Motivational Interviewing for Smoking Cessation
With Individual Interventions

Introduction

The Tobacco Atlas reports that globally, “tobacco is responsible for more than 15% of deaths among men and 7% of deaths among women” (Erikson et al., 2012, p. 16). They go on to say, “Deaths caused by tobacco use are entirely preventable, and measures must be taken worldwide to prevent one person from dying every six seconds because of tobacco use and exposure” (Erikson et al., 2012, p. 16). This is a clarion call for any healthcare provider, especially those trained in Public Health, to establish skills that can assist tobacco users to quit. This is where Motivational Interviewing (MI) can be a valuable skill set for such interventions. MI elicits a patient’s own motivation for behavior change (Rollnick et al., 2008). Being skilled in this type of communication can help an individual proceed from pre-contemplation to contemplation and, hopefully, to action.

Many studies look into smoking cessation techniques and the usefulness of motivational interviewing to increase quit rates. However, even with all the published papers, there are still many missing answers. The problem is that even with many resources of Public Health being applied to smoking cessation, tobacco-related deaths are still on the rise. Thus, we should still be concerned with how to help best clients who need or want to quit smoking. However, MI does not come naturally for many healthcare providers. Many healthcare providers do not even feel comfortable talking to clients about their smoking behaviors. This is perhaps due to their lack of skills to best do so. Thankfully, smokers receive advice to quit smoking two times as often now as they did in the early 1990s (Galson, 2008). However, as with all behavior change, spouting advice at clients will not affect desired results. MI is a patient-centered technique that helps clients utilize what they already know to get where they need to be.

A meta-analysis of MI and smoking cessation showed that participants who had MI intervention had 45% greater odds of abstinence at follow-up compared to a control group with brief advice or usual care(Heckman et al., 2010). The problem with many smoking cessation programs is that the standard

guidelines do not necessarily consider an individual's stage of change at the time of implementation (Cabezas, *et al.,* 2011). One aspect of MI that makes it practical for behavior change is that it meets the patient where they are in the stages of change. The trans-theoretical model categorizes stages of change. MI moves clients along these stages toward action. A stepped smoking cessation intervention based on the stages in the trans-theoretical model significantly increased smoking cessation even after two years of abstinence (Cabezas *et al.*, 2011). MI concepts have been translated into printed and web-based material and used in group therapy (D'Amico et al., 2010). Because of the patient-centered universality of this method, more research needs to be done on integrating MI concepts into all provider-client interactions.

This paper looks at possible encounters with smoking clients and the role MI can play in smoking cessation as an initial consultation and follow-up visit. This dialogue is meant to portray the four guiding principles of MI: 1) resisting the righting reflex, 2) understanding the patient's motivation, 3) listening with empathy, and empowering the patient.

Initial Consultation

Background: The patient is being seen for treatment of hypertension. This disease is medically under control, and the primary care provider is concerned with other risk factors of cardiovascular disease, especially since the patient is a heavy smoker. This is the initial consultation, the first encounter where the provider discussed smoking with the patient.

Provider: I am happy that your blood pressure is under control today. You have done a great job taking the medication and making the dietary changes you needed to do. (*Affirmation, building self-efficacy*)

Patient: That is good to hear. I would not say I like taking medicine, but if that is what I have to do to stay alive and well, then it is worth it. Will I always have to take it?

Provider: Actually, you will not necessarily have to. Some patients with high blood pressure can get it back under control by changing their lifestyle. You have already changed some things that will help. One of the reasons blood pressure can be high is due to smoking. Would you be okay with me asking a few questions about your smoking? *(Asking permission)*

Patient: You will say I must stop, but it is not easy. Taking a pill for my blood pressure is one thing, but… *(Resistance, ambivalence)*

Provider: You feel like you are doing what you can to be healthy, but you need more time to be ready to talk about quitting smoking at this point. *(Rolling with resistance, reflective listening, starting to show discrepancy)*

Patient: Well, I do not mind talking about it; I am just not going to make any promises. I do not know if you have anything to tell me that I have not heard before. I have gotten the talk from other medical people and family members before. Plus, now it is all over the TV and on the internet. Is there anything new to know? I know it is not good for me. *(Resistance)*

Provider: You feel like you know why you should quit, but they are not meaningful to you right now. *(Rolling with resistance, reflective listening)*

Patient: Well, I do not want to have a heart attack or die or anything. I mean, that is why I take my blood pressure pills and stuff. So it does mean something. I do not know if I am ready to go there yet. (*Need)*

Provider: You do not have to make a life-changing commitment today. You feel like you have "heard it all." Would you be willing to tell me more about what you know about smoking and quitting smoking? *(Reflective listening, Asking Permission)*

Patient: It seems like everyone knows that it can give you lung cancer, heart attack, and stroke. Plus, it makes you look older faster, makes everything smell, and makes you unable to breathe. My dentist even gives me grief about it being not good for my gums and mouth.

