

Motivational Interviewing and Tobacco Cessation

Background and Definition

Motivational Interviewing, originally developed by William Miller in his work with problem drinkers, (www.motivationalinterview.org) is a counseling style designed to help clients build commitment and reach a decision to change. The principal purpose of motivational interviewing is to help clients resolve their ambivalence (“I know smoking is not good for me, BUT I enjoy it; it calms me down; it helps me keep weight off, etc.”) and move along the [continuum of change](#). “Motivational Interviewing assists the individual in changing his or her *perception* of consequences...that [ultimately] change behavior” (Ingersoll, Wagner, & Gharib, 2000).



A few key points embody the spirit of Motivational Interviewing:

- Motivation to change is determined by the client, not externally imposed by the counselor.
- The client owns the responsibility to resolve his ambivalence.
- Prescribing specific methods or techniques is ineffective; allowing clients to pursue their own means of change increases likelihood of success.
- Client resistance and denial are viewed as a reaction to counselor behavior, not as client traits.
- The client/counselor relationship is seen more as a collaborative and friendly partnership than as an expert/recipient or teacher/student relationship.

Counseling Skills

The practice of motivational interviewing requires the Tobacco Treatment Specialist to develop five primary skills:

1. *Express empathy*
Be non-judgmental; listen reflectively; accept ambivalence; see the world through the client's eyes. Accurately understanding the client's experience can facilitate change.
2. *Develop discrepancy*
Help client perceive difference between present behavior and desired

lifestyle change. Clients are more motivated to change when they see what they're doing will not lead them to a future goal.

3. *Avoid argumentation*
Gently diffuse client defensiveness. Confronting clients' denial can lead to drop out and relapse. When client demonstrates resistance to change, counselor changes strategies.
4. *Roll with resistance*
Reframe client's thinking/statements; invite client to examine new perspectives; value client as being her own change agent.
5. *Support self-efficacy*
Provide hope; increase client's self-confidence in ability to change behavior; highlight other areas where client has been successful.

Application in tobacco treatment

Motivational Interviewing can be utilized with the [Stages of Change model](#) ([Prochaska & DiClementi, 1983](#)) in counseling tobacco-dependent clients. The goal is to help clients move toward being ready to change behavior, NOT to get someone to quit using tobacco ([Gauvin, 2000](#)). With precontemplative subjects, motivational interviewing appears more effective with women than the prescriptive counseling approach. With men, no measurable difference has been demonstrated ([Shapiro, 2000](#)).

Brief Motivational Interviewing

Brief motivational interviewing can be integrated into any multi-session intensive tobacco treatment program. The elements of brief motivational interviewing involve **FRAMES**:

F eedback	Personalized information
R esponsibility	Freedom of choice; individual's responsibility for own health
A dvice	Need for change delivered clear, supportive, concerned manner
M enu	Strategies for change offered in a varied (menu) format
E mpathy	Empathetic, reflective, supportive style related to positive treatment outcomes
S elf-efficacy	Client's belief in ability to change is essential

(www.motivationalinterview.org; [Gauvin, 2000](#))

Motivational Interviewing Techniques for Tobacco Cessation

Assess the client's readiness to change by using two questions:

- "From 1-10, what is your Desire to quit tobacco?"
- "From 1-10, how Confident are you in your ability to stop using tobacco?"

(If someone answers a 3 to either question, you might ask, "How come you're not a 10?")

- Listen for and discuss with the client ANY ambivalence presented. For example, if the client mentions a child, try to draw out ANY ambivalence (regarding using tobacco in relation to the child) and get the client to talk about it. This can help the client move through the stages.
- Use the Decision-making Worksheet below with the client, to make sure that both the practitioner and the client are "on the same page."

Good Things About Smoking	Not So Good Things About Smoking
Not So Good Things About Quitting	Good Things About Quitting

Examples of open-ended questions appropriate for motivational counseling:

"How did you first start using tobacco?"

"What would change in your life if you stopped using tobacco?"

"Sometimes people decide to quit using and succeed, only later to begin again. What things do you think might influence you to start using tobacco again after you've already quit for a period of time?"

Examples of closed-ended questions appropriate for motivational counseling:

"I'd like to summarize what I understand so far. Would you be willing to listen, and make sure I've gotten it right?"

"Would you be interested in hearing about a telephone coaching program?"

Reflective Listening

The process of reflective listening involves hearing what the client says and either repeating or paraphrasing back to the client, or reflecting the feeling you believe is behind what the client says. Different levels of reflective listening can be distinguished ([Ingersoll et.al, 2000](#)).

- **Simple Reflection.** Counselor simply rephrases what client says.

Client: "But I can't stop smoking. All of my friends smoke!"

Counselor: "Quitting smoking seems nearly impossible because you spend so much time with others who smoke."

Client: "Yes, right, although maybe I should."

- **Amplified Reflection.** Counselor exaggerates the client's statement to the point client may disagree with it. Counselor must not be mocking or patronizing.

Client: "But I can't stop smoking. All of my friends smoke!"

Counselor: "Oh, so you couldn't really quit smoking because then you'd be too different to fit in with your friends."

Client: "Well, that would make me different, although maybe they might not really care if I didn't try to get them to quit, too."

- **Double-Sided Reflection.** Counselor reflects both the current, resistant statement, and a previous, contradictory statement the client has made.

Client: "But I can't stop smoking. All of my friends smoke!"

Counselor: "You can't imagine how you would be able to not smoke with your friends, and at the same time you're worrying how it's affecting you."

Client: "Well, yes, I guess I have mixed feelings."

- **Shifting Focus.** Sometimes counseling goals are better achieved by simply not addressing the resistant statement.

Client: "But I can't stop smoking. All of my friends smoke!"

Counselor: "Well, we're not really there yet; I'm not talking about your quitting smoking here. Let's just keep to what we're doing here -- talking through the issues -- and later on we can worry about what, if anything, you want to do about smoking."

Client: "Well, I just wanted you to know."

- **Rolling with Resistance.** With clients who are extremely unreceptive to any idea or suggestion, this technique can be effective. It involves a paradoxical element, which can often bring the client back into a more balanced, non-combative perspective.

Client: "But I can't stop smoking. All of my friends smoke!"

Counselor: "And it may be that when we're finished here, you'll decide that it's worth it to you to keep on smoking. Right now it may be too difficult to make a change. That decision is yours to make."

Client: "Okay."

- **Reframing.** With this strategy, the counselor invites clients to examine their perspective in a new light, thereby giving new meaning to what the client has said.

Client: "My husband told me I really need to stop smoking. He's always telling me what to do!"

Counselor: "Your husband must really care a lot about you to say that, knowing you'd probably get angry with him."

- (www.motivationalinterview.org, section adapted from NIAAA Project MATCH Motivational Enhancement Therapy manual [Miller, et al., 1992]).

Working with resistance

To reduce client resistance, the counselor can use [paraphrasing](#). Effective motivational interviewing involves a ratio of paraphrasing to questioning. The counselor should paraphrase two to three times as often as asking a question. (Interview with Robert Rhode, July 2000).