

Motivational Interviewing with Families in Dental Practice

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[Disclosures]

- Dr. Merlo has no conflicts of interest to disclose.

[Objectives]

Following the workshop, learners will be able to:

1. State the principles of motivational interviewing
2. Explain the difference between motivational interviewing and confrontational treatment approaches in dental care
3. Construct reflective listening statements
4. Utilize a staging ruler to ask parents about motivation to prevent early childhood caries and/or pediatric obesity

[Challenges in your clinic?]

- “Non-compliant” patients/families
- Families with low dental health literacy
- Patients/families with significant misconceptions about oral health
- Parents who refuse important treatments for their children
- Parents who neglect their own oral health (including pregnant women)

The Problem With Traditional Health Counseling:



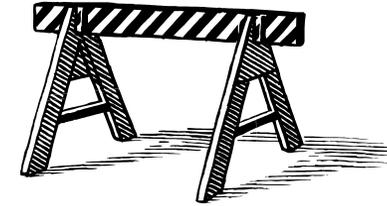
When patients come to us for help, we tell them what to do...

and we expect them to actually do it!

Why Don't People Change?

- Lack of confidence

- Past “failures”
- Critical family/friends/clinicians



- Ambivalence regarding the importance of the change

- Difficulty choosing between present comfort and long-term health

- Feeling unprepared to make a change

- No plan
- Lack of access to adequate resources
- Inadequate support

[When do people change?]

- When they are ready, willing, and able
- When they have made it a priority, they have expressed a commitment and have adequate motivation, and they have adequate skills, supports and self-efficacy
- **Expressed commitment** appears to be a crucial key

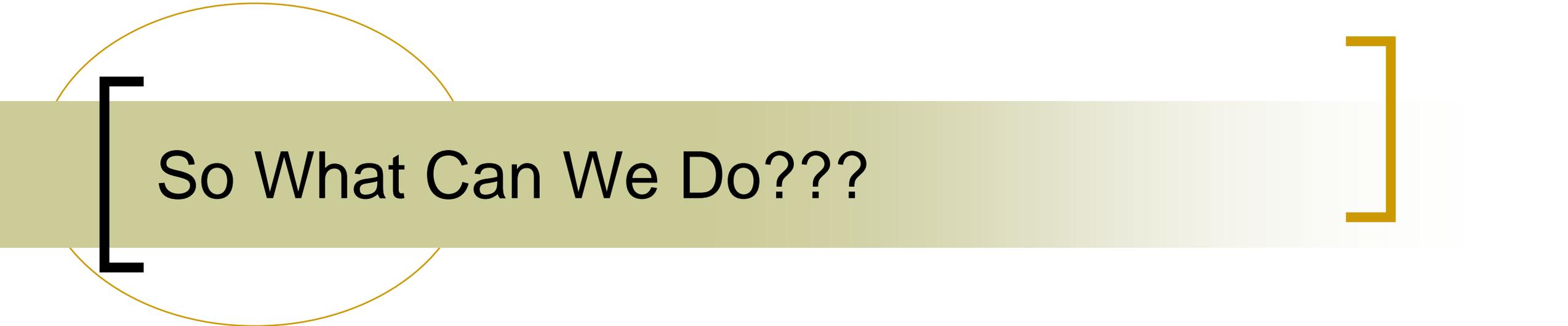
*“Whether you think you can, or think you can’t,
you are probably right.” – Henry Ford*

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~~*“Whether you think you can, or think you can’t,
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*“Whether you **say you will**, or **say you won’t**,
you are probably right.”*



So What Can We Do???

