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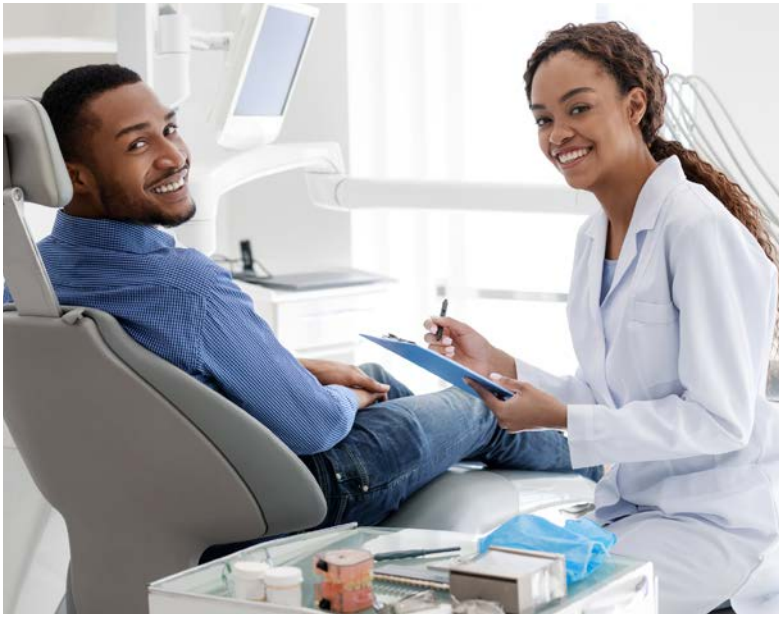

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The role of motivational interviewing in dentistry

A PEER-REVIEWED ARTICLE | by Kandice Swarthout, RDH, LPC

ABSTRACT

Motivational interviewing (MI) is a patient-centered counseling style aimed at eliciting behavior change by helping patients explore and resolve ambivalence. This course delves into the fundamental tenets of MI. It covers core principles such as collaboration, autonomy, and evocation. It outlines key techniques used in MI, including open-ended questions, affirmations, reflective listening, and summarizing (OARS). Additionally, it discusses strategies for managing patient ambivalence and resistance, and elaborates on the four processes of MI: engaging, focusing, evoking, and planning. By understanding and implementing these elements, dental professionals can effectively facilitate patients' motivation and commitment to oral health behavior change.

EDUCATIONAL OBJECTIVES

1. Describe the core principles and spirit of motivational interviewing
2. Identify and apply the key techniques of motivational interviewing
3. Recognize and respond to patient ambivalence and resistance
4. Implement the four processes and OARS skills of motivational interviewing

Motivational interviewing (MI) is a specialized method of communicating with patients that increases behavior change through exploring and resolving ambivalence.[1,2] It is well established through a substantial body of evidence that MI strengthens the patient's motivation toward change.[3] Though MI takes practice and moves outside the clinician's communication comfort zone, once grasped, dental professionals can step out of the lecturer's role and join the patient as a collaborative partner. Motivational interviewing's uniqueness lies in the ability to collaborate with patients.[1] Dental clinicians remove themselves from the educator position by opening the conversation to patient autonomy.[1] This collaboration creates a practitioner/patient relationship based on trust and teamwork versus a differential where the provider holds the power and the patient seeks answers.[1] MI's theoretical foundations consist of a model that builds rapport, establishes trust, implements active listening and a nonjudgmental attitude from the clinician, and empathy and understanding.[1] This course is an introductory overview of motivational interviewing. It will review the history and purpose, the four processes, how to handle ambivalence and resistance, and how to implement basic skills.

The history of motivational interviewing

Motivational interviewing was created for counselors in the 1980s by counselors William Miller and Stephen Rollnick.[2] Realizing that lectures or arguments were not effective change agents with ambivalent people, it was first used to help clients with alcohol misuse concerns.[2,4] As time passed and counselors realized the benefits and success, it began to receive attention in behavior change arenas for patients with health conditions such as diabetes.[4,5] Today, MI has gained popularity in health care and is used widely by medical and dental providers internationally.[5] This communication is effective as dental providers gain confidence in using the skills. It saves time during dental appointments because an impact can be made in a shorter amount of time.[6]

