



Motivational Interviewing: An Introduction for Pediatric Dentistry

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MI for Pediatric Dentistry Agenda

Time	Event	Modality
12:00 – 12:40 pm	Overview of MI	Slide Show Q & A
12:40 – 1:00 pm	Taste of MI	Experiential real play (work in pairs)
1:00 – 1:45 pm	Spirit of MI	5 chair exercise (work as group)
1:45 – 2:00 pm	Break	
2:00 – 3:00 pm	Eliciting Why, How, & Now	Demo and Role Play (work in pairs)
3:00 – 4:00 pm	Raising Concerns and Giving Advice	Demo and Role Play (work in pairs)



What is MI?

- Communication strategies
 - Both Person-Centered & Guiding / Directive
 - Collaborative
 - Expecting, exploring, and resolving ambivalence
 - Builds person's motivation
- "...it is fundamentally a way of being with and for people--a facilitative approach to communication that evokes natural change."

--Miller & Rollnick, 2002



History of Motivational Interviewing (MI)

- Since the 1980s with alcoholism
- Alternative to confrontational approach
- Added to additional treatments
- Based on multiple theories
 - Focus on person's motivations
 - Internal responsibility for change
 - Reduce reactance



Why be interested in MI?

Research showing improved outcomes with:

- Addictions
- Gambling, diet, & exercise
- Medication adherence
- Co-occurring mental disorders
- Homeless teens
- Correctional settings



Other Reasons for Use of MI

- Can be brief
- Works well with other approaches
- Strategies for persons:
 - Higher levels of resistance
 - Higher levels of anger
 - Entrenched in patterns
- Reduces staff burnout

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MI in Dentistry - Rationale

- Improve patient adherence
 - Brushing
 - Flossing
 - Fluoride varnish
 - Reduce sugary beverages (soda, milk bottle)
 - Use orthodontia (rubber bands, head gear)
 - Stop smoking
- Increase patient satisfaction
 - Patients feel respected and appreciated
 - Invested in care



MI in Pediatric Dentistry – Example of a Study Outcomes

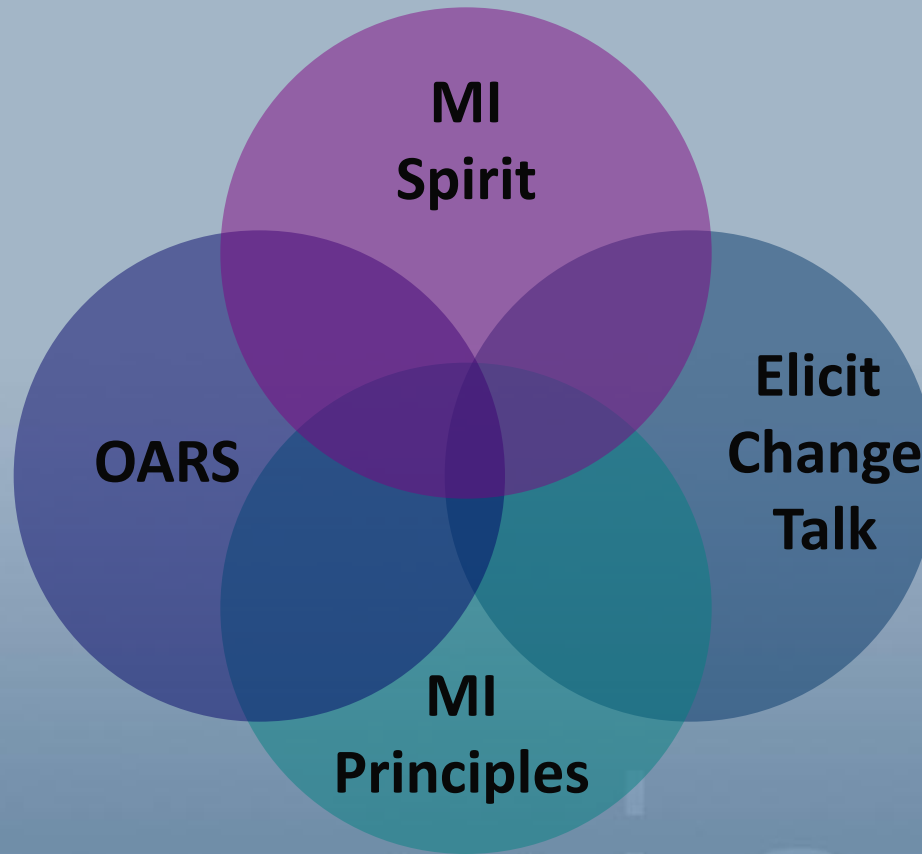
- MI to Prevent Caries for High Risk Infants
 - 240 infants aged 6-18 months
 - Stratified and randomized into 2 groups
 - Compared Health Ed. vs. MI (+ Health Ed.) Groups
 - Staff received 10 hour MI workshop + coaching
 - Two year follow-up differences
 - New caries₁
 - 35% in MI Group
 - 52% in Health Ed. Group
 - Fluoride varnishes
 - $x = 4.1$ in MI Group
 - $x = 0.3$ in Health Ed. Group

