Coaching Patients to Optimal Interdental Health
Presented by: Carol A. Jahn, RDH, MS, Senior Professional Relations Manager, Water Pik, Inc
cjahn@waterpik.com

Disclosure Statement
Water Pik, Inc: Designed and developed this course/Manufactures and distributes products addressed in this course
Provided an educational grant to support this course
Carol A. Jahn, RDH, MS Is employed by Water Pik, Inc as the Senior Professional Relations Manager and serves on the
board of the RDH Magazine, Access Industry Board, and the corporate council for Dimensions of Dental Hygiene

Journal of Evidence-Based Practice, 2005
Involving patients in a decision process that accounts for risks and benefits of treatment, the seriousness of their
condition, costs, and personal beliefs is associated with improved access, compliance and health outcomes.”

Evidence-based Clinical Practice: Concepts & Approaches, 2000
The ways in which choices are described, including the language chosen to describe possible outcomes, have a profound
effect in “framing” such decisions and influencing which options are eventually chosen

British Medical Journal, 2001
Compliance: Adherence to regime of care and persistence with it over time

Merriam Webster Dictionary
Compliance: Yielding to the wishes of other

British Medical Journal, 2001
50% of people with chronic disease comply with recommendations, irrespective of disease, treatment or age/Poor even
among patients with a high and moderate risk of death/Inverse relationship between daily dosing and
compliance/Problems exist in all countries/Compliance rate: 1x day: 78%, 2x day: 72%, 3x day: 64%, 4x day: 60%

Archives of Internal Medicine, 2006
In people who have had a heart attack/1 in 8 (12.5%) stopped taking all meds by 1 month after hospital
discharge/Another 4% discontinued 2 drugs/18% had dropped at least one drug/Risk factors included older age and low
education level

Health Behavior Change in a Dental Practice, Suvan, 2010
• We tend to assume that patients are lacking…and that if they just had more knowledge, insight, skills, or concern
about their situation, they would make a change/People often underestimate their own risks and overestimate their
skills/We think they expect us to give advice. So we ‘repeatedly’ dispense more information and recommendations
• There are limits to what can achieved through advice along/the expression of empathy perhaps the most important
factor in eliciting change

www.strengthsfinder.com
Bringing out the best in your is the way to bring out the best in your patients. Identify your strengths with the strengths
finder survey

Health Behavior Change, 2000
• Patients are not a homogenous group when it comes to behavior change ;depending on their degree of readiness to
change, they have different needs and should be treated accordingly

Prochaska et al, 1994
“In change, as in many other aspects of life, timing is everything. You will apply different processes to your problems at different stages of change.”

**Stages of change:** Precontemplation, contemplation, preparation, action, maintenance

**Precontemplation:** I won’t, resist change, come to an appointment through pressure, want people to quit nagging, have a feeling of hopeless ness

**Contemplation:** I might, acknowledge problems, struggle to understand, explore solutions, make plans/but some are chronic contemplators

**Preparation:** I will, high awareness, make adjustments, public intentions, committed but ambivalent

**Action:** I am, commitment, time, energy, visible results, recognition, but action does not equal change

**Maintenance:** I have, great challenge, struggling with relapses, commitment, need encouragement

**Health Behavior Change in a Dental Practice, Suvan, 2010**
All patients have the potential for change: Key components: collaboration, evocation, autonomy

**Collaboration:** working with the patient to foster a partnership; enhance joint decision making towards the goal

**Evocation:** eliciting the motivation from within. Guiding the patient to examine ambivalence and evoke change

**Autonomy:** Recognizing the freedom of patients to make their own choices/enhances internal motivation

**JADA, 2004, 2006:** Children who received coaching via motivation interviewing had less decay 1 & 2 yrs later than those who received a traditional counseling approach

**Rollnick, 2008:** Coaching initiatives by doctors, nurses, dieticians produced positive clinical outcomes in people dealing with weight, heart disease, alcohol consumption. Type of professional credential did not matter; all were successful

**Health Behavior Change, 2000**
Coaching via motivational interviewing is founded on the principle of brief interventions of 5-15 minutes.

**Words matter:** there is a powerful connection between the words we use and the results that we get

**Ambivalence is good:** it is a natural way to feel about change, sets up the opportunity for change, allows for empathy

**Motivational Interviewing in Healthcare, 2008**

**R:** resist the righting reflect/ **U:** understand your patients/ **L:** Listen to your patients/ **E:** empower your patients

**Resist** the righting urge: natural instinct/but leaves the person with the only alternative to resist/take up the other side

**Understand:** It is the patient’s own reason for change that needs to be the trigger/ask them what they would consider

**Listen:** we think patients expect us to have the answer but the answer lies within the patient

**Empower:** outcomes are better when patients are interested and take an active role/help them explore options

**Health Behavior Change in a Dental Practice, Suvan, 2010**

**Styles of communicating:** Directing/Following/Guiding

**Directing:** traditional approach/necessary in some cases/works best with good rapport or by patient request

**Following:** predominated by listening/used when sensitivity is needed/provides understanding and support

**Guiding:** helps patients solve problems for themselves/identifies what’s possible/good with ambivalence

**OARS:** open questions/affirmations/reflective listening/summarizing

**Questions to consider:**
- Does your patient want to talk?/may have more pressing life issues, no rapport or a precontemplator
- How do you ask questions? Do you ask permission? Can reinforce patient autonomy and build rapport
- Using open questions: How do you feel about flossing/what do you know about periodontal disease
- How do you provide support: recognizing efforts, encouragement, helping them believe they can do it