Understanding ambivalence in dental patients

Ambivalence is defined as "having or showing simultaneous and contradictory attitudes or feelings toward something or someone."[7] Ambivalence is critical in MI because it reveals the contradiction and allows the clinician to focus on the positive reasons for change rather than the obstacles.[4] MI assumes that behavior issues present on different readiness levels for behavior change; therefore, it strives to understand the individual's conflicting stance.[4] Patients often feel ambivalent about change and express this with statements like, "I want to be healthier, but I'm too tired to do all of this at night." The "but" cancels out the patient's desire for health and supports the reasons not to change. The hygienist can leverage these statements and use the patient's ambivalence as a guide toward health. Some teachers of MI call this staying in the flowers and avoiding the weeds.[8] The weeds represent the "but" part of the statement, while the flowers represent desires, wants, and needs. When the clinician can steer the patient into the flowers, this is called "change talk."[8,9]

Change talk vs. sustain talk

Change talk is patient statements in the clinical setting that express the desire, reasons, ability, or need for change.[10] MI's empathetic approach encourages patients to consider the advantages of change over the status quo.[5] A 2009 study showed that patients who engaged in change talk during a clinical visit remained in the changed behavior for as long as 34 months postintervention.[11] Change talk is a pillar of motivational interviewing and will be addressed thoroughly in this course.

Conversely, sustain talk is when the patient speaks in favor of not changing.[12] Sustain talk is the part of ambivalence that keeps the person in the "weeds." Fluctuation between change talk and sustain talk is to be expected as part of ambivalence.[8,12]

The spirit of MI

Motivational interviewing implores the clinician to shift from a provider-centered to a patient-centered mindset with respect, genuineness, and caring even when the patient's beliefs are misguided.[1] The provider changes the way they see themselves in the relationship. The shift from educator/lecturer to guiding partner is what Miller and Rollnick call "the spirit of MI."[1] The dental professional embraces the idea of patient resistance and ambivalence toward behavior change.[1,6] An example of how the spirit of MI can be captured is what the creators coined READS. This stands for roll with resistance, express empathy, avoid argumentation, develop discrepancy, and support self-efficacy (figure 1).[6,10]

Rolling with resistance is accepting that patients will be resistant to change.[6] The dental hygienist does not see the patient as a stubborn person who refuses to floss and, in turn, emphasizes the importance of interdental cleaning in the disease process. Instead, they may say, "You do not think flossing is important for your health."[6] This states the patient's belief and does not push against the resistance.[6]

Expressing empathy furthers the MI spirit by reflecting the patient's

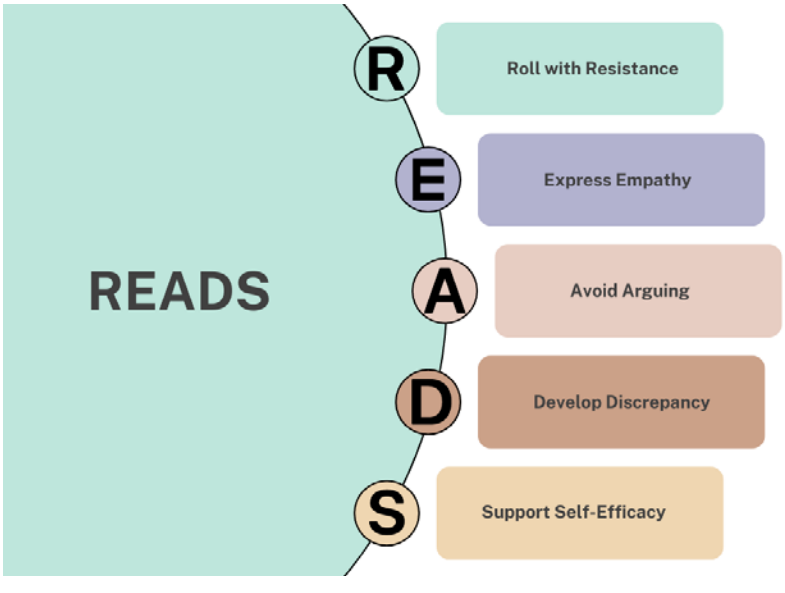

FIGURE 1: READS for motivational interviewing.[6]

beliefs or feelings without judgment.[6] This may sound like, "You are surprised that you have periodontal disease because you brush twice a day and went to your last dentist every six months." This allows the patient to feel heard on a deeper level and further engage in the conversation.[4,6] This is also considered a reflection, one of the key techniques in MI.[4,6]

Practitioners often fall into the trap of arguing with a patient when presented with resistance.[6] Arguing further solidifies the patient's reasoning for not wanting to change and keeps the patient in the weeds.[6] When the hygienist avoids arguing, the patient becomes more open to change talk.[6]

