

The Role of Motivational Interviewing in the Baby Teeth Talk Study

Presented by
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A little bit about me...

- Shauna McGregor
- Registered Dental Hygienist
- Community Research Assistant for Baby Teeth Talk Study (Winnipeg Site)
- 8 years experience in Dental field
- Worked in Baffin Island, Churchill MB and various Community dental clinics in Winnipeg, MB
- Joined the Baby Teeth Talk Study in August 2011



Baby Teeth Talk Study



- The Baby Teeth Talk Study is an International research project taking place in Canada, New Zealand and Australia
- The aim of the study is to improve the dental health of Aboriginal children, by working with their mothers from the time that they are pregnant

Baby Teeth Talk Study



- The project hopes to result in an improvement in the dental health (less tooth decay) of young Aboriginal children.
- This project also aims to help develop parents' understanding about the health of their child's teeth, mouth and gums and build their confidence in managing their own oral health and that of their families.

Baby Teeth Talk Study

Four Interventions



1. Dental care for moms-to-be during pregnancy
2. Fluoride varnish applications to children's teeth
3. Anticipatory guidance
4. Motivational Interviewing

Baby Teeth Talk Study



- Recruitment for the study took place from September 2011 to November 2012
- Recruited 89 expecting mothers
- Completed Phase 1
 - Initial questionnaire, dental screening, anticipatory guidance, Motivational interviewing
- Started Phase 2
 - Mother and baby return when baby is 6 months, fluoride varnish applied to baby teeth, anticipatory guidance and motivational interview session

What I know and what I have learned about Motivational Interviewing (MI)

- Can not be taught or learnt in one hour
- Takes time and practice to master skills and to be confident in MI

Objectives

- “Spirit” of MI
- Four Processes of MI:
Engaging, Focusing, Evoking, Planning
- O.A.R.S: four Strategies of MI:
Open-ended questions, Affirm, Reflective Listening, Summarize
- Guiding Principles of MI (RULE)
- Change Talk- DARN CAT
- Ambivalence
- Rolling with Resistance
- Strengthening commitment

Objectives continued

- Outline how MI is used in the Baby Teeth Talk Study
 - Opening statement
 - Establish Rapport
 - Ask for Change Talk
 - Agenda Setting
 - Ask-Provide-ask
 - Readiness Ruler
 - Invite commitment language
 - Summarizing with the change plan and take home sheet
 - Closing the conversation

What is Motivational Interviewing (MI)?

Motivational Interviewing is

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

-Miller & Rollnick 2009

“ it is a collaborative conversation to strengthen a person’s own motivation for and commitment to change”

-Miller & Rollnick 2010

- Motivational Interviewing centres on exploring and resolving ambivalence and evokes the motivational processes within the individual that facilitates change.

“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come in to the mind of others”

- Blaise Pascal

The “Spirit” of MI

“it involves guiding more than directing, dancing rather than wrestling, listening at least as much as telling”

-Miller & Rollnick

MI is not a technique for tricking people into doing what they want

The “Spirit” of MI

- Three basic elements to the spirit of MI
 - **Collaboration** (vs. Confrontation)
 - **Evocation** (Drawing Out, rather than Imposing Ideas)
 - **Autonomy** (vs. Authority)

These describe the underlying “spirit” of MI, the mindset with which one approaches conversation with clients about behavior change.

O.A.R.S. 4 Strategies of MI in early stages

- Open-ended Questions
- Affirmations
- Reflective Listening
- Summarize

O.A.R.S

- Open-Ended Questions
 - Gather broad descriptive information
 - Facilitate Dialogue
 - Often start with words like “how” or “what” or “tell me about”
 - Avoid asking questions where the response is a Yes or No

O.A.R.S

- Affirmations
 - Recognize clients strengths
 - Build rapport
 - Be sincere
 - Supports and promotes self-efficacy
 - Acknowledges the difficulties the client has experienced
 - Validates

O.A.R.S

- Reflective Listening
 - Begins with a way of listening
 - It includes an interest in what the person has to say and a desire to truly understand how the person sees things or how they feel
 - Its hypothesis testing
 - What you think a person means may not be what they mean

Examples of Reflective Listening

- Repeating- simplest
 - Direct restatement of what person said
- Rephrasing- substitutes synonyms
 - Saying the same thing in slightly different words
- Paraphrasing- major restatement
 - Making a guess about meaning; continuing the paragraph; usually adds something that was not directly said

Other types of reflection

- Double-sided reflection
 - Captures both sides of the ambivalence
- Amplified reflection
 - Overstates what the person

O.A.R.S

- Summarize
 - Reinforce what has been said
 - Communicates interest and understanding
 - Shows that you have been listening carefully and prepare the client to move on

