

MODULE

4

MOTIVATIONAL INTERVIEWING FOR INFORMATION GATHERING

MODULE OVERVIEW

This module introduces the motivational interviewing perspective on assessment. Motivational interviewing offers both a philosophy and specific communication strategies that can be useful in conducting assessments in a more patient-centered fashion. Readers are also encouraged to learn more about motivational interviewing in order to fully appreciate the information provided in this module.

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KEY TERMS

Motivational interviewing • **Directing communication style** • **Following communication style** • **Guiding communication style** • **Open questions** • **Affirmations** • **Reflections** • **Summaries** • **Asking permission** • **Elicit–provide–elicit**

OBJECTIVES

- Describe the continuum of communication styles and the placement of motivational interviewing on the continuum.
- Describe the relevance of motivational interviewing for information gathering during the patient assessment process.
- During role-plays or in the clinical setting, integrate motivational interviewing communication strategies into existing assessment intake processes.
- During role-plays or in the clinical setting, encourage a patient-centered approach for acquisition of clinical information.
- During role-plays or in the clinical setting, demonstrate the use of open questions and clarification to acquire medical histories.
- During role-plays or in the clinical setting, demonstrate listening skills and reflections to respond to patient's point of view and/or emotional needs.
- During role-plays or in the clinical setting, demonstrate the importance of empathy when obtaining a health history.
- During role-plays or in the clinical setting, employ motivational interviewing techniques to elicit supplemental information from the patient, such as social determinants of health, belief systems, and social supports.

SECTION 1 • Introduction to Motivational Interviewing

Approaches to Fostering Behavioral Change in Patients

Motivational interviewing is a person-centered counseling approach that is shown to positively foster health behavior change related to drug addiction, tobacco cessation, exercise, weight reduction, diabetes management, medication adherence, and oral hygiene.¹⁻³ Hygienists often advise patients to change certain habits or behaviors in order to improve their health. Patients, however, often feel ambivalent about behavior change—that is, they have mixed feelings and attitudes toward behavior change.^{4,5} For example, the hygienist may wish that a patient did not smoke, as smoking is a major risk factor for periodontal disease. The patient, on the other hand, might like to have a healthier mouth but really enjoys smoking—so he has mixed feelings about quitting (i.e., behavior change). The main purpose of motivational interviewing is to strengthen the individual's motivation for and commitment to healthy behavior change. Motivational interviewing is based on a philosophy or “spirit” that emphasizes the *partnership* between clinician and patient, communicating *acceptance* to the patient, and *evoking* the patient's experience and wisdom. Acceptance includes support for patient autonomy or accepting a patient's right to decide what is right for him or her.

In contrast, traditional approaches to behavior change may involve interactions in which the clinician might *direct, instruct, or try to persuade* the patient to make behavior change. In this traditional approach, the clinician provides information to the patient that the clinician considers important or persuasive (e.g., reasons why diabetes should be well-controlled for general and oral health) rather than listening to gain insight into the patient's perspective on the advantages and disadvantages of change. In these types of conversations, the clinician is typically in the role of the expert directing the patient who takes a passive or sometimes resistant role (e.g., giving reasons why it is hard to afford regular physician care or why the patient may not want to change his or her diet) leading to a poor working relationships and negative health outcomes.

Motivational Interviewing and Patient Assessment

While effective counseling for behavior change may seem unrelated to assessment, the opportunity to establish a partnership—a good working relationship—between the hygienist and patient first presents at the patient's initial visit to the clinic or dental practice. The initial visit in the dental setting often begins with a medical/dental history intake process that is controlled by the clinician. For example, the initial patient assessment usually begins with a battery of standardized checklist-type questions that are closed-ended and narrowly focused. The patient's role is diminished to passively providing short answers to questions whose importance is not necessarily clear to the patient.