Developing discrepancy is a skill that takes time and practice.[4,6] It occurs when the clinician listens closely enough to detect discrepancies in the patient's reasoning, desires, or goals.[4,6] An example of developing discrepancy is, "You want to have a healthier mouth, but you do not believe that flossing does any good."[4,6]

Supporting self-efficacy focuses on when the patient was successful instead of past failures.[6] If a patient reveals that flossing seems most manageable during the six weeks following a preventive dental appointment, a statement that supports self-efficacy is: "Six weeks is a long time. What happens during that time that makes it seem easier to you?" This type of response steers clear of negativity around the patient's failure and opens the conversation to why flossing is possible.[6]

The READS mindset prepares the clinician to be present and patient-centered and collaboratively lead behavior changes. The core principles and four processes of motivational interviewing will discuss further how to guide the patient into change talk and behavior modification.[6]

Core elements of motivational interviewing

Motivational interviewing's core elements are collaboration, evocation, autonomy, and compassion.[1] These principles involve building partnerships with patients, drawing from the patient's motivations for change, supporting self-efficacy, and maintaining a nonjudgmental stance.[1]

Collaboration: In motivational interviewing, collaboration focuses on building a relationship with patients that emphasizes working with them rather than doing something to or for them.[12,13] In the first of the four core principles, the clinician does not approach the patient as a teacher or expert.[12] Instead, the patient and provider act as coexperts on the patient's health. After all, the patient is the ultimate authority on their wants, goals, and preferences.[13] This conversation phase sets a partnership tone and should feel like "dancing instead of wrestling" when approaching behavior change.[12] This type of communication allows the patient to draw self-activating motivation toward behavior change.[1,9] In the spirit of MI and starting the collaborative conversation, the dental hygienist may say, "I understand that flossing can feel like an extra step, and it can be difficult to make it a daily habit. Can we talk a bit about what makes flossing challenging for you?" The hygienist maintains READS by rolling with the resistance and not arguing. The hygienist furthers the conversation in a partnership by asking permission to have a discussion based on the patient's experiences, not the clinician's expertise.[1,4,9]

Evocation: Patients can draw within themselves for the resources and skills needed to change behavior.[13,14] When a clinician uses MI, it protracts the person's values and priorities. This assists in evoking the patient's wisdom and desires for change instead of providing tools, medications, or treatments before building trust. The likelihood that the patient will comply with treatment increases when the patient can activate a personal reason for change.[4,9,13,14]

Autonomy: Autonomy refers to the clinician acting with unconditional regard for the patient. This occurs when the dental professional accepts the patient, no matter their choices or characteristics.[14] A nonjudgmental and supportive environment will help the patient feel valued and understood.[13,14]

Autonomy and unconditional regard create a safe space where patients trust the clinician enough to discuss their concerns, fears, and challenges.[9,13,14] A hygienist can use a nonshaming approach by saying, "I hear that you are not keen on flossing. So many people feel this way. I respect that, and I appreciate your honesty. What are some things you find unappealing or difficult about it?" The hygienist addresses the behavior, or lack thereof, without judgment. This allows for follow-up with an open-ended question, which will be discussed in the following section.

Compassion: When implementing MI in the dental practice, compassion is embodied by the clinician prioritizing the patient's needs above their own agenda.[4] It is an intentional act to give the patient's health and well-being top priority.[1] Simple statements such as "It can be challenging to remember to floss daily. Life gets so busy" show a compassionate connection that fosters trust between the clinician and patient.

Four processes of motivational interviewing

The four processes of MI are engaging, focusing, evoking, and planning. Though the processes seem linear at first glance, it will become apparent that the tasks overlap and blend

throughout the MI conversation as the clinician becomes well versed in the method.[1] Ambivalence and change talk will emerge as the hygienist activates the four processes.[12]

Engaging: Engaging begins with the first contact with the patient. Metaphorically, it is referred to as the "Let's walk together" phase.[9] In a busy practice, this step can be easily overlooked as the clinician is short on time and hurries into the "business" of the appointment. The creators of MI offer that 20% of the appointment time should be dedicated to engaging the patient, especially on first contact. It is not just about sitting with the patient and being friendly.[1,9] Engaging continues through health history updates and collecting vitals and data by using open-ended questions, affirmations, reflections, and summarizing.[1] The first moments can make or break the patient's trust relationship with the provider.[1] A clinician who properly employs engaging will:[1,14-16]