1. ($\chi^2 = 5.67, p < .02$)

Weinstein et al. (2006) Motivating Mothers to Prevent Caries *JADA*, 137(6), 789-793.



Elements of MI



Person-Centered
Communication

Guiding / Directive
Towards Change



Spirit of MI

- **Autonomy..... vs. Authority**
- **Collaboration.... vs. Confrontation**
- **Evocation..... vs. Education**

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Person-Centered Communication (OARS)

- Open-ended questions
- Affirmations
- Reflective listening
- Summaries

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Barriers to Person-Centered Communication

- Ordering, directing, or commanding
- Warning or threatening
- Giving advice prematurely
- Persuading with logic, arguing, lecturing
- Moralizing, preaching, telling patients their duty
- Judging, criticizing, disagreeing, blaming
- Agreeing, approving, praising
- Shaming, ridiculing, name calling
- Interpreting, analyzing

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Change Talk: Patient Speech that Favors Change

D-A-R-N C-A-T

- **Desires**
- **Abilities**
- **Reasons**
- **Needs**

- **Commitments**
- **Activation**
- **Taking steps**

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MI Steps

Engage-ment

- Role Clarity
- Build Trust

Agenda Setting

- Target Behavior
- “What’s on your mind?”

Explore Ambivalence

- “Tell me about your struggle”

Evoke DARN Talk

- “Pros of change; cons of status quo?”

Evoke Commitment

- RECAP all change talk
- “Where does that leave you?”

Evoke Menu of Options

- “What are your options?”

Negotiate Plan

- “What might be some first steps?”
- Evoke commitment

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Learning MI

- MI is a performance skill.
- Learning MI is an ongoing process of skill development:
 - Knowledge
 - Practice
 - Feedback and Coaching

www.motivationalinterview.org



Eight Stages of Learning MI

1. The Spirit of Motivational Interviewing
 2. OARS Skills
 3. Eliciting Change Talk
 4. Reinforcing Change Talk
 5. Rolling with Resistance
 6. Developing a Change Plan
 7. Consolidating Commitment
 8. Using MI with Other Methods
- (Miller & Moyers, 2006)



Taste of MI

- Experiential Exercise
- Work in pairs
- Discuss with partner:
 - A change in your life you like to make
 - A change you have not fully made yet
 - Examples:
 - Exercise, Nutrition, Meditation
 - Time with Children, More Organized
 - Save for Retirement, Finish Taxes on Time



Instructions for First Interaction: Education and Persuasion

- Explain *your reasons* why you think the person should make the change, from your point of view
- List 3 benefits to the person of making this change
- Tell the participant *how* to change – be specific and give detailed plans of what to do, when to do it, etc.
- Emphasize how *important* it is for person to make the change, what will happen if person does not change.
- Tell the person to do it!



