

Motivational interviewing

Motivational interviewing is a counselling technique based on a therapeutic partnership that acknowledges and explores a patient's ambivalence about a behaviour. Motivational interviewing involves open-ended questions, reflective listening and summarising. The clinician is responsible for the process of motivational interviewing but allows the patient to take responsibility for making a decision about quitting. Motivational interviewing should avoid confrontation that can damage rapport with the patient and generate resistance to change. As well as ambivalence, motivational interviewing can also explore discrepancy between their smoking and personal goals such as health, fitness, improved appearance and saving money.

Smokers who are unsure about quitting can be motivated to change by:

1. Helping them to weigh up the pros and cons of smoking. The patient can also be asked to rate their motivation and confidence in quitting.
2. Discussion of relevant health issues and concerns about quitting (see health effects of smoking).

Weighing up the pros and cons of smoking

1. Ask: What do you like about smoking?
2. Ask: What are the things you don't like about smoking?
3. Summarise your understanding of the patient's pros and cons.
4. Ask: Where does this leave you now?

As a take home exercise patients can be asked to think about and list their likes and dislikes about smoking and about quitting.

	Like	Dislike
Smoking		
Quitting		

Assessing motivation and confidence

Asking patients to rate their motivation and confidence in quitting on a scale of 1 to 10 can be a helpful addition to brief motivational interviewing. Distinguishing motivation and confidence can provide an insight into the barriers to quitting and can be used to initiate a discussion on how to enhance motivation or confidence (Rollnick and Butler, 1997).

Guiding principles for motivational interviewing

Miller and Rollnick (2002) have summarised four general principles of motivational interviewing:

1. Express empathy
2. Develop discrepancy
3. Roll with resistance
4. Support self-efficacy.

Other suggestions are:

- Personalise the intervention. Provide advice according to the smoker's needs and concerns and the time available e.g. weight gain, stress, withdrawal symptoms.
- Be non-confrontational and non-judgmental. Avoid arguing as this generates resistance to change.
- Be positive. Emphasise the positive aspects of quitting, e.g. improvement in health and wellbeing, rather than using scare tactics. Slips and relapses are not failures, but rather they are learning experiences. Give praise and encouragement when deserved.
- Use discrepancy. Cognitive dissonance is where patients hold conflicting views at the same time which generates affective discomfort and helps them to re-look at their motives and beliefs. Use strategies like: likes and dislikes; what will happen in the future if you continue to smoke?; what will happen if you quit?