- Greet the patient by name
- Approach the patient and make contact (while avoiding calling out the patient's name from the reception door)
- Introduce themselves and let the patient know their role in the appointment ("Hello, my name is Kandice. I'm going to be your dental hygienist today.")
- Walk next to, not in front of or behind, the patient on the way to the operatory.
- Make the patient the center of attention, focusing on the purpose of the visit
- Use genuine empathy
- Listen well during the health history and intake information collection
- Try to fully understand the patient's perspective without an agenda
- Activate the OARS skills (discussed in the next section)

Engaging is crucial in gaining trust and confidence so the patient is open to meaningful conversations that could make a significant health impact.[1,14-16]

Focusing: Focusing is considered the "Where are we going?" stage of MI.[9] In focusing, the hygienist guides the conversation to what is most important to the patient.[9] Though it is easy to get caught in the niceties of casual conversation during the engaging phase, focus is when the clinician directs attention to the patient's health concerns.[14] Through the skills of open-ended questions and reflections, the practitioner helps with determining the topic of the conversation, listening for ambivalence, and encouraging change talk.[9,14-16]

Evoking: Evoking means "calling out what is already present."[1] "Why would we go there?" is the question to be answered in the evoking stage of MI, and its purpose is to discover the patient's own reasons and resources for change.[9] Arousing change talk from the patient requires asking open-ended questions to determine how important the specific change is to the patient.[1] The hygienist listens for ambivalence and prepares for change talk by reflecting on a person's desire, ability, reasons, and need for change. This is called DARN in MI.[1] An example of evoking is: Instead of telling a patient why flossing would be beneficial, try asking, "What benefits do you think you would see from flossing daily?" This example highlights the reason and can open the door for a meaningful and productive conversation about the patient's motivations for not flossing.1 Instead of identifying the problem for the patient and offering solutions, evoking helps explore the individual's own goals and values and reasons for refusing or avoiding behavior change.[14-16]

Planning: Finally, the planning stage answers the question, "How will we get there?"1 Once the patient has established a need for change and wants it, it is the dental professional's job to assist in developing a plan that is accessible and acceptable to the patient.[14] Often, the patient already knows what will work as the behavior change has been attempted previously.[14] The patient and clinician transition from "why" to "how" after the patient has evoked confidence for making change.[16] An example of a planning statement is, "Let me understand where we are so far. You want to take better care of your teeth but often feel too tired to floss. You would like to change this. How about we brainstorm a plan together that will help instill this habit? Let's start with what has worked for you in the past." Now, the hygienist is proceeding with a plan after establishing the needs and wants of the patient. This creates trust and connection, allowing for the resolution of ambivalence.[16]

Techniques and strategies in motivational interviewing

Using OARS skills is one of the most basic and effective strategies a new MI clinician can implement. OARS stands for open-ended questions, affirmations, reflective listening, and summarizing (figure 2).[1,6,9] These skills are needed to engage the patient in change talk and resolve ambivalence.[1,9] Implementing these skills is not linear but cyclical through the four processes. The most important skill that must be interwoven into OARS is effective listening. The ability of the hygienist to listen without ordering or directing, persuading, "should-ing" (telling the patient what they should do), judging, blaming, or interrupting will set the patient up for a successful collaborative MI conversation.[6,9,16]

Open-ended questions: Open-ended questions cannot be answered

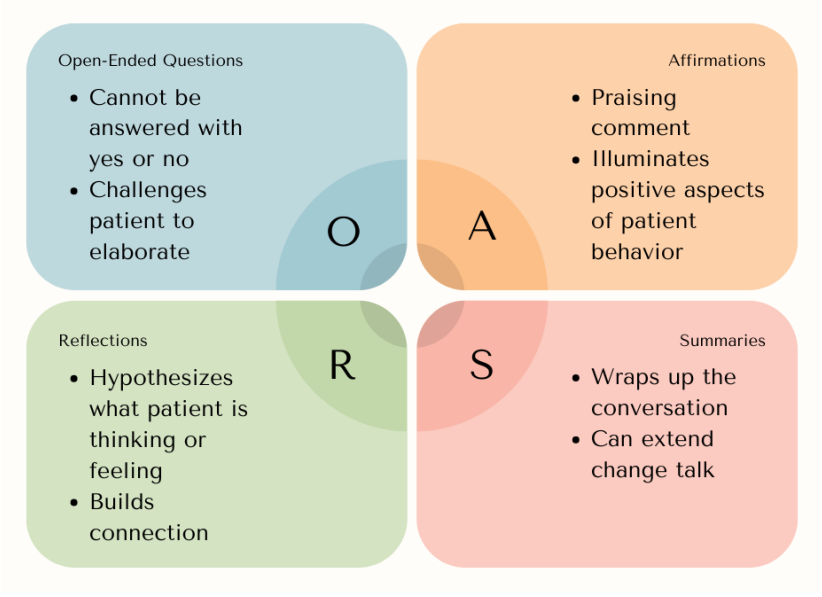

FIGURE 2: OARS for motivational interviewing.[1]

