

Empowering Change: Using Brief Motivational Interviewing for Tobacco Cessation in Oral Cancer Prevention, co-hosted by the American Dental Hygienists' Association

April 17, 2024

Post Webinar Q & A

Q: In your last slide you said to "refer" when the patient is ready. Does that mean that a provider might see a patient and not refer for several sessions? (What are the clues that a patient is ready for referral for smoking cessation?)

A: Referral is part of the "MI Process" of planning. The MI process has four components: 1) **Engaging** with the patient, which is more than being friendly, it is the development of a relationship and rapport that involves trust and understanding; 2) **Focusing** the patient will assist in defining the direction they want to take to achieve a health behavior change goal; 3) **Evoking** is the provider's ability to elicit the patient's internal motivation to change; 4) **Planning** occurs when the patient has reached their potential level of readiness to change a behavior. This requires a commitment and an action plan that may need to be revisited multiple times as the behavior change evolves. In most cases, during **planning** is where the referral fits in.

Now it is important to note, this does not happen in one brief MI session. This occurs overtime through trust and building a rapport to support a patient to quit smoking.

Also, one of the MI principals is '**rolling with resistance**.' If an individual is resistant, giving a referral is similar to 'advice giving' and that does not support life-long positive behavior change.

As for 'clues' that patient is ready, you want to listen for 'change talk.' It may be helpful to look at the MI acronyms **DARN** and **CAT**. Here are some examples of change talk:

D (Desire): I want, would, should, wish

A (Ability): I could, can, might

R (Reasons): I would have more....

N (Need): I need, must, have to...

C (Commitment): I am going to, I promise

A (Actuation): I am ready to, I will start

T (Taking steps): I did, I completed, I started

If you hear one of these, you could ask "how can we work together?," "how do you feel about a referral?," "What are your next steps?"

Also, that is one of the benefits of elicit-provide-elicited (E-P-E) and using OARS, you are able to ask open questions and find out where the patient is in the stages of change and how you can support them.

References:

Miller WR, Rollnick S. Motivational interviewing helping people change. 3rd ed. New York (NY): The Guilford Press; 2013. Chapter 2, The spirit of motivational interviewing; p. 14-24.

Catley D, Goggin K, Lynam I. Motivational interviewing (MI) and its basic tools. In: Ramseier CA, Suvan JE. Health behavior change in the dental practice. Ames (IA): Wiley-Blackwell; 2010. p. 59-92.

Q: Thanks for the wonderful presentation. Dental professionals (and all clinicians, really) are well positioned to deliver MI to their tobacco using patients, but there is often resistant among providers to engage in this kind of activity (time, lack of payments, perceived patient resistance)... What do you see as some promising ways to lower those barriers?

A: Educating and training clinicians. Continuing education is required for licensure, so I suggest seeking MI training courses. In my experience with students, once they learn and have an opportunity to be coached, receive feedback and practice MI (with audio recordings) during role-playing their confidence increases with this communication approach. Please see my article in the Journal of Dental Hygiene: Health Topics Emerged from Brief Motivational Interviewing: A randomized clinical trial. This study showed brief MI evoked more health topics toward total health and you could do in under 10 mins (4 session over 1-year). This article may be motivating for clinicians to incorporate brief-MI in their patient education instead of 'advice-giving.' Please see the other references on students 'importance and confidence' and patients 'interest, importance, and self-efficacy.'

References:

Arnett MC, Paulson DR, Blue CM, Evans MD, Reibel Y. Health topics emerged from brief motivational interviewing: A randomized clinical trial. J Dent Hyg. Oct 2023;97(5):116-27.

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Arnett MC, Evans MD, Stull C. Students' perceptions regarding the of importance and confidence with brief motivational interviewing during HPV patient counseling. J Dent Hyg. 2022 Apr: 96(2):50-58.

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Arnett MC, Gwozdek A. Motivational interviewing for the clinical dental hygienist. Dimensions.2017 May;5(15):54-57.

Arnett MC, Korte D, Richards PS, Saglik S, Taichman SL, Kinney JS, Gwozdek AE. Effect of faculty development activities on dental hygiene faculty perceptions of and teaching about motivational interviewing: a pilot study. J Dent Educ. 2017 Aug;81(8):969-77.

Q: How do we help the patient in the motivational stage when they experience headache, ringing ears and shortness of temper?

A: If a patient is experiencing side-effects of nicotine withdrawal a referral to a medical doctor is appropriate for possible solutions to minimize these symptoms of a headache or ringing in ears.

As for shortness of temper, applying elicit-provide-elicited (E-P-E) and using OARS, you may be able to assist the individual in identifying coping strategies that will work for them. For examples, pose an open question, “When do you notice you become irritable?” “What time of day are you most short fused with your temper?” Then you can provide information with permission and explore their motivations and self-identified solutions to cope with stress, resulting in irritability.

References:

Miller WR, Rollnick S. Motivational interviewing helping people change. 3rd ed. New York (NY): The Guilford Press; 2013. Chapter 2, The spirit of motivational interviewing; p. 14-24.

Catley D, Goggin K, Lynam I. Motivational interviewing (MI) and its basic tools. In: Ramseier CA, Suvan JE. Health behavior change in the dental practice. Ames (IA): Wiley-Blackwell; 2010. p. 59-92.

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Q: Any information on hygienist taking tobacco treatment specialist training? Regarding interests and ability to bill for those services?

A: MI and brief-MI have historically been used for tobacco cessation. There are many articles specific to dental and dental hygiene professionals with tobacco cessation on PubMed and Google Scholar.

I am unaware of any billing for MI or brief-MI services.

There are several programs available for dental hygienists, dentists and other professionals to complete tobacco treatment specialist training. West Virginia University and Duquesne offer these programs. I do not have information about interest and ability to pay for these services.

Q: Can you add to the e-Mail a link to an extra oral exam and pt self exam video?

A: <chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.adha.org/wp-content/uploads/2024/04/723>

<https://catalog.nidcr.nih.gov/catalog/oral-cancer-exam>

This second site provides a resource for the public and for health professionals.

Q: Is there a higher risk of oral cancers, if client uses Dip and or Zyn, Snus packets?

A: There does not appear to be a higher risk of oral clients with clients who use these products vs cigarettes for example. However, they are at risk for other oral problems such as periodontal disease, bad breath, caries, etc.