Provider: What are some reasons that mean something to you? If you were going to quit smoking, why would you do it?

Patient: Well, I want to live a good life, not in some nursing home for years and years because I did not take care of myself. Plus, I want to be an excellent example to my family. However, I have cut down a lot. I do not think that the occasional cigarette is all that harmful. I used to smoke two packs a day in my 30s. Now, I only smoke a pack a week. Primarily just for relaxation or social reasons. *(Desire and Ability and taking steps)*

Provider: You want to take steps toward health, but you are wondering if what you are doing now is bad for your health. It would be best if you had other reasons to want to give up smoking altogether. (*Reflective listening)*

Patient: If I am frank with myself, it would feel great not to have this habit anymore. Even though I do not do it as much, I still feel like I am being controlled by it. I want to spend time and money on things like my family. I have yet to think much about how or when to do it.

Provider: What are some of the things you like about smoking? What do you feel you would be giving up?

Patient: I like how it helps me relax and refocus. I also like how it feels to smoke socially.

Provider: You like the relaxation and social aspect. What parts do you dislike? *(Reflection)*

Patient: Of course, I do not like being short of breath quickly or how some people think I am dirty and I have to go “hide” to smoke.

Provider: It sounds to me like you are saying you like some aspects of smoking, like relaxation, but others, such as being less healthy, are the reasons you have cut down on smoking and may also be why you would want to quit someday. *(Reflective listening)*

Patient: That sums it up. I am still determining if I am ready, but I should start thinking about it more. *(Need)*

Provider: On a scale of 0 to 10, with zero being not at all confident and ten being extremely confident, what number would you give yourself for your confidence in quitting if that was what you decided to do? *(Confidence ruler)*

Patient: Goodness, I do not know. Maybe a “5.”

Provider: OK, good. What makes you a “5” and not a “3”? *(Open question, guiding)*

Patient: Because I have cut back a lot, there is less to give up than before.

Provider: What do you think would make that number higher for you? *(Open question)*

Patient: It is not higher right now because I have tried it before, and it did not work out. Suppose I had a better plan.

Provider: What have you learned from others, or what is your experience with quitting? *(Open question, guiding)*

Patient: Well, I tried once before I got married. I just did the cold turkey thing, but it only lasted three days. Some people say the patch helps. I will feel better if I can get clean for long enough. *(Reasons)*

Provider: That is correct. Most people feel intense withdrawal for only the first five days. After that, the nicotine is out of the system, which makes you feel much better. Are you interested in learning some options to help you through that phase? When you feel ready, let us meet another time and discuss a plan. We are here to help when you are ready. *(Informing, Agenda setting, elicit-provide-elicit)*

Patient: Yeah, if that is the next step to being healthier, I should at least hear you out. I will think about it and decide when a time would work for me to try. *(Commitment)*

Provider: I will lay out some options that have helped other people, and then you can tell me what you think will work for you. I want you to be in charge of the planning since quitting is up to you.

Patient: Yeah, I would like that. Thank you for not preaching to me about my bad decisions.

Provider: No problem, I am here to help.

(Provider overviews options like patches, medications, groups, etc.)… *(Informing with permission)*

Provider: So what is your next step? *(Goal setting)*

Patient: I will think about what options you have told me. I will ask around and have my family buy into supporting me through this. I must commit to this, or it will be a waste of time. I will return to see you in one month and see where I am. *(Contemplation stage, Commitment)*

Summary: The patient was resistant and pre-contemplative at the beginning. The Provider asked permission to discuss smoking with the patient. The provider moved the patient closer to the contemplation and planning stages by rolling with resistance and developing discrepancy. There was a little informing, but it was contained in an elicit-inform-elicit format. The righting reflex was suppressed, and open questions drew information from the client. Further progress can be made in the follow-up visit.

Follow-Up Consultation

Background: Same provider and patient as initial consultation. This visit takes place about one month after the initial MI on smoking cessation. The patient has had time to think about options and whether or not to take action. The provider must continue to let the patient make plans that will work for him. Otherwise,

adherence will more likely be poor. However, there may be more informing happening as the client asks advice for strategies if he is willing to take action.