with a yes or no response.[1] These questions challenge the patient to give pause and thought to the answer, creating space for the hygienist to gather more knowledge about the patient in a short amount of time because the patient tends to elaborate on their concerns.[1,9,16] Sometimes an open-ended question is turned into an inviting statement. An example of this is instead of asking, "Do you floss?" ask the patient, "Tell me what you do to clean between your teeth."

Because "tell me more" open-ended questions invite elaboration, keep the conversation moving forward, facilitate a dialogue, and encourage the patient to talk more than the provider.[6] This is useful in gathering a significant amount of information in a short amount of time, especially in a dental setting where time is of the essence.[6,14]

Affirmations: An affirmation is a praising comment about a person's ability, actions, insight, character, or effort, to name a few.[16] Affirmations are used when the provider illuminates the positive aspects of the patient's behavior or efforts but must be used wisely and sparingly to prevent the clinician from coming across as ungenuine or misaligned with the patient.[6,16] An example of an affirmation is: "It is great that you can maintain the habit of flossing for six weeks after your visits. That is an impressive start." After some practice, the hygienist will see that not all affirmations are created equal and keep patients out of the weeds. The hygienist might say, "You flossed for six weeks following your last visit. That is amazing. I have faith you can do it longer than that." This is an affirmation, but it has the potential to invite the patient into sustain talk instead of change talk because it allows the patient to defend their ability to continue the habit.[6] Therefore, affirmations require a tone that leads the patient to the next level of change.[6] When used well, an affirmation can help the patient to see themselves in a new way, cultivate hope, and ignite motivation.[4,14,16]

Reflective listening: Reflective listening is an art and fundamental skill of MI that requires practice from the provider. At first, reflections can feel awkward to the caregiver because of the active nature of listening required. The clinician does not simply listen and nod passively but uses phrases that show a precise understanding of the patient's wants and needs.[4,6] The hygienist "reads between the lines" and assumes the underlying meaning of what the patient is saying or feeling.[4,14] This hypothesized statement lets the patient know they are heard, allows the patient to confirm the feelings, or allows the patient to correct the feelings.[6] This builds trust and rapport between patient and clinician while compassionately guiding the conversation toward further understanding of the patient's goals.[6] The hygienist might say, "It sounds like you commit to flossing consistently for several weeks after your cleaning but then find it challenging to maintain the habit." This statement does not offer advice, direction, lecturing, persuading, shaming, or questioning. It simply restates the facts the patient has already provided and attaches what the hygienist believes the patient is experiencing.[4,6,15,16]

Summaries: Summaries are used after the patient has freely engaged in change talk.[6,16] A summary wraps up the conversation and lets the patient recognize that the hygienist has listened thoroughly. A summary may begin with: "Let me make sure I understand where we are."[16] At this point, the clinician states an overview of the conversation including the patient's needs and goals. Short summaries throughout and at the end of the appointment help the patient to engage in extended change talk and feel connected to the provider.[4,6,15,16]

Conclusion

Motivational interviewing (MI) has evolved significantly since its inception in the early 1980s by Miller and Rollnick, emerging as a highly effective, patient-centered approach that dental professionals can engage to improve patient outcomes. Originally

developed to address substance abuse issues, MI has since been applied to a variety of health-related behaviors, including oral health. Understanding and resolving ambivalence—where patients experience mixed feelings about maintaining oral hygiene—are central to MI. By acknowledging and exploring these conflicting emotions, dental professionals can empower their patients to find their own motivations and solutions for better dental health.

The effectiveness of MI in dental practice is structured around its four critical processes: engaging, focusing, evoking, and planning. These stages guide dental professionals in building rapport with patients, homing in on specific oral health goals, eliciting the patient's reasons for change, and developing a concrete plan for improved dental care. The OARS skills complement these processes—open-ended questions, affirmations, reflective listening, and summarizing. These techniques facilitate deeper conversations, reinforce patients' strengths and aspirations, and ensure clarity and mutual understanding. Together, MI's history, fundamental concepts, and practical skills create a robust framework for dental professionals to foster meaningful, self-directed changes in their patients' oral health behaviors.