The Four processes of Motivational Interviewing

Four processes that guide the practice of MI

1. Engaging
2. Focusing
3. Evoking
4. Planning

The Four processes of Motivational Interviewing continued

- **Engaging**
 - Process by which both parties establish a helpful connection and working relationship
- **Focusing**
 - Process by which you develop and maintain a specific direction in the conversation about change
- **Evoking**
 - Involves eliciting the client's own motivations for change
 - It occurs when there is focus on a particular change and you harness the client's own ideas and feelings about why and how they might do it
 - Having a person voice argument for change
- **Planning**
 - Encompasses both developing commitment to change and formulating a specific plan of action

• Motivational interviewing, 3rd edition, Miller & Rollnick, 2013

4 guiding principles of MI

R.U.L.E

1. **R:** Resist the Righting Reflex
2. **U:** Understand your Patient's Motivations
3. **L:** Listen to your patient with empathy
4. **E:** Empower your patient, encouraging hope and optimism

R: Resist the Righting Reflex

- As helping professionals we often want to set things right, to prevent harm, to heal and to promote well being
- We want to fix problems and help people

There is a natural human tendency to resist persuasion. Especially when the person is **ambivalent** about change

- If you argue for change the patient argues against it

MI evokes the argument for change from the patient

- Ironically acknowledging the others rights and freedom not to change that can sometimes make change possible

U: Understand Patients Motivation

- Be interested in the patients own concerns, values and motivations.
- It is the patients reasons for change that will most likely lead to change
- Even with time limits, better to ask patient why they would want to make a change than spend time telling them why they should change

L: Listen to your Patients

- MI involves at least as much listening as informing
- Normal expectation that as health care providers we have the answers and will give them to the client
- When it comes to behavior change the answers most likely lie within the client and finding them requires some listening

E: Empower your Patients

- Help the patient explore how they can make a difference in their own health
- The patient becomes your consultant on their own lives and how best to accomplish behavior change
- Important role is to support their hope that such change is possible and can make a difference in their health

Change

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

Ask people why they do not change a behavior and they will gladly tell you, and in that process of telling you, they reinforce the status quo

Ambivalence

Stuck in the middle

Ambivalence is defined as

Simultaneous and contradictory attitudes of feelings (as attraction and repulsion) towards an object, person or action

The experience of having thoughts and/or emotions of both positive and negative valence towards someone or something

Ambivalence sounds like...

- Cold feet
- Mixed feelings
- Sitting on the fence
- I do but I don't...
- I want to but...
- Lack of motivation

Ambivalence: both sides are already within the person

- If you argue for one side, an ambivalent person is likely to defend the other side
- As a person defends the status quo, the likelihood of change decreases

Three communication styles

- **Follow**- Listening Predominates
- **Directing**-Tell person what to do with or without explaining or rationale
- **Guiding**-helps patient find the way

Guiding is well suited to helping people solve behavior-change problems

- MI is a refined form of the Guiding style
- All 3 styles are useful and can be used

A good guide will...

- **Ask** where the person wants to go and get to know him or her a bit
- **Inform** the person about options and see what makes sense to them
- **Listen** to and respect what person wants to do and offer help accordingly

Change Talk:

What we're ultimately fishing for

Preparatory Change Talk

Desire to change (want, like, wish...)

Ability to change (can, could...)

Reasons to change (If... then)

Need to change (need, have to, go to...)

Change Talk

Reflects resolution of ambivalence

Implementing Change Talk

Commitment (intention, decision)

Activation (ready, prepared, willing)

Taking Steps (taking specific actions to change)

Eliciting Change Talk

The simplest way is to Ask for it

Strategies for Evoking Change Talk

- **Ask Evocative questions**
 - open ended questions
- **Explore Decisional Balance**
 - pros and cons
- **Good things/ Not-so-good things**
 - positives and negatives of target behavior
- **Ask for Elaboration/ Examples**
 - ask for more details... “in what ways”, “tell me more”
- **Look Forward**
 - What would happen if continue as they are
- **Query Extremes**
 - What is the worst things that might happen
- **Explore Goals and Values**

Ask clients guiding values are. What do they want in life
- **Come alongside**
 - Side with the negative (status quo) side of ambivalence. “perhaps_____ is so important to you that you won’t give it up, no matter the cost”
- **Use change Ruler**
 - Ask on a Scale of 1-10 how important is it to make the change
 - Ask on a scale of 1-10 how confident client is in ability in making change

Generic Questions about change

- “why might you want to change” (D)
- “If you did decide to make this change, how would you do it” (A)
- “What are the three most important benefits that you see in making this change” (R)
- “How important is it to you to make this change” (N)
- “What do you think you will need to do” (C)
- “What are you already doing to be healthy” (T)

Roll with Resistance

- Resistance is the other side of ambivalence
- Do not argue against it; pushing against resistance reinforces it
- Effective responses that can defuse resistance and refocus on change