[Motivational Interviewing is:

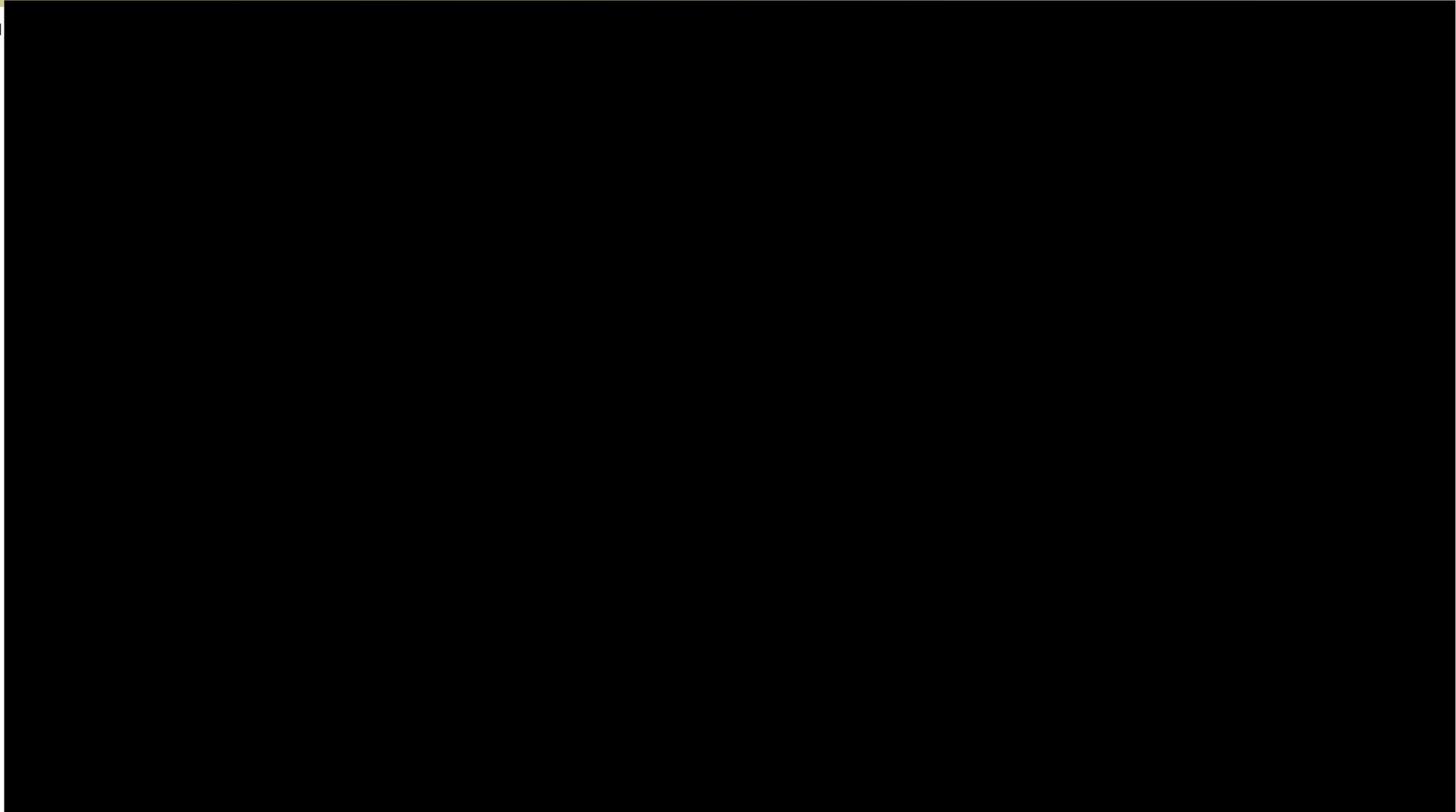
- collaborative
- patient-centered
- a form of guiding
- focused on eliciting and strengthening the patient's *personal* motivation for change





MI Spirit

[Video Example of What NOT To Do:]



[Style and Spirit of MI]

- Relentlessly, radically patient-centered
- A way of being with people, that is:

Collaborative (vs. paternalistic)

Evocative (vs. lecturing)

Autonomy-supportive (vs. demanding/coercive)

Directive (vs. lackadaisical)

Empathic (vs. judgmental/dismissive)

[Video Example of What TO Do]



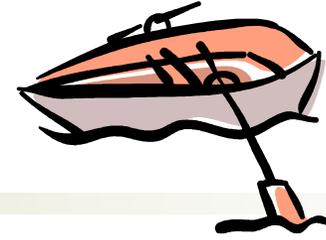
What differences did you notice that made the 2nd encounter more effective?

