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Thinking About Our Thinking About Oral Rinsing: The Third Essential Component to Home Care (Part 2)

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In "Thinking about Oral Rinsing" (Part 1 of this paper), the additive benefit of therapeutic oral rinsing to mechanical cleansing for reducing plaque and gingival inflammation was outlined with particular attention to over-the-counter essential oil (EO) mouth rinse (LISTERINE®).[1] It was highlighted that dental hygienists often fail to recommend therapeutic oral rinses as a third essential component for home care routines, with only 3 of 10 clients receiving such a recommendation compared to 9 of 10 clients who receive flossing instruction.[1,2] Part 1 aimed to make dental hygienists aware of the science and to explore their thinking about implementing the evidence into practice. Now, with this clear outlook, it's time to take action!

Dental hygienists, like most health care providers, are challenged by clients' inability to adopt various healthy behaviours, including flossing, and stop unhealthy ones, like smoking. This paper will introduce dental hygienists to some new thinking and techniques to better facilitate their clients' adoption of new healthy behaviours like therapeutic oral rinsing.

Box 1. Four steps for facilitating behaviour change[6]

Change based relationship	Shared decision making Motivational interviewing Change talk
Getting to the behaviour	Readiness assessment: Ready, not ready, ambivalent Traffic light assessment
Change the behaviour	Setting "SMART" goals Behaviour modification
Sustaining the behaviour	Identify barriers Sustain change through self-efficacy and managing streses Educate and support

Health care providers know that there is no magic bullet for changing human behaviour. However, a better approach than trying to coerce clients into complying with recommendations is to adopt health behaviour counselling techniques based in behavioural psychological theory specifically adapted for clinicians.[3-5] Patients often avoid health care providers or tune them out because of perceived judgement; dental hygienists may do better with clients by suspending judgements and recognizing that healthy behaviours are actually abnormal! Typically, unhealthy behaviour is easier, more pleasurable, and has more short-term benefits.[6] For clients who desire a healthy oral cavity, dental hygienists need to find a way to stimulate their clients' inner motivation to embrace healthy behaviour and transcend the ease and pleasure of unhealthy behaviour.

Helping clients to become motivated about oral rinsing is different from inspiring them. Hearing about a mother of three running a full marathon is inspiring but does little to incite sustained personal change. Conversely, motivation is intrinsic, encourages independence, and is sustainable.[6] While most practitioners realize that one cannot motivate someone else, dental hygienists are in a strong position to induce clients to talk about healthy behaviours and facilitate change. For successful facilitation, four steps have been identified: develop a change-based relationship, "get to" the behaviour, change the behaviour and, lastly, sustain the behaviour (Box 1).[3,6]

The first step is something that many dental hygienists may believe they already have accomplished: a supportive relationship with clients. Dental hygienists have relatively long and frequent appointments with clients and enjoy a pleasant association with them. However, a friendly relationship is different from a change-based one. The latter is needed to effectively facilitate client motivation for incorporating new healthy behaviour, like rinsing with a therapeutic mouthwash, into their daily routines.[6]

Health care providers aiming to help clients adopt healthier habits need to ensure that they have a "neutral" power relationship with clients, meaning that both clinician and client have important and active roles and will share in decision making.[6,7] This is where motivational interviewing

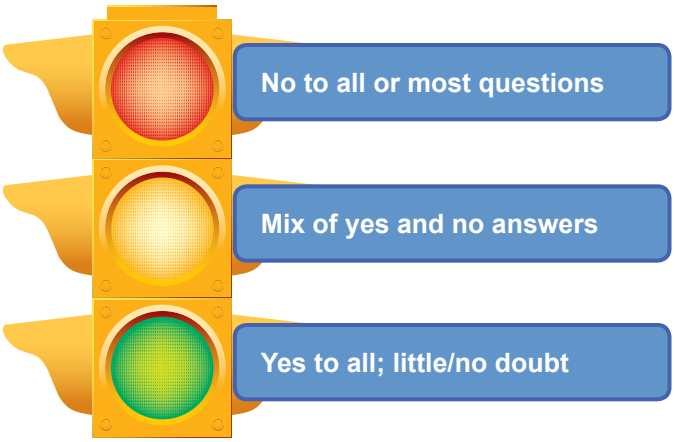
(MI), a widely recommended communication technique used to strengthen motivation for positive change, can be helpful.[3,8] While MI can be intimidating to use because of its complexity, dental hygienists can concentrate on its general principles, including asking open-ended questions, expressing empathy, being curious, working with ambivalence, and rolling with resistance, which together result in crucially important "change talk."[3,6,8,9]

When there is a change-based relationship between the dental hygienist and client, the potential exists to "get to the behaviour" you are targeting with your client, such as using an EO mouth rinse. Getting to the behaviour involves assessing clients' health beliefs and readiness to make a change.[6] Recognize that only about 20% of clients will come to dental hygiene appointments ready to change.[6] While some clients will ask about incorporating an oral rinse, most will be ambivalent or won't be thinking about it at all, likely because they believe they are doing enough by toothbrushing.