REFERENCES

1. Miller WR, Rollnick S. *Motivational Interviewing: How People Change and Grow.* 4th ed. The Guilford Press; 2023.
2. Melnick R, Mendonça CS, Meyer E, Faustino-Silva DD. Effectiveness of motivational interviewing in smoking groups in primary healthcare: a community-based randomized cluster trial. *Cad Saude Publica.* 2021;37(3):e00038820. doi:10.1590/0102-311X00038820
3. Mullin DJ, Hendrickson MA, Lewis T, et al. Evaluation of online and in-person motivational interviewing training for healthcare providers. *Fam Syst Health.* 2016;34(4):357. doi:10.1037/fsh0000214
4. Bischof G, Bischof A, Rumpf HJ. Motivational interviewing: an evidence-based approach for use in medical practice. *Dtsch Arztebl Int.* 2021;118(7):109-115. doi:10.3238/arztebl.m2021.0014
5. Kaczmarek T, Kavanagh DJ, Lazzarini PA, et al. Training diabetes healthcare practitioners in motivational interviewing: a systematic review. *Health Psychol Rev.* 2022;16(3):430-449. doi:10.1080/1743719 9.2021.1926308
6. Berger B, Villaume W. *Motivational Interviewing for Health Care Professionals: A Sensible Approach.* 2nd ed. American Pharmacists Association; 2020.
7. Merriam-Webster Dictionary. Ambivalent. https://www.merriam-webster.com/dictionary/ambivalent
8. Behavioral Health & Wellness Program. Dimensions: Motivational Interviewing for Behavior Change. Level I, Trainee Manual. School of Medicine, University of Colorado Anschutz Medical Campus; 2018.
9. Rollnick S, Miller W. *Motivational Interviewing in Health Care: Helping Patients Change Behavior.* The Guilford Press; 2008.
10. Hasan M, Carcone AI, Naar S, et al. Identifying effective motivational interviewing communication sequences using automated pattern analysis. *J Healthc Inform Res.* 2019;3(1):86-106. doi:10.1007/s41666-018-0037-6
11. Apodaca T, Longabaugh R. Mechanisms of change in motivational interviewing: a review and preliminary evaluation of the evidence. *Addiction.* 2009;104(5):705-715. doi:10.1111/j.1360-0443.2009.02527.x
12. Westra HA, Aviram A. Core skills in motivational interviewing. *Psychotherapy (Chic).* 2013;50(3):273-278. doi:10.1037/a0032409
13. Motivational Interviewing Network of Trainers. Understanding motivational interviewing. August 2019. https://motivationalinterviewing.org/sites/default/files/understanding_mi_aug_2019.pdf
14. Substance Abuse and Mental Health Services Administration (US). Enhancing Motivation for Change in Substance Use Disorder Treatment: Updated 2019. Treatment Improvement Protocol (TIP) Series, No. 35. Chapter 3—Motivational Interviewing as a Counseling Style. Rockville, MD. https://www.ncbi.nlm.nih.gov/books/NBK571068/
15. Motivational Interviewing Network of Trainers. Four fundamental processes in MI. Accessed 2024. https://motivationalinterviewing.org
16. Frey J, Hall A. *Motivational Interviewing for Mental Health Clinicians: A Toolkit for Skills Enhancement.* PESI Publishing, Inc; 2021.

Kandice Swarthout, RDH, LPC, is a licensed professional counselor and registered dental hygienist. She is a full-time dental hygiene educator in Texas. Kandice is the owner of Inspired Education & Wellness, where she is a speaker, writer, and private practice therapist. She combines her clinical dental and mental health experience to help other health-care professionals have a fulfilling work-life experience. Contact Kandice at kandiceswarthout.com or on social media @The Counselor Hygienist.