Instructions for Second Interaction: MI Strategies

- “Why have you been thinking about making this change?”
- “What are the 3 best reasons for you to do it?”
- “How might you go about it, in order to succeed?”
- Summarize what you heard person say
- Ask, “What will you do next?”

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Audience check in

- What can you learn from your own personal experiences?
- How does this apply to dentistry?

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Spirit of MI – 5 Chair Exercise

Neutral

Open

Defensive

Motivated

Resistant

- Person moves in response to interaction
- Gives immediate feedback
- Can “time-out” at any point

Spirit of MI

- **Autonomy**
- **Collaboration**
- **Evocation**





Audience check in

- What was difficult about maintaining MI Spirit?

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In Search of Change Talk



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Eliciting “Why,” “How,” and “Now”

Open-Ended Questions

- Why is this change important to **you**?
 - And why is that important to you?
 - What else (other reasons)?
- How would **you** go about this change to be successful?
 - What do you see as your options?
 - Tell me more about that.
 - What is the next step for you?
 - Looking at these choices, which seems best to you and why?
- Why is now a good time for **you** to make this change happen?
 - What do you see as the down side of waiting?
 - Any other reasons now is a good time?
 - What are you willing to commit to at this point?



Eliciting “Why,” “How,” and “Now”

Scaling Techniques - Importance

- “On a scale of 0 to 10, with 10 being the most, how important is it for you to floss?”

0 1 2 3 4 5 6 7 8 9 10

- “Why did you choose X and not $(X - 3)$ ”?
- Repeat back reasons and then ask – Any other reasons?



Eliciting “Why,” “How,” and “Now”

Scaling Technique - Abilities

- “On a scale of 0 to 10, with 10 being the most, how confident are you that you could floss every day if you really wanted to do it?”

0 1 2 3 4 5 6 7 8 9 10

- “Why did you choose X and not $(X - 3)$?”
- Repeat back reasons and then ask – Any other reasons?



Eliciting “Why,” “How,” and “Now”

Scaling Technique - Readiness

- “On a scale of 0 to 10, with 10 being the most, how ready are you to start your new flossing routine today?”

0 1 2 3 4 5 6 7 8 9 10

- “Why did you choose X and not $(X - 3)$?”
- Repeat back reasons and then ask – Any other reasons?



Eliciting “Why,” “How,” and “Now”

Menu of Options

- Let’s go over your options together. I can answer questions about them and you can tell me which things about the options are most important to you.
- What do you already know about X? What questions do you have about X?
- Can I tell you something else about X? Infections in the mouth and heart are also less likely with X. What do think about that?
- Which of the options seem best for you at this point?



Audience check in

- What are the pros and cons of eliciting vs. instructing?

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Raising Concerns - RASA

Reflect concerning statement or plan back to patient
Ask permission to share your concern
State your concern using an “I” statement
Ask for patient’s response to your concern

Source:
NIAAA COMBINE Manual



Example of Raising a Concern using RASA Model

Hygienist

You don't check his brushing every time because baby teeth aren't really that big of a deal in your book.

Can I share my concern about this situation?

I'm concerned that these infections in his baby teeth will place him at risk for more infections for his whole life.

What have you heard about that?

Patient

Yeah. It's been a battle to get him to brush.

Sure.

Silent.

I was worried I may be starting bad habits, but I didn't know baby cavities could cause adult cavities. How does that happen?



Giving Advice or Information: Ask, Ask, Tell, Ask

Ask – What do you already know about...?

Ask – Can I tell you something else?

Tell – I wanted to let you know that ...

Ask – What do you make of that?

Source: NIC OERS Manual

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Example of Giving Advice Using AATA Model

Dentist

What is your plan so far for increasing your daughter's flossing?

That's a really great commitment. Can I add a suggestion to your plan?

I recommend that you create a reward system for her for the first month to get the habit started.

What do you think about that idea?

Patient

I plan on telling her that she has to do it every night. I'll be checking her.

Of course.

Silent.

I think she would like it. But what have you found that works...I mean what should I reward her with?



General MI References

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