- Share your responses in the chat!



MI Micro-skills: OARS

[OARS]



- Open-questions (elicit exploration of topics)
- Affirmations/Appreciations (focusing on client strengths, efforts, patience, etc.)
- Reflections of client point of view (nondirective, then directive)
- Summarize (capture “essence,” link topics, transition conversation)

[Open-ended Questions]



- Open-ended questions provide more information and allow you to get a better sense of the patient's point of view
 - Questions typically begin with “Why?” “How?” and sometimes “What?”
 - “Tell me about...” is an easy way to start an open-ended question

[“Key Questions”



1. Why would you want to make this change?
2. How might you go about it, in order to succeed?

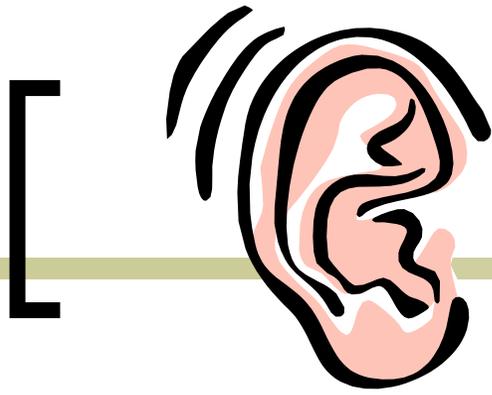
[Affirmations]



- Providing praise for patients' good ideas
- Expressing appreciation for their efforts
- Supporting their self-efficacy
- Focus on patient's good qualities
- Demonstrate how strengths can be used for success

What sorts of strengths do your patients
and their parents possess?

- Share your responses in the chat!



Reflective Listening

- A key part of listening is trying to understand the patient's situation and perspective
- Active reflective listening allows you to check in and make sure that you are successful with this!

Reflections

- Simple reflections are good if you feel stuck, but they don't help guide the patient toward change
- Complex reflections are the backbone of MI– they guide the conversation in the direction of change
 - Double-sided reflections
 - Affect reflections
 - Amplified reflections
 - Minimizing reflections
 - Metaphors/Similes
 - Action reflections

Complex Reflections

- On the one hand, you want to prevent cavities, and on the other hand, you all really love Coca-Cola. [double-sided]
- You're frustrated when your child argues about brushing his teeth. [affect]
- You don't think you could ever remember able to brush your toddler's teeth every day. [amplified]
- Dealing with cavities and paying for fillings wouldn't be that big of a deal to you. [minimizing]
- Giving up juice would be like torture for your child. [metaphor/simile]
- If you gave your child a bottle with water before bed for a little while, you think she might have an easier time than giving up the bottle all together. [action reflection]

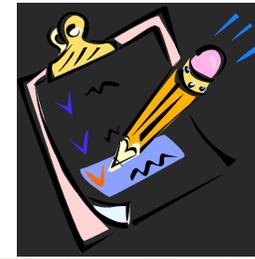
Practice Reflections

- Patient/Parent: “The pediatrician says she shouldn’t drink juice, but it’s her favorite. I used to drink juice as a kid-- what’s the big deal?”
 - **Instead of:** “The big deal is that she’s going to keep getting cavities if you aren’t more careful!”
 - **Try:** “You’re feeling confused about the doctor’s advice.”
- Patient/Parent: “I’ve tried to get Bobby to let me brush his teeth, but nothing works. He fights the whole time.”
 - **Instead of:** “So you’re just giving up? That’s pathetic!”
 - **Try:** “Helping your son with his home care is important to you, and you’ve been trying your best.”