Signs of resistance

Arguing- challenging, hostility

Interrupting-taking over, cutting off

Ignoring- inattention, non-answer, no response

Denying-blaming, disagreeing, excusing

The use of MI in the Baby Teeth Talk Study

Outline of a MI session with a study participant

1. Structuring (opening) statement
2. Getting to know each other- establishing rapport/discussion of a typical day
3. Ask for change talk
4. Agenda Setting – selecting a topic/ target behavior
5. Ask-Provide-Ask
6. Rulers – Measuring Importance and confidence
7. Invite commitment language
8. Summarizing with the Change plan and Take home Sheet
9. Closing conversation

Oral Health Motivational Interviewing Script

- Structuring and opening statements
 - Thank mom for participating in the study, give explanation of the purpose of the study. Explain that we want to find better ways to promote healthy teeth and prevent tooth decay among Aboriginal children.
 - Explain that we will be discussing ways to help keep teeth healthy during pregnancy and how to care for baby's teeth
- Getting to know each other
 - Establish a rapport
 - Share information about myself with the participant
 - Invite them to share information about themselves with me
 - Talk about a typical for them

Asking for Change Talk

- Discuss things that the client already knows about the topic
- Ask permission to talk about oral health topics
- Ask client questions that promote discussion and elicit change talk
 - What concerns do you have?
 - What goals do you have for your child's teeth and mouth?
 - What might be worrying or concerning you today?
 - What makes you want to change the way you care for your baby's teeth?

Agenda Setting

- Find out where the client wants to go
- Client is given as much decision-making freedom as possible
- Negotiate the agenda
 - Here are some things we can do to ensure that our baby has healthy teeth...
 - Would it be ok if I shared some of this information with you?
- Ask permission
 - Would it be ok if we spent some time talking about...today...?

Examples from Baby Teeth Talk Study



Agenda Setting Worksheet

Check one or two topics you would like to focus on today



Taking care of your teeth and visiting the dentist during pregnancy



Cleaning your infant's mouth or brushing your child's teeth two times per day



Protecting your child's teeth with fluoride varnish

Ask- Provide-Ask

Using the oral health messages for specific topics chosen from agenda setting sheet

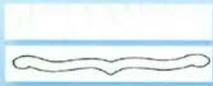
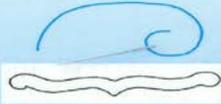
- What do you know about this topic? I am happy to share ideas with you.
- We know that this is a way to do this...what do you think about that ? How does that fit with what you do now?

Ask what the client thinks about what you said.

- Roll with Resistance in this section

Readiness for Change Ruler

On a scale of 0-10 where 0 is not at all important and 10 is extremely important, how important is it for you to begin the day with this goal? Circle the appropriate number.

Not Important			Unsure			A Little Important			Very Important	
0	1	2	3	4	5	6	7	8	9	10
										

Measuring Importance

Importance Ruler

On a scale of 0-10 where 0 is not at all important and 10 is extremely important, how important is making the change to ___ you today?

“ What are some things that make this change important to you”?

“ why are you a 7 and not a 0”

Measuring Confidence

Confidence Ruler

Let's think about how confident you are about making the change of...

On a scale of 0-10 where 0 is not at all confident and 10 is extremely confident, how confident do you feel?

“What does it mean to be a...”

“ what would help you to feel more confident to make this change”

Invite commitment Language

Key questions to invite commitment language

- What do you think the first step would be to reach the goal (target behavior)?
- Where would you like to go now?
- What would you like to do now?
- What do you think will happen if you don't change...?
- What concerns you about the current situation?

Summarizing with a change plan and take home sheet

- Encourage the parent to keep the change plan simple and use their own language:
- Be SPECIFIC- reduce, increase, taper off, quit
- Be MEASURABLE- how much, how often
- Be APPROPRIATE- what will help the most?
- Be REALISTIC- when, how, who, what?
- Be TIME SENSITIVE- deadline, beginning date, level of activity,

Summarize the plan- have parent fill out the sheet

My Plan



MY PLAN

What I want to do or change:

The steps I plan to take:

Who can help and how?

What might keep my plan from working?

My backup plan is:

Closing conversation

Thank you for talking with me about you and your baby. I find it helpful to understand more about you and your family. I will see you again when the baby is six months old. We will begin by talking about what you have chosen and planned to work on from today. Next time we will choose another topic to discuss.

Reflection

- Still have lots to learn about MI
- Learn something different each MI session with participant
- No MI session is the same
- Challenges
 - Quiet mom
- MI coach
 - Tele-conferences 2x month
 - Discuss challenges, strategies, review

Video

Questions?

Thank you

Contact info

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Resources

- Motivational interviewing in Health Care: Helping patients change behavior. Rollnick, S., Miller, W.R., & Butler, C.C. (2008)
- Motivational Interviewing: Preparing people for Change. Miller, W.R., & Rollnick, S. Guilford Press (2002)
- <http://motivationalinterview.org>
- Kamilla L. Venner, PhD UNM/CASAA (May 2011)