Although motivational interviewing does not prescribe a particular method for patient assessment, its philosophy supports the methods for conducting assessments in a more patient-centered fashion. Using motivational interviewing communication strategies in advance of the structured assessment may allow the clinician to gather most of the necessary information and then ask a greatly diminished set of questions to complete the assessment. Additionally, motivational interviewing strategies provide an opportunity to respond in an empathetic manner to personally sensitive information. For example, a female patient may experience feelings of remorse when reporting her recent hospitalization for a miscarriage.

SECTION 2 • Motivational Interviewing Approach to Assessment

Interpersonal Communication Styles

One way of thinking about how the motivational interviewing approach to assessment might differ from a traditional approach is to consider the different communication styles available to clinicians. Dental hygienists manage their conversations with patients using different “styles.” A clinician’s professional style may be thought of as existing on a continuum (Fig. 4-1). The continuum presents a range of styles related to the degree of authority used by the clinician and to the amount of freedom available to the patient in the conversation.⁶ On one extreme of the continuum is the **directing communication style**. In the directing style, the practitioner is “in charge” of the conversation, typically asking focused questions or providing instruction or giving advice. At the opposite end of the continuum is the **following communication style** in which listening to the patient predominates. A clinician with a following style has no agenda other than to understand the world through the patient’s eyes. In the middle of the continuum is the **guiding communication style** in which the practitioner may gently direct the conversation but the direction is determined by listening to the patient. Figure 4-2 summarizes these three styles.

While all three communication styles may have their place, *motivational interviewing is characterized most by the use of a guiding style*. When thinking about the continuum of styles, it is reasonable to assume that patient assessment procedures may call for more of a directing style because the clinician has to ensure that all critical information is collected. On the other hand, patients also have a lot to offer the assessment process through their unique knowledge, experience, and wisdom regarding their own lives. Patient-provided information is critical to patient care and management. With this in mind, *the skilled motivational interviewing practitioner seeks to use the guiding style to capitalize on the expertise of the patient while still collecting all of the necessary information for a thorough patient assessment*.



FIGURE 4-1 A continuum of communication styles. A communication style may vary from the extremes of directing to following styles or fall somewhere in the middle with the use of a guiding style.

Directing Style	Guiding Style	Following Style
<ul style="list-style-type: none"> • Clinician “in charge” of conversation. 	<ul style="list-style-type: none"> • Clinician listens to the patient and gently directs conversation in response to patient information. 	<ul style="list-style-type: none"> • Clinician listens to the patient.
<ul style="list-style-type: none"> • Clinician focuses on asking a series questions and providing instruction or advice. 	<ul style="list-style-type: none"> • Clinician values patient-provided information while still collecting all necessary information. 	<ul style="list-style-type: none"> • The clinician focuses on the patient’s needs and priorities (understanding the world through the patient’s eyes).

FIGURE 4-2 Communication styles. Comparison of the directing, guiding, and following styles of conversation.

Core Motivational Interviewing Skills

Specific communication strategies are used in order to employ the motivational interviewing spirit and guiding style during patient assessment procedures. Five of these strategies include permission, open questions, affirmations, reflections, and summaries. Examples of these strategies are provided in Figure 4-3. An additional tool is the three-step process known as elicit–provide–elicit as explained in Figure 4-4.

Ask permission	Open-ended Questions	Affirmations	Reflections	Summaries
<ul style="list-style-type: none"> • Actively elicits informed consent • “Would it be okay if we talked about your medical and medication history so I can better plan the best treatment options for your oral care?” 	<ul style="list-style-type: none"> • Requires elaboration beyond yes/no responses • “What about your general health concerns you the most?” • “How well is it going with managing your blood glucose?” 	<ul style="list-style-type: none"> • Allows provider to affirm patient strengths and efforts • “You’re working hard to control your blood glucose.” • “You’re not someone who gives up easily” 	<ul style="list-style-type: none"> • Allows for elaboration of key points requiring follow-up • “Managing your sweet tooth is a struggle” • “It was a difficult time” • “You’re a regular smoker” • “You’ve got a lot of medications to manage” 	<ul style="list-style-type: none"> • Restates key points to organize conversation and confirm understanding • “Ok, thanks for giving me a great picture of your situation. It sounds like you have quite a lot on your plate trying to manage your diabetes with everything else that’s going on. And you are also experiencing some effects from your smoking...”