**Affirmations**
- You are doing better with your blood sugar, congrats/You are using your water flosser 5x a week, that’s great/You are thinking about quitting smoking, that’s a great first step

**Reflective Listening:**
• Allows the patient to feel understood/encourages clarification/gives the clinician space to process/ helps patients explore where they are and where they want to be/gives perspective
• Take into consideration what they already know/their interest in further info/perception of what the information means to them/otherwise we waste our time and theirs

Summarizing:
• Instead of telling/reflect and summarize what was exchanged/demonstrates listening/understanding

Dealing with discrepancies in behavior: develop a pro/con matrix. Start with the pros of not changing
• What worries you the most about your current situation/what do you think might happen if you don’t change/what are the advantages of change/what success have you had in the past/what are you willing to try

Rolling with resistance: sample responses to a Mom whose child goes to sleep with a bottle and has ECC and is reluctant to take the bottle way from her
Simple reflection: So you are saying this isn’t a good time?
Amplified: So, you don’t see any problems with this situation?
Double sided: On one hand, it’s easier to get her to bed with the bottle, on the other you realize it’s bad for her teeth
Agree with twist: Your right, taking the bottle away will be painful and so is tooth decay
Emphasis on personal control: You’re her mom, this is your choice; I won’t nag. I do need to get a better understanding of what we can do to stop/control the decay
Reframe: You’re daughter likes the bottle, and I sense you are worried about the pain and expense of continued decay

Readiness to change is dependent upon importance and confidence. Both can be enhanced
Importance: related to values/goals/beliefs/priorities Confidence: perceived ability to cope with the change
• I remember you had some success with....
• Many of my patients tell me....
• This may not fit for you, and .......
• What has worked for some.....
• The research tells us........

To get or strengthen the commitment:
• What changes, if any, would you consider?
• It sounds like you don’t want things to stay the same, what would you like to do?
• You sound pretty confident, what’s your next step?

Graves et al, J Periodontol,1989
2-week trial with 119 adults comparing brushing & flossing to brushing alone/Brushing & flossing was supervised
Toothbrushing achieved a 35% reduction in bleeding /Brushing and flossing achieved a 67% reduction in bleeding sites

International J of Dental Hygiene, 2008
Meta-analysis of 11 studies; minimum 28 days Four found better plaque removal with the addition of floss
One found a greater reduction in bleeding with floss/The routine instruction of flossing is not supported by scientific evidence/The RDH should determine on an individual basis whether high quality flossing is an achievable goal

J Dental Research, 2006
Flossing’s effectiveness in reducing caries is dependent upon fluoride exposure and compliance
There are no studies showing flossing prevents caries in adults in ‘real-world’ conditions
The dental professional should determine on an individual basis whether quality flossing is achievable
One should be careful to justify flossing based on ‘common-sense’ arguments when other caries prevention interventions are supported by higher levels of evidence.

Canadian Dental Hygienists’ Association Position Paper on Flossing, 2006
Many flossing aids and interdental cleaners including floss holders, automated flossers, interdental brushes, picks, wooden sticks, and some home irrigators are viable alternatives to manual finger flossing
Yankell et al, J Clin Dent, 2002
BrushPicks vs Glide Floss Similar reductions in plaque Greater reduction in Bl & Gi for BrushPicks

Lewis et al, J Periodontol, 2004
Toothpick holder vs floss: no significant differences for plaque, interproximal plaque or bleeding

Christou et al, J Periodontol, 1998
Interdental brush reduced significantly more plaque than floss but similar in bleeding

Kleber et al, J Dent Hyg, 1990
Floss holder vs traditional floss: Equally successful in removing plaque and reducing gingivitis

Rosema et al, J Int Acad Periodontology, Jan 2011
The Water Flosser was twice as effective as floss at reducing gingival bleeding

The Water Flosser with the Orthodontic Tip was 3x as effective as floss in reducing plaque and 26% more effective at reducing bleeding

Barnes et al, J Clin Dent, 2005
The Water Flosser with the Classic Jet Tip was up to 93% more effective at floss in reducing bleeding and up to 52% more effective at reducing gingivitis

Compendium Cont Ed in Dent, March 2009
The pressure and pulsation combination of the Water flosser removed 99.9% of plaque biofilm in treated areas
Daily use of a Water Flosser can significantly reduce the bacterial load and the risk for periodontal disease

Sharma, 2012
The Water Flosser was 80% more effective at reducing gingivitis and 70% more effective at reducing plaque than the Air Floss

Water Pik Resources: Dental Professional Customer Service: 1.800.525.2020
Patient Education Brochures and Orders
www.waterpik.com – click on explore Professional
Instruction Manuals & Quick Start Guides/Educational video clips for patients & practitioners/Research Summaries
Complimentary Self-study Continuing Education Courses
Water Flosser: An Evolutionary Step in Interdental Care/The Diabetes Epidemic: The Impact on Oral Healthcare Providers
The New Challenges of Child and Adolescent Health
Seniors & Boomers: Living Longer, Living Healthier
Coaching Your Patients to Optimal Interdental Health
Periodontal Therapy & Maintenance

‘Like Us’ on Facebook/Waterpik Consumer Oral Health
Newsletter: Sign up on-line or by texting WATERPIK to 22828

Recommended Reading:
- Switch: How to Change Things When Change is Hard, 2010, Chip & Dan Heath
- Health Behavior Change in the Dental Practice, 2010, Ramseier & Suvan, Eds.
References/Resources:

©2012, Water Pik, Inc