Provider: It is good to see you back today. Thank you for keeping your appointment; I know it can be hard to keep commitments like this. What would you like to address this visit? *(Affirmation, Open question)*

Patient: Well, we made this appointment last time so I would have a chance to think about the whole quitting smoking idea. So, I guess today I am supposed to make a plan. *(Agenda setting, partial commitment)*

Provider: If you are ready to take action to quit, that would be the next step. However, I want to hear your thoughts on this past month. *(Agenda setting, open question)*

Patient: After our talk, I looked into the different medication options and other people's ideas. I do not feel like they fit into my life very well. Then I stopped thinking about it until I remembered we had this appointment. *(Ambivalence)*

Provider: So you feel skeptical about the methods available to you and may need more time to be ready to make a plan of action. *(Reflective listening, rolling with resistance)*

Patient: No, I do want to make a plan. I just got stuck and am trying to figure out how to start. *(Desire)*

Provider: Planning a change like this can seem overwhelming. *(Affirmation, reflective listening)*

Patient: It is. I feel like it is going to affect every single part of my life, even though I thought my smoking was not such a big problem. Thinking about it made me realize that maybe it is a problem after all. *(Taking steps)*

Provider: This will be a challenge for you. However, if we work together to make a plan, you can tackle the challenge one step at a time. During the last visit, I asked you what your confidence level was on a scale of 0 to 10 regarding quitting. What number would you give yourself today? *(Affirmation, confidence ruler)*

Patient: A 6. It has not changed much because, like I said before, I got overwhelmed by how much this will change my routine. However, I am more confident because you are here to help me.

Provider: That is still 1 point higher than last time. That is good. Let us see how we can make that even higher. Now, on the same scale of 0 to 10, how important is it for you to take action against smoking right now? Zero is not at all necessary, ten being extremely important to you. *(Affirmation, importance ruler)*

Patient: This scale is higher—a 9. I know how important it is to my health, and now it is also a personal thing**.** I want control of my life. *(Desire)*

Provider: What is keeping you from giving a 10? (Open question)

Patient: If it were a perfect 10, I would have done something about it by now. Moreover, I have not, so I would not say that.

Provider: Well, the fact that you are here today, working on making a plan, shows me you are motivated. That is good. The higher your motivation, the more likely you are going to succeed. *(affirmation)*

Patient: Well, that is one thing going on for me.

Provider: So you said at the beginning of our visit that you are ready to make a plan. What will your first step be? *(Guiding)*

Patient: My first step was deciding to change. Furthermore, coming here was my decision. So I have decided to change. Is that a good start? *(Taking steps)*

Provider: That is precisely where we want you to be. That is an excellent first step, especially after dealing with feeling overwhelmed. Often, deciding to start is the hardest part. What did you think about the ideas we talked about during our last visit? *(Affirmation, open question)*

Patient: As I said earlier, I did not see how they fit well with me. Can you give me more information about Chantix? That one seemed the most promising.

Provider: Definitely; what questions do you have about it? *(Open question)*

(Period of asking and informing with drug-specific information)….

Patient: OK, I feel better about that option now.

Provider: Where would you like to go from here?

Patient: You know what? I am ready to go for it. This time, I will try Chantix to help with the first cravings. That means I need to set a quit date. *(Commitment, changing to planning/action stage)*

Provider: You are ready to get into the action stage. The recommended quit date for Chantix is around two weeks after starting the medication. How soon do you want to start? *(Informing)*

Patient: If I get the prescription today, I can set my quit date to August 14, when my kids go back to school. At least then, I'll have fewer distractions at home.

Provider: It sounds like you are committed to this idea. Remember, that is a significant factor in your success. You can do this, and you have the tools you need. Do you have other strategies to help you out? *(Affirmation, open question)*

Patient: I am going to fill the prescription today, tell my family tonight, and start medication tomorrow. I will tell my co-workers that starting in 2 weeks, I will not be taking smoke breaks with them anymore. I should do something else during that time and do that now, immediately. Furthermore, I will take your advice and start walking in the evening after supper. I feel healthier already just thinking about doing all this. *(Commitment)*

Provider: Those all sound like great ideas. You have made a plan that will work for you. We are here for you if you have more questions along the way. When would you like to have the next follow-up visit? …… *(Affirmation)*

Summary: The patient had some ambivalence and resistance at the beginning of this visit. However, the provider was able to elicit the patient's feelings to the point where there was a commitment to action by the end of the session. More information was provided in response to the patients' technical questions. However, when questions regarded making a plan, the answers came from the patient. This will make adherence and success more likely. Continual follow-up is needed, especially during the withdrawal and medication treatment period, to maintain the motivation and continue to the maintenance stage.

Conclusion

Motivational Interviewing (MI) is an evidence-based method for helping clients move toward behavior change. This method can be used with even the most ambivalent and resistant clients in multiple settings. However, resisting the righting reflex and being open with the client is a practiced skill. MI in the primary care setting is necessary for desired patient outcomes.

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