FIGURE 4-3 Communication skills for motivational interviewing.

OPEN QUESTIONS

These are questions that cannot be answered with a simple “yes” or “no” or with an option from a limited set of responses (e.g., “How old are you?”). **Open questions** invite more detailed responses from the patient (e.g., “Tell me a little bit about your dental history.”). Although technically not open questions, statements or directives such as “Tell me about what happened with that tooth” can also serve this function and are often used by motivational interviewing practitioners to encourage more detailed responses from patients.

AFFIRMATIONS

Affirmations are statements that support patients’ strengths or efforts. These serve to strengthen the bond between clinician and patient and may encourage patients to be more forthcoming or have more confidence in their efforts to adhere to clinician recommendations.

REFLECTIONS

Reflections are statements in which the clinician paraphrases what the patient has said. These statements communicate to the patient what the clinician has actively listened and heard what the patient said. Reflective statements encourage patients to elaborate, keeping them as active partners in the discussion. In motivational interviewing, reflections are used in sophisticated ways for

different purposes, but most importantly, they provide a valuable alternative to asking questions and can be used to skillfully *guide* conversations, as explained below.

SUMMARIES

Summaries are “elongated” reflections that also serve to highlight key points of the discussion and mark transition points in the conversation.

ASKING PERMISSION

Motivational interviewing practitioners use “asking permission” as a means to communicate the desire to partner with patients. **Asking permission** is the act of providing the patient with the right to decide if something will be allowed or permitted. For example, “Is it OK if we discuss your medications so that I can better plan your oral care?”

ELICIT–PROVIDE–ELICIT

When providing information or advice in motivational interviewing, the clinician goes to great lengths to ensure that the information or advice is not perceived as an unwelcome effort to direct or push the patient in a particular direction. The goal is always to support patient autonomy in decision making and foster a true partnership between clinician and patient. In motivational interviewing, this can be achieved with the three-step process, **elicit–provide–elicit**, as summarized in Figure 4-4.

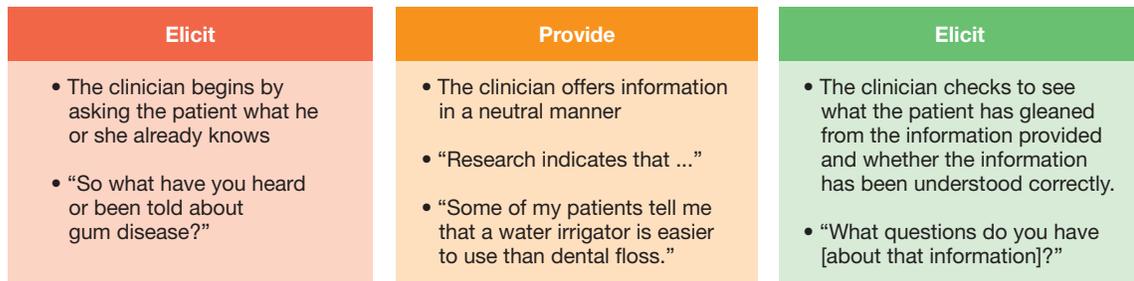


FIGURE 4-4 The elicit–provide–elicit model. This model illustrates how the clinician can provide information without “pushing” the patient in a particular direction.

Using the Tools

OPEN QUESTIONS AND REFLECTIVE LISTENING

From a motivational interviewing perspective, the best method for beginning the assessment process is to engage the patient in a guided conversation rather than with a battery of exhaustive questions. Sitting at the same level as the patient and making eye contact conveys the hygienist’s compassion and interest in the patient’s welfare (Fig. 4-5). The motivational interviewing practitioner usually begins with a single *open question* designed to get the patient to start sharing his or her perspective and then starts the process of listening to the patient perspective. For example, the practitioner might begin by asking, “What is the problem that has brought you in today?” and then respond with a *reflective statement* (e.g., “So, you’re concerned that your gums are bleeding when you brush?”). This encourages the patient to elaborate and clarify his or her understanding of the problem.