[Practice Reflections]

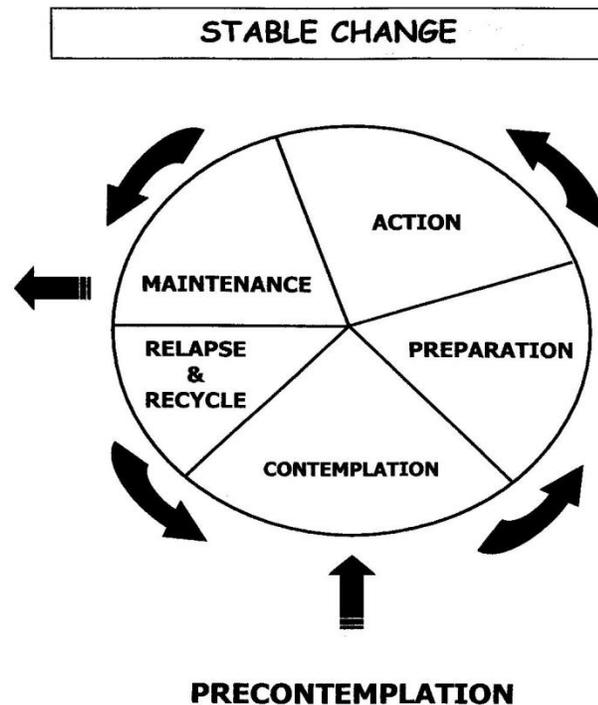
- Patient/Parent: “If I give him a bottle of juice at bedtime, he falls asleep. If I don’t give him the bottle, he cries for over an hour. I know he’ll keep getting cavities, but I feel like I have no choice.”
 - Try: “You feel like your only option is to keep giving a bottle of juice.”
 - Or try: “It be a miracle if he went to sleep without the juice.”
- Patient/Parent: “It’s impossible to avoid high-sugar foods and juice. Do you know what it’s like having 3 kids and a full time job? I’m exhausted!”
 - Try: “You’re feeling overwhelmed by your responsibilities right now.”
 - Or try: “You need some help coming up with a plan that will work for you.”

[Summaries]



- It is important to pause and summarize what the patient/parent has been saying to reinforce positive points and make sure that you aren't missing anything
 - Summaries can be effective transitions when moving from the “building motivation” phase to the “goal-setting” stage
 - Summaries are also useful if the patient starts to get off track

Choosing Goals With the Patient



- Your goal for the session will be based on your patient's current stage of change
- Don't waste time throwing suggestions at patients who aren't ready to hear them
- Rather, work on building motivation so that next time they might accept your advice

Transtheoretical Model of
Change (Prochaska & DiClemente)

[Assessing Ambivalence]



- Most clinicians are uncomfortable when patients are “sitting on the fence”
... they want to push them to one side
- But, if we make the “fence” uncomfortable to sit on, patients will want to get off the fence themselves

[Categories of Change Talk]

Eliciting change talk is crucial

- Desire to change
 - “I really want my child to be healthy”
 - “It’s important to me to take the best care of her”
- Ability to change
 - “I think I could do it if I tried”
 - “That sounds like something I could do”
- Reasons for change
 - “I don’t want her to be obese”
 - “It scares me when I think about having to sedate him if he gets more cavities”

Categories of Change Talk cont.

