

Motivational interviewing for dental clinicians

Motivational interviewing (MI) is a patient-centred, directive, therapeutic approach that supports patients' readiness to change by exploring their ambivalence about doing so. This increases the patients' motivation and helps them to commit to the process of change. In relation to dentistry, MI has been effectively used to: promote oral health behaviour; facilitate smoking cessation; and, alter health behaviours.

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MI relevant for health professionals

Motivational interviewing (MI) is a client-centred therapeutic approach, which has been found to be an effective intervention for healthcare change, as it helps to enhance clients' commitment to the process of change and enables them to resolve their ambivalence to it.¹ It is also highly effective when used as a prelude to treatment, for example cognitive behavioural therapy, and its effects appear to endure over time.² This endurance is attributed to its effects on retention of what is learned and on adherence to the treatment. MI is relevant for healthcare professionals, especially those working in the medical setting where, as Miller and Rollnick³ point out, "motivational issues in patient behaviour change are quite common" (p.35). Furthermore, research has shown that clients working with MI-trained healthcare practitioners were more highly motivated to change.

Application to dentistry

MI developed from working with addictions, and more recently has spread to other healthcare areas such as eating disorders, chronic illness, pain management, health behaviour change, and health promotion. The latter two areas are very relevant for dental clinicians. More recently, some significant applications of the MI approach in dentistry have included the general area of avoidance behaviour,⁴ with a particular focus

on the prevention of childhood caries.^{5,6} MI has also been used to encourage behavioural change;^{4,7} for example, it has been found that smoking cessation improves the outcome of periodontal therapy⁸ and reduces the risk of oral cancer.⁹ Behavioural risk factors are common in several oral diseases, such as oral cancer, dental caries, gingivitis and periodontitis.⁴ Therefore, it is important for dental clinicians to have the clinical competencies to deal with these behavioural risk factors and be able to promote good oral health practices.

What is MI?

MI is a client-centred, directive, therapeutic approach that supports clients' readiness to change – first, by exploring their ambivalence about doing so, thus increasing their motivation to change, and second, by helping them to commit to the process of change.³ This approach fits well with health promotion, which is the process of enabling people to increase control over and to improve their health, one key objective of which is to improve quality of life.¹⁰ Enabling is one of the key basic strategies for health promotion as identified by the Ottawa Charter.¹¹ Crucial to this enabling process is that there is a supportive environment, access to information, life skills, and opportunities to make healthy choices. Research indicates that MI is particularly effective in the case of clients who had

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traditionally been seen as 'resistant', 'angry' or 'oppositional'.^{3,12} With the MI approach, the healthcare clinician views 'resistance' as a process of interpersonal interaction, and not as a client trait or a character fault. MI is a skillful clinical method and is not just a set of techniques; it is more than a *doing*, it is a way of *being*. An understanding of the core beliefs of MI, or its 'spirit' in Miller and Rollnick's term, is essential for healthcare clinicians who wish to follow the MI approach.³

Importance of 'spirit'

'Spirit' encapsulates the client's intrinsic motivation to change rather than the change being imposed. Therefore, the clinician's task is to support the client in examining and resolving conflicting ideas, emotions and attitudes, whereas the client's task is to resolve his/her ambivalence. At the core of 'spirit', and drawing on the Rogerian¹³ humanistic approach, is an understanding of the human condition – the need for empathy, positive regard, and genuineness in order to provide a safe and secure environment in which to explore ambivalence and resistance. 'Spirit' involves the integration of core principles of partnership, evocation and autonomy.³ If these principles are lacking, the clinician's role can become merely one of conducting an intellectual exercise.

Aligning MI to training

'Spirit' is a guiding philosophy for training clinicians in MI. The guiding principles form a core part of the training. Evoking spirit in practice can only be achieved by learning from the interactions with the client. Therefore, most MI training has been focused on practising clinicians who have regular client contact. However, it could be introduced to trainee dental clinicians at an earlier stage in their professional development, as they have patient contact generally from year three of the Bachelors in Dental Surgery programme. This is an opportune time to improve their communication skills, by integrating them with MI practice and so provide the necessary skills to support behavioural change. This process will move clinicians and trainee clinicians beyond the skills of 'ask, advise and refer'.¹⁴

Setting up the MI Training Programme in the School of Dentistry, UCC

A crucial first step in this endeavour was the reviewing of the philosophical underpinnings, or 'spirit', of MI and its alignment with the philosophy of the existing programme, in this case Behavioural Science Applied to Dentistry, University College Cork.¹⁵ The next step was to carry out MI Level-1 Pilot Training with advanced dental clinicians and dental hygiene tutors. The relevance for dental clinicians is that by participating in the MI programme, they will have the skills necessary to engage with and support patients; trainee dental clinicians increase personal skills, so as to bring about the necessary healthcare behavioural changes and, lastly, bring about a reorientation of perspective regarding healthcare change. To support the introduction of the MI pilot training programme we sought, and were granted, an Oral Health Promotion Research Group Bursary, sponsored by the Dental Health Foundation, Ireland.

MI Level-1 intensive training

The Level-1, two-day intensive workshop provides a meaningful overview of MI. This approach helps dental clinicians to encourage the patient to talk, to generate self-motivational statements, to deal with resistance, to develop readiness to change, to negotiate a plan, and to develop determination and action. The key learning outcomes were: to introduce dental clinicians to MI and the Stages of Change or Transtheoretical Model (TTM)¹⁶ in order to assist the dental clinician to determine the appropriate stage for the patient; to develop and enhance basic communication skills; and, to introduce the basic principles of MI, which include the expression of empathy, the development of discrepancy, the avoidance of arguing, the rolling with resistance, and the supporting of self-efficacy. By participating in the MI programme, clinicians have the skills necessary to engage with and support the patient developing personal skills to bring about the necessary healthcare behavioural change. In addition, it brings about a reorientation of perspective regarding healthcare change, such as seen with Mouth Cancer Awareness Day.¹⁷

Conclusion

The MI approach has a lot to offer the dental clinician, in terms of addressing both dental behavioural change and health promotion. MI is an approach that can enhance the dental clinicians' interpersonal communication skills at any stage of professional development. Fundamentally, the MI training has been implemented for dental clinicians at a postgraduate or professional level. We would suggest that there are positive outcomes in terms of learning potential for trainee dental clinicians at an undergraduate level.

Alongside this there is a changing zeitgeist in Irish dental healthcare practice and training involving a more client/patient-centred approach. The changing ideals are reflected in the importance given in the clinical competencies to patient-centred care.¹⁸ There is now a reorientation in dental education, reflected by the delivery of MI training in the School of Dentistry in Cork, to enhance and support dental clinicians in their role as healthcare providers.

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