Motivational interviewing practitioners then intersperse open questions and reflections as needed to guide the conversation through an exploration of the patient's history and presenting problem.

There are a number of clear advantages of the motivational interviewing approach.

- First, by allowing the patient an opportunity to explain the problem as he or she sees it, the clinician gains valuable insight as to how best to work with the particular patient. For example, the patient may highlight particular concerns or express misinformation that can guide the clinician's efforts to help. Patient-provided information is particularly important when trying to understand health care beliefs or priorities or culturally determined preferences.
- Second, patients may introduce unexpected important information that the clinician would not have thought to ask about.
- Third, patient elaboration can often help to focus assessment more efficiently. For example, the clinician might be able to begin the assessment process by focusing on aspects that patient has highlighted as most important to him or her, thus, letting the patient know that his or her concerns are important and will be addressed as early in the assessment process as possible. Similarly, the clinician may be able to narrow the focus of questioning and listening to expand on patient-provided information.



FIGURE 4-5 Making eye contact. The clinician sits down to listen to the patient during a motivational interviewing–based assessment process.

STRATEGIC USE OF REFLECTIONS

Reflective listening is an ideal way to express empathy and encourage the patient to be an active partner in the conversation. One concern clinicians have is that emphasizing reflections might lead to a predominance of *following* (i.e., just listening to the patient) which may not be suitable for conducting an assessment. In motivational interviewing, however, reflections are used to guide the conversation in different ways:

1. **Elaboration.** By choosing whether or not to reflect what the patient says, the clinician can encourage or dissuade the patient from elaborating on a topic.
 - If the clinician does not wish to know more about a particular topic, he or she may choose not to make reflective statements.
 - Most often, the clinician will choose to reflect to encourage the patient to elaborate and clarify information. This generally works best when reflections are brief and focused on the part of the patient’s statement that the practitioner wishes to hear more about.
 - When clinicians make reflections, they also verify that their understanding of the patient perspective is correct. If the clinician’s reflection is off target, the patient usually will respond with a clarification that allows the clinician to correct his or her misperception.
 - Reflections allow the clinician to gather information for assessment purposes while simultaneously developing accurate empathy and validating patients.
2. **Directing and Redirecting.** Although reflections are primarily a tool of listening (or following), they also allow the skilled clinician to guide the conversation. When clinicians make reflections about what a patient has said, there are typically choices about what to reflect. The patient will be prompted to elaborate on whatever the clinician reflects. Table 4-1 provides examples how a clinician might use reflection.

TABLE 4-1 USE OF REFLECTION FOR THE INFORMATION GATHERING PROCESS

<p>Clinician uses reflection to focus the conversation on a particular topic.</p>	<p>Patient: “My gums have bothered me on and off for years now but I think the treatment that I received last year—before I moved here for my new job—might have done the trick.”</p> <p>[The clinician’s reflection guides the conversation toward either the periodontal problem or the previous treatment depending upon which topic the clinician wishes to pursue first. Note that the clinician address both issues but one at a time.]</p> <p>Clinician: “You have gum problems . . . ” [guides the conversation toward discussion of the patient’s history of periodontal problems]</p> <p>Or alternatively:</p> <p>Clinician: “The treatment that you had last year seems to have helped.” [guides the conversation toward discussion of previous treatment]</p>
<p>Clinician uses reflection to gently redirect the conversation back on topic.</p>	<p>Patient: “And the periodontist was so expensive! And on top of that my car was damaged in an accident—I have auto insurance but it’s the deductible that gets you. And coming right around the holidays . . . ”</p> <p>Clinician: “So treatment at the periodontal practice was costly, but have you tried alternating visits between a general dental practice and a periodontal practice?” [guiding conversation away from car accidents and auto insurance back to dental concerns]</p>

SHARING INFORMATION AND ASKING PERMISSION

At times during the assessment process, the clinician may want to provide information that seems pertinent to convey to the patient. To avoid being perceived as “pushing” the patient toward a certain decision, the clinician can *ask permission* (e.g., “May I share some information about diabetes and oral health that you might find interesting?”) and use the steps of *elicit–provide–elicit*.