- Need to change

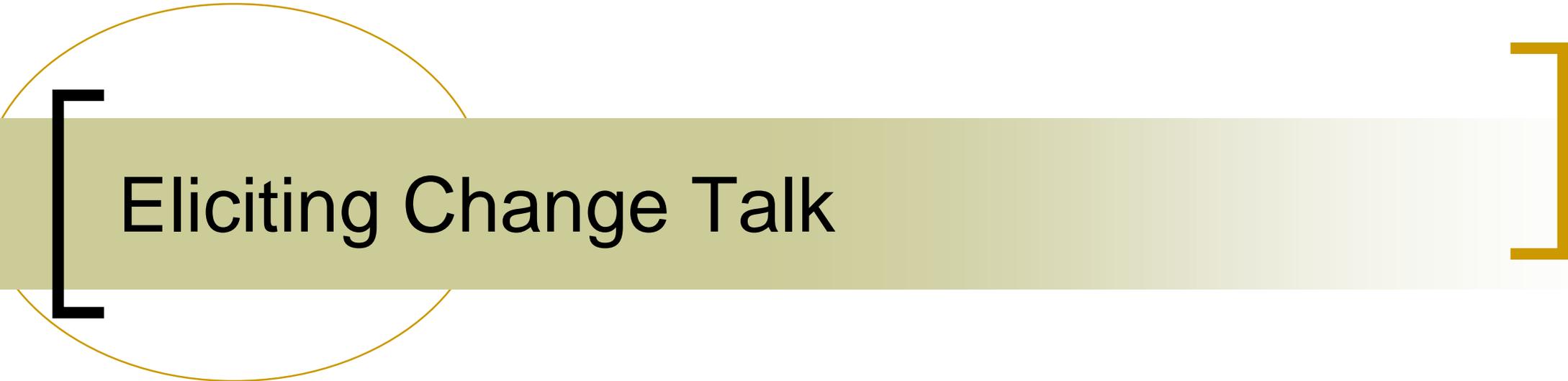
- “I know I need to do this”
- “I have to do a better job”

- Commitment to change

- “I’ve decided that I’m going to start buying a fluoride rinse for the kids”
- “I’m going to brush her teeth regularly from now on”

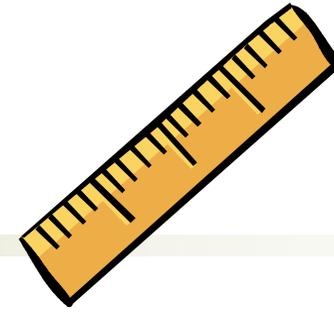
- Taking steps

- “I’ll try gradually watering down the juice more and more”
- “I’m going to get some kid-friendly toothpaste”



Eliciting Change Talk

The Staging Ruler



- On a scale of 1 – 10, how important is making this change to you?
 - Why did you choose 5, and not 2?
 - What would it take to move you from 1 to 3?
- On a scale of 1 – 10, how confident are you that you could make this change if you decided that you wanted to?

The Decisional Balance

- What are the good things about giving your child a bottle at night?
- What are some not-so-good things about giving him a bottle at night?



Always ask about the reasons not to change **FIRST!**

[Looking Backward/Forward]



- Tell me a little more about your own experiences with the dentist when you were little. What concerns do you have for Jenny related to that?
- If you decide not to change anything, what do you think that might mean for Jenny's teeth 5 [or 10] years from now? How might her oral health be different if you do make some changes?

Change Talk “Jeopardy”



- Think about the information you want to convey to your patient.
- Rather than TELLING them, try to think of a way to get them to tell you!
- **Example:** If you want to say, “You have to start brushing her teeth twice a day or she’ll keep getting cavities.”
 - **Try asking:** “What might be some benefits of brushing her teeth every day?”
 - **So patient can respond:** “I guess she’d have healthier teeth and be less likely to get cavities”

[Responding to Change Talk]



Use your EARS!!!

- **Explore/Elaborate:** ask the patient how? In what ways? Why?
- **Affirm:** express agreement, appreciation, encouragement
- **Reflect:** use a simple or complex reflection
- **Summarize:** present the patient with a change talk “bouquet”



Summary: The RULES

[The RULEs



1. Resist the Righting Reflex

- We tend to believe what we hear ourselves say.
- The more patients verbalize the disadvantages of change, the more committed they become to sustaining the status quo!

[The RULEs]

2. Understand Your Patient's Motivations

- If your consultation time is limited, you are better off asking patients why they would want to make a change and how they might do it, rather than telling them that they should.