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1. What is motivational interviewing?
   - A. A client-centered directive counseling style for eliciting behavior change
   - B. A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence
   - C. A method of giving advice to clients about how to change their behavior
   - D. A technique used to confront clients about their unhealthy behaviors

2. Who are the founders of motivational interviewing?
   - A. Carl Rogers and Abraham Maslow
   - B. Sigmund Freud and Carl Jung
   - C. William Miller and Stephen Rollnick
   - D. John Watson and B. F. Skinner

3. What does ambivalence refer to in motivational interviewing?
   - A. A lack of knowledge about behavior change
   - B. Mixed feelings or contradictory ideas about behavior change
   - C. Complete refusal to change behavior
   - D. Total commitment to change behavior

4. Which of the following is not one of the four processes of MI?
   - A. Engaging
   - B. Focusing
   - C. Confronting
   - D. Planning

5. What does OARS stand for in motivational interviewing?
   - A. Open-ended questions, affirmations, rebuttals, summarizing
   - B. Open-ended questions, affirmations, reflective listening, summarizing
   - C. Options, advice, reflective listening, summarizing
   - D. Open-ended questions, advice, responses, summarizing

6. Which of the following is an example of an open-ended question?
   - A. How do you feel about your current oral health routine?
   - B. Do you brush your teeth twice a day?
   - C. When did you last visit the dentist?
   - D. Did you floss yesterday?

7. What is the purpose of affirmations in MI?
   - A. To confront the patient about their behavior
   - B. To provide solutions to the patient's problems
   - C. To reinforce the patient's strengths and efforts
   - D. To summarize the patient's statements

8. What is reflective listening?
   - A. Giving advice to the patient
   - B. Asking closed-ended questions
   - C. Paraphrasing what the patient says to show understanding
   - D. Telling the patient what to do

9. What is the main purpose of summarizing in MI?
   - A. To introduce new topics
   - B. To ensure understanding and to review key points
   - C. To give advice
   - D. To confront the patient

10. Which of the following is a core principle of motivational interviewing?
    - A. Authority
    - B. Compassion
    - C. Confrontation
    - D. Advice-giving

11. What does the D in DARN stand for?
    - A. Desire
    - B. Decision
    - C. Determination
    - D. Discipline

12. What does the A in READS stand for?
    - A. Avoiding argumentation
    - B. Affirmations
    - C. Asking permission
    - D. Acknowledging

13. What does the R in READS stand for?
    - A. Reflection
    - B. Responding
    - C. Rolling with resistance
    - D. Reacting

14. What does the N in DARN stand for?
    - A. Neglect
    - B. Need
    - C. Negotiate
    - D. Notice

15. Which of the following best describes the engaging process in MI?
    - A. Setting specific goals for the client
    - B. Building a trusting relationship with the client
    - C. Creating a detailed action plan
    - D. Providing information about behavior change

16. During the focusing process, what is the main goal?
    - A. Clarifying the direction and goals for change
    - B. Building rapport
    - C. Summarizing the session
    - D. Rolling with resistance

17. During the evoking process, what is the primary goal?
    - A. Eliciting the client's own motivations for change
    - B. Providing solutions to the client's problems
    - C. Creating a step-by-step action plan
    - D. Building a relationship with the client

18. What is the planning process in MI aimed at?
    - A. Developing a specific plan for action
    - B. Building rapport with the client
    - C. Eliciting change talk
    - D. Summarizing the session

19. Which of the following is an example of an affirmation?
    - A. Why haven't you been flossing?
    - B. It's great that you're committed to improving your oral health.
    - C. When did you last floss?
    - D. Do you floss regularly?

20. Which OARS skill involves asking questions that cannot be answered with a simple yes or no?
    - A. Open-ended questions
    - B. Affirmations
    - C. Reflective listening
    - D. Summarizing

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21. Why is reflective listening important in MI?

A. It gives the practitioner time to think of the next question.

B. It confronts the client's resistance.

C. It shows the client that they are being heard and understood.

D. It provides solutions to the client's problems.

22. How can summarizing help in a motivational interviewing session?

A. It helps to consolidate the client's thoughts and reinforce their motivations.

B. It allows the practitioner to introduce new topics.

C. It confronts the client's ambivalence.

D. It provides a solution to the client's problems.

23. Which of the following is a characteristic of ambivalence?

A. Complete refusal to change

B. Total commitment to change

C. Mixed feelings about change

D. Indifference to change

24. What does the E in READS stand for?

A. Empathy

B. Express empathy

C. Encouragement

D. Engagement

25. Which of the following is a goal of the engaging process in MI?

A. Creating a detailed action plan

B. Establishing a trusting relationship

C. Providing information about change

D. Eliciting change talk

26. What does the R in DARN stand for?

A. Reluctance

B. Reasons

C. Reflection

D. Responses

27. Which of the following best describes the planning process in MI?

A. Building rapport with the client

B. Developing a specific and actionable plan for change

C. Eliciting the client's motivations for change

D. Summarizing the session

28. What does the S in OARS stand for?

A. Statements

B. Suggestions

C. Summarizing

D. Solutions

29. How does the focusing process in MI benefit the interaction between the practitioner and the patient?

A. It helps the practitioner and patient agree on the goals and priorities for change.

B. It allows the practitioner to provide dental advice directly.

C. It enables the patient to lead the conversation completely.

D. It focuses primarily on educating the patient about their health.

30. Which OARS skill involves reinforcing the client's strengths and efforts?

A. Open-ended questions

B. Affirmations

C. Reflective listening

D. Summarizing

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EXPIRES: **APRIL 2028**

The role of motivational interviewing in dentistry

NAME: TITLE: SPECIALTY:

ADDRESS: EMAIL: AGD MEMBER ID (IF APPLIES):

CITY: STATE: ZIP: COUNTRY:

TELEPHONE (PRIMARY): TELEPHONE (OFFICE):

REQUIREMENTS FOR OBTAINING CE CREDITS BY MAIL/FAX: 1) Read entire course. 2) Complete info above. 3) Complete test by marking one answer per question. 4) Complete course evaluation. 5) Complete credit card info or write check payable to Endeavor Business Media. 6) Mail/fax this page to DACE.

If you have any questions, please contact dace@endeavorb2b.com or call (800) 633-1681. A score of 70% or higher is required for CE credit.

COURSE CAN ALSO BE COMPLETED ONLINE AT A LOWER COST. Scan the QR code or go to dentalacademyofce.com to take advantage of the lower rate.

EDUCATIONAL OBJECTIVES

1. Describe the core principles and spirit of motivational interviewing
2. Identify and apply the key techniques of motivational interviewing
3. Recognize and respond to patient ambivalence and resistance
4. Implement the four processes and OARS skills of motivational interviewing

COURSE EVALUATION

1. Were the individual course objectives met?
   Objective #1: Yes No Objective #3: Yes No
   Objective #2: Yes No Objective #4: Yes No

Please evaluate this course by responding to the following statements, using a scale of Excellent = 5 to Poor = 0.

2. To what extent were the course objectives accomplished overall?	5	4	3	2	1	0
3. Please rate your personal mastery of the course objectives.	5	4	3	2	1	0
4. How would you rate the objectives and educational methods?	5	4	3	2	1	0
5. How do you rate the author's grasp of the topic?	5	4	3	2	1	0
6. Please rate the author's effectiveness.	5	4	3	2	1	0
7. Was the overall administration of the course effective?	5	4	3	2	1	0
8. Please rate the usefulness and clinical applicability of this course.	5	4	3	2	1	0
9. Please rate the usefulness of the references.	5	4	3	2	1	0
10. Do you feel that the references were adequate?	Yes	No				
11. Would you take a similar course on a different topic?	Yes	No				

12. If any of the continuing education questions were unclear or ambiguous, please list them.

13. Was there any subject matter you found confusing? Please describe.

14. How long did it take you to complete this course?

15. What additional dental continuing education topics would you like to see?

Mail/fax completed answer sheet to:
Endeavor Business Media
Attn: Dental Division; 7666 E. 61st St. Suite 230, Tulsa, OK 74133
Fax: (918) 831-9804

☐ Payment of $69 is enclosed (this course can be completed online for $39. Scan the QR code or go to dentalacademyofce.com to take advantage of the lower rate).

Make check payable to Endeavor Business Media

If paying by credit card, please complete the following:

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Charges on your statement will show up as Endeavor.

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5.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	20.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
6.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	21.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
7.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	22.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
8.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	23.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
9.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	24.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
10.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	25.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
11.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	26.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
12.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	27.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
13.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	28.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
14.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	29.	Ⓐ	Ⓑ	Ⓒ	Ⓓ
15.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	30.	Ⓐ	Ⓑ	Ⓒ	Ⓓ

CUSTOMER SERVICE: (800) 633-1681

EXAM INSTRUCTIONS. All questions have only one answer. If mailed or faxed, grading of this examination is done manually. Participants will receive confirmation of passing by receipt of a Verification of Participation form. The form will be mailed within two weeks after receipt of an examination.

COURSE EVALUATION AND FEEDBACK. We encourage participant feedback. Complete the evaluation above and e-mail additional feedback to Rachel McIntyre (rmcintyre@endeavorb2b.com) and Laura Winfield-Roy (lwinfield@endeavorb2b.com).

COURSE CREDITS AND COST. All participants scoring 70% or higher on the examination will receive a verification form for three (3) continuing education (CE) credits. Participants are urged to contact their state dental boards for CE requirements. The cost for courses ranges from $20 to $110.

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