- It should be noted that when a patient requests information, the clinician should provide that information.
- The goal of asking permission and *elicit–provide–elicit* is to ensure advice supports patient autonomy and is perceived as welcome. It is human nature to be more accepting of those ideas or reasons we offer than to accept those offered by others.
- For example, the hygienist might ask the patient what he already knows or is interested in knowing about general or oral health (“What, if any, concerns do you have about your general health?”). Use of a simple inquiry shows respect for the patient’s knowledge and avoids telling him something he already knows. The hygienist can then follow up on only the information not yet covered after the patient tells what he already knows or is most interested in knowing more about.

SUMMARIZING

Summarizing can be used to organize the assessment conversation.

- When a particular area of assessment has been covered, the clinician may summarize the key points and then open up the conversation in a new direction (e.g., “OK, I think I understand the history here. In a nutshell it began with . . . and now you have come to me. So now I’d like to learn a little more about your daily self-care habits at home. Could you fill me in on what you have been doing to try to take care of your gums?”).
- These brief summaries help to communicate where the conversation has been and where it is going.
- Summarizing can also be used to wrap up an area of conversation. Unlike reflections, summarizing does not typically invite elaboration, although this technique still communicates empathy.

AFFIRMATIONS

Affirmations can be used at any point during the assessment process.

- In motivational interviewing, the clinician actively seeks opportunities to affirm patient strengths or efforts throughout the encounter.
- For example, a clinician who learns a patient is trying to improve his or her daily self-care habits might say, “So you have really made it your goal to floss regularly.”
- An affirmation can also be as simple as thanking the patient for participating in the assessment process (e.g., “Thank you for answering all my questions and sharing your experiences with me.”).

Potential Concerns of Using Motivational Interviewing for Patient Assessment

Clinicians are often concerned assessment will be slow and inefficient if the patient is encouraged to speak more freely and the encounter is not conducted through a series of focused questions. While this is a possibility, assessments often are more efficiently conducted when a patient-centered conversation is used. As noted, patients bring a wealth of knowledge about their lives that guides them in prioritizing their concerns for discussions with their practitioner.

- Frequently, the hygienist can quickly gather the most salient information by listening to the patient rather than completing an exhaustive list of questions.^{2,7}
- Skilled clinicians also use the tools of motivational interviewing to influence the extent of patient elaboration and the duration of the conversation. It is often efficient and effective to engage in a free-flowing conversation with the patient (that may include occasional probing questions as appropriate) and then using focused questions toward the end of the assessment to gather essential missing information.

Benefits of Using Motivational Interviewing for Patient Assessment

As with any method, clinicians will need to determine how motivational interviewing tools may be used to enhance assessment so that it is efficient, effective, and engaging to patients. Using motivational interviewing methods to make assessment more patient-centered is likely to yield dividends for patients and clinicians alike.

SECTION 3 • The Human Element

Sample Communication Scenario

The communication scenario below presents a brief excerpt of dialogue from a clinician conducting a motivational interviewing–based assessment with a patient. The motivational interviewing strategies are identified in bold text.

MOTIVATIONAL INTERVIEWING–BASED ASSESSMENT CONVERSATION

Mr. Roberts is a 59-year-old construction foreman visiting the dental practice for the first time. His medical history is unknown and provides a good opportunity to conduct a directed, patient-centered medical history.



Hygienist (H): Hi Mr. Roberts, what brings you in today? (**open question**)

Patient (P): It's been a while since I've been to the dentist. And, now my company offers dental insurance, so I scheduled a checkup. I think I am overdue to have things checked.

H: You want to make sure your mouth is in good shape (**reflection**).

P: Yes. I think I have a fair amount of tartar build up so you might have your work cut out for you!