Ambivalence is normal: it means the client sees the benefits to something but also recognizes the negative aspects of changing.[6,8] For example, your client may say, "I'd really like to do a better job cleaning my teeth, but I'm just so busy, I don't have the time." These are not excuses; they are valid perceptions about the benefit versus the cost of changing behaviour. Everyone experiences ambivalence—it's no different from wanting to get up early to go to the gym but also wanting to sleep in an extra hour.

To reduce gingival inflammation and improve oral health, an unquestionable opportunity exists in recommending a therapeutic oral rinse to clients. Because oral rinsing is simple to do, dental hygienists can readily show clients that the cost-side is minor. However, to clearly demonstrate the benefits, the dental hygienist needs to educate clients about the prevalence of plaque associated gingival disease so that they recognize their susceptibility and the potential consequences. Such education will likely convince the client that the cost is very much *worth* the benefit! Then, it is a matter of strategizing with the client about how best to tolerate the cost, such that it is, and persist through it.

Box 2.Traffic light assessment[3,6]



While various methods are available to determine if a client is ready to change,[8] dental hygienists can incorporate a simple "traffic light assessment" (Box 2) and establish if the client is ready for, ambivalent towards or not even thinking about change.[6] The Behaviour Change Institute, an interdisciplinary group of clinician researchers who have developed behaviour change counselling strategies for non-psychologists, suggests asking four questions for assessing readiness that may be helpful for the dental hygienist (Box 3).[3] Having assessed readiness, the dental hygienist can respond with the appropriate action: dive right into the change, expand on readiness by exploring client's health beliefs and reasons for changing versus not changing or, at least, demonstrate understanding and try to keep the conversation going….even if it needs to continue at the next appointment.[3,6]

When the client is ready to make a change and try therapeutic oral rinsing, the dental hygienist can use her or his behaviour change skills to modify the behaviour. Making a change involves an explicit goal: something specific, measurable, achievable, relevant, and timely—sometimes referred to as a SMART goal.[3,6] Most importantly, the dental hygienist should ensure that the goal is small and achievable and that the client's expectations for desired outcomes are realistically aligned with the behavioural goal. While adding EO mouth rinse to one's

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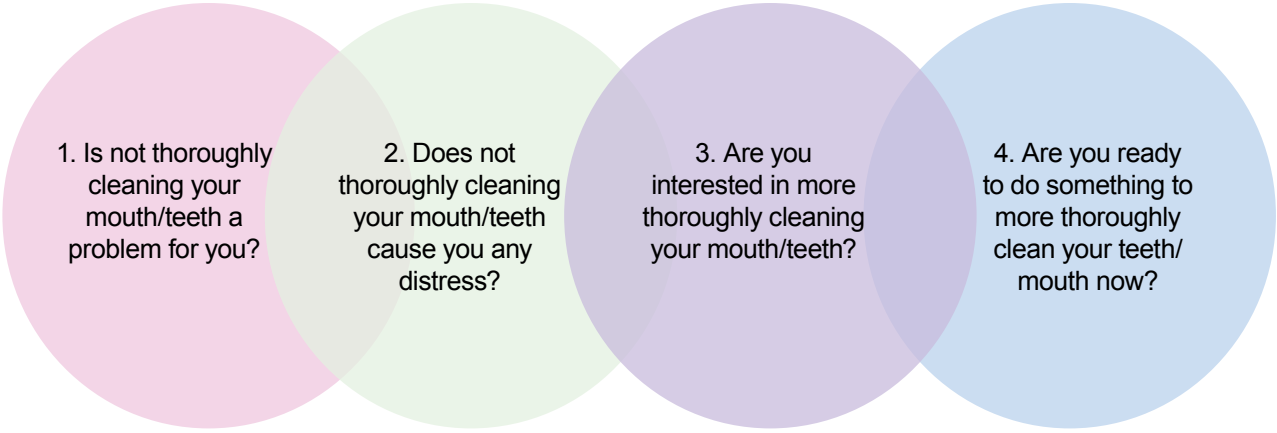

Box 3. Assessing client readiness[3,6]

daily routine is not nearly as complex as other health behaviour changes, the principles are the same, and will still require discussion about reinforcing the behaviour and consideration of potential obstacles and how they will be circumvented.

The final step, and perhaps most difficult, is to sustain behaviours, which is largely accomplished through managing emotions.[3,6] While this is a very challenging component of some health behaviour changes, like healthy eating and smoking cessation, incorporating oral rinsing is likely much less emotionally charged. However, this stage does require the clients to have the sustained confidence to take control of their behaviour and believe that they can make an impact on their oral health. The dental hygienist provides continuous education, support, and empathy.

Dental hygienists, like other health care providers, have traditionally been trained to approach client behaviour change in a prescriptive manner, where the clinician is the knowledge provider and the client readily adheres to instruction.[9] People's ongoing struggle to make improvements to their health behaviours demonstrates, however, that this approach has been unsuccessful. Using the theory and techniques presented here provides the dental hygienist with a starting point for introducing an EO mouth rinse to clients' oral health routine and also likely for many other important behaviour changes recommended to clients.

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[1] Sharma N, Charles CH, Lynch Mc, et al. Adjunctive benefit of an essential oil-containing mouthrinse in reducing plaque and gingivitis in patients who brush and floss regularly: a six month study. Am J Dent Assoc. 2004;135(4):496-504.

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