[The RULEs



3. Listen to Your Patient

- MI involves as much listening as informing.
- Listening involves an empathic interest in making sure you understand and making guesses about meaning.

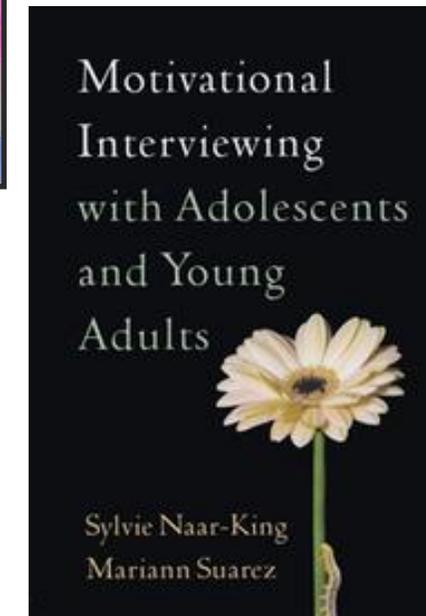
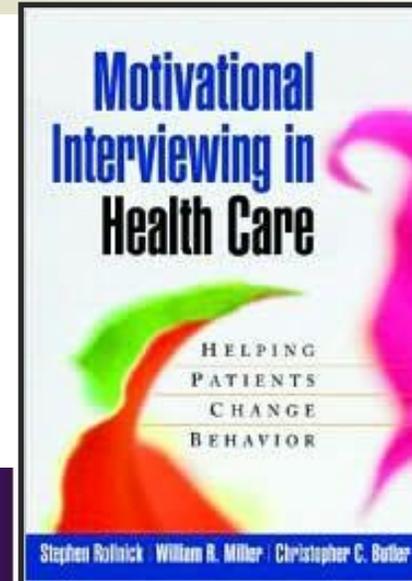
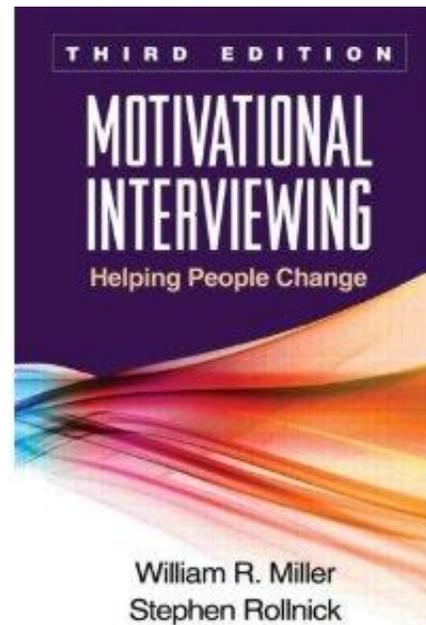
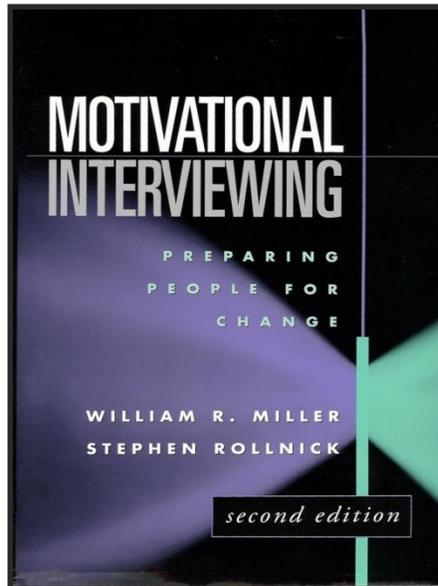
[The RULEs



4. Empower Your Patient

- A patient who is active in the consultation, thinking aloud about the why and how of change, is more likely to do something about this afterward.

RECOMMENDED READING:





Questions?

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<https://motivationalinterviewing.org/>