H: Anything else? (**open question**)

P: I do have this rough spot up here. I think I might have lost part of my filling.

H: So your concerns are that you might have lost a filling and that you have a lot of tartar build up. Have I got that right? (**summary**)

P: Yes.

H: I am really glad you came in today (**affirmation**). Sounds like there are some very specific oral conditions we can help you with. Before we jump into fixing your teeth, would it be alright if we reviewed your general health to determine the best means of treating your current conditions? (**ask permission**)

P: Sure, that's fine with me.

H: So you mentioned you were here today for a dental checkup, tell me about your last visit to a physician? (**open question**)

P: That visit didn't go so well. I collapsed at work and had to be taken to the emergency room.

H: That's scary (**reflection**). How did it turn out? (**open question**)

H: What did you make of all of that? (**open question**)

H: Sounds like you are not sure if this is something you need to do? (**reflection**)

H: What medications do you take? (**open question**)

H: So, glyburide/metformin 2.5 mg/500 mg twice a day for the diabetes. And Advair 250/100 two puffs twice daily morning and night and Albuterol as needed for asthma. Is that correct? (**summary**)

H: So you are taking your medications and you have been able to go back to work. (**reflection**)

H: Tell me more about that. (**open question**)

H: Sounds like your blood glucose level is elevated (**reflection**). Do you have any concerns about that? (**open question**)

H: You're worried about getting sick again. (**reflection**)

What do you know about diabetes and your oral health? (**open question**)

H: Actually, diabetes and oral health are related. Let's finish this medical history and I will tell you more about it. To make sure that we don't miss anything, I am going to use a checklist of other conditions and you let me know if you have or have had any of these in the past. (**redirect**)

P: I had double pneumonia which I am susceptible to due to my asthma. They also determined I have type 2 diabetes.

P: [Sighing] They gave me a whole list of foods I can and cannot eat and told me to lose weight.

P: I am taking the medicine they gave me but I have not changed anything else.

P: Glyburide/metformin 2.5 mg/500 mg twice a day. Advair 250/100 two puffs twice daily morning and night. Albuterol as needed.

P: Yes, that's right.

P: I am back to work but they tell me my blood sugar is too high.

P: They do a special blood test and I am supposed to try to get below a 6. Last time I was at an 8.

P: Well I certainly do not want to go through another emergency like the one I had recently.

P: I don't see what diabetes has to do with my teeth.

P: Sounds good.

SECTION 4 • Skill Check

Skill Checklist: Communications Role-Play

Student: _____ Evaluator: _____

Date: _____

ROLES:

- **Student 1** = Plays the role of the patient.
- **Student 2** = Plays the role of the clinician.

DIRECTIONS FOR STUDENT: Use **Column S**; evaluate your skill level as **S** (satisfactory) or **U** (unsatisfactory).

DIRECTIONS FOR EVALUATOR: Use **Column E**. Indicate **S** (satisfactory) or **U** (unsatisfactory). In the optional grade percentage calculation, each **S** equals 1 point, each **U** equals 0 point.

CRITERIA:	S	E
Uses appropriate nonverbal behavior such as maintaining eye contact, sitting at the same level as the patient, nodding head when listening to patient, etc.		
Interacts with the patient as a peer and avoids a condescending approach. Collaborates with the patient and provides advice.		
Communicates using common, everyday words. Avoids dental terminology.		
Listens attentively to the patient's comments. Respects the patient's point of view.		
Listens attentively to the patient's questions. Encourages patient questions. Clarifies for understanding, when necessary.		
Answers the patient's questions fully and accurately.		
Checks for understanding by the patient. Clarifies information.		
OPTIONAL GRADE PERCENTAGE CALCULATION		
Using the E column, assign a point value of 1 for each S and 0 for each U . Total the sum of the " S "s and divide by the total points possible to calculate a percentage grade.		

NOTE TO COURSE INSTRUCTOR: A series of role-play scenarios for the modules in this textbook can be found at the Navigate 2 Advantage Access site.

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