health is an important part of your overall health and is directly related to things like diabetes. I can tell you about the benefits and can help you whenever you’re ready to learn about oral health.”
Explore the pros and cons

**Pros?**

- It is the right thing to do for Baby T too
- She will be promoting better health for herself
- It doesn’t cost much
- Cosmetic benefits

**Cons?**

- It takes time
- It costs some money (toothpaste)
Create discrepancy

- You say that you want to be the best role model for Baby T but you haven’t taken care of your own teeth
Scaling

- On a scale of 1-10 what is the likelihood that you will make this change?
- What would it take you to move from a ___ to a ___?
Case concludes

- Ms. T has been to the dentist and has begun treatment for her dental caries.
- She reports brushing her teeth twice daily with fluoridated toothpaste.
- She has no pain with chewing, no swollen gums and no halitosis.
- She admits that she flosses only after she eats foods “where the stuff gets in my teeth”.
- She has replaced her sugary snacks and sports drinks with water, sugar-free gum, fruits.