Negotiating Behaviour through Motivational Interviewing to Help Smokers Quit

8th MADPHS Scientific Meeting & AGM 2017
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11th March, 2017
Smoking is temporary (Kenford et al., 2005)

Most do not smoke every day (50% smoke occasionally) (Wetter et al., 2004)

87% who smoke daily continue smoking throughout college (Wetter et al., 2004)

Not considering themselves to be smokers (Berg et al., 2009)

Infrequent use of cessation aids (Curry et al., 2007)

Low motivation to stop (Waters et al., 2006)


Magnitude of Teenage Smoking in Malaysia -

Where are we now?

- 2 in 10 boys smoke; 2 in 100 girls smoke (NHMS, 2015)
- 7 in 10 tried smoking before the age of 14 years (NHMS, 2015)
- 4 in 10 teenage smokers had parents who smoked (NHMS, 2015)
- 9 in 10 teenage smokers tried to quit smoking (NHMS, 2015)
- 4 in 10 teenage smokers exposed to secondhand smoke (NHMS, 2015)

% of students smoked had increased double from Form 1 (6.8%) to Form 5 (15.7%) (GSHS, 2012)
<table>
<thead>
<tr>
<th>AGE</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 – 19</td>
<td>12.9 (Secondary school/college)</td>
</tr>
<tr>
<td>20 – 24</td>
<td>24.7 (College/workforce)</td>
</tr>
<tr>
<td>25 – 29</td>
<td>26.0</td>
</tr>
<tr>
<td>30 – 34</td>
<td>27.3</td>
</tr>
<tr>
<td>35 – 39</td>
<td>28.1</td>
</tr>
<tr>
<td>40 – 44</td>
<td>25.5 (quitting/premature death)</td>
</tr>
</tbody>
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Majority remain as a smoker……
Smoking Cessation Interventions in Schools

- Few cessation interventions have been evaluated \(^1\) and none have been disseminated widely
- Mixed Results \(^2\)
- Lack sustainance \(^3\)

Population-Based Approaches

• Health education to the public
• Cigarette pack warning
• Increase price tax
• No-smoking areas
  • 22% of Malaysians smoke despite these efforts
  • Health education are insufficient to induce change, what can busy dentists do with limited time?
What is Motivational Interviewing?

• A brief psycho-therapeutic

• Effective way of talking about change

• MI has been found to increase smokers:-
  • Readiness to quit (4)
  • Increase quit attempts (5)
  • Reduce number of cigarettes smoke (5)
  • Enhance cessation (6) including among adolescents (7)

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Core Clinical Dilemma

• “I know it’s bad for me, but I enjoy smoking”

• How can we promote change in people who are unwilling or unmotivated?
Key Principles of Tobacco Cessation Strategies

• No Wrong Door
• Not Too Old Or Too Young
• No Failure
• Relapses as learning opportunities
FUNDAMENTALS OF MOTIVATIONAL INTERVIEWING

• Partnership
• Autonomy
• Compassion (keep the client’s best interest in mind)
• Evocation (best idea come from the client)

“People will not remember you for what you have done but for how they experienced you”
How the Intervention Might Work?

- Motivation is a state of readiness to change, that may fluctuate over time, and can be influenced by the practitioner\(^8\)
- Resolve client’s AMBIVALENCE - Procrastination\(^9\)
- Listening reflectively\(^8\)

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What to Avoid?

• Confrontational style
• Assessing your client too early
• Not pushing for change prematurely
• Telling your client how to fix the problem
• Establishing power
• Low motivation should not be thought of as a personality problem

Assessment Process

- Consists of an initial assessment, f/up 2 – 4 treatment sessions
- Initial assessment: a plan for change
- Next sessions: achieving the plan
- Applied both as a stand-alone intervention or with other treatments, and in arrange of settings \(^{(10)}\)

5 PRINCIPLES OF MOTIVATIONAL INTERVIEWING

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

- Emphasizing personal choice and control

- “Yes, it looks like you’re not ready to quit. What you do is entirely your choice”
2. Express Empathy

• Let the patient know that you understood him

• “So you’re feeling angry because your parents made you come here, and you’re not even convinced that your smoking is a problem”
3. Develop Discrepancy

• Gaps in patient’s behaviour and his personal values

• “So, on the one hand, you want to be a good son, but you also mention that you’re concerned about being bad good role model to your brother by smoking. How does that fit for you?”
4. Roll with Resistance

• Meet resistance with reflection

• “So you’re not so sure that you will consider stopping your smoking right now”
5. Support Self-efficacy

- Optimism that the student is capable of making the change

- “I have seen other students succeeded with this exact level of smoking”
Editorial Group: Cochrane Tobacco Addiction Group

Objective: To determine whether or not motivational interviewing promotes cessation

Selection criteria: RCTs in which motivational interviewing were offered to assist cessation

Outcome: Abstinence at 6-months follow-up. Lost to follow-up as continuing smoking or relapsed

Identified 28 studies published between 1997 and 2014, involving over 16,000 participants

MI interventions were compared to ‘usual care’ or brief advice (self-help manuals, booklets or videos)

The duration of sessions ranged from 10 - 60 minutes across studies.

17 studies reported f/up telephone calls ranging from 1- 7 calls. The duration of the calls was typically around 10 minutes each.

Most commonly-used approach - feedback intended to develop discrepancy between smoking and personal goals in a non-threatening manner.

**RESULTS: Duration of Session**

MI sessions lasted **less than 20 mins** produced a significant, larger effect (**RR 1.69**) (95% CI 1.34 to 2.12; 9 trials, N = 3651; $I^2 = 27\%$; Analysis 1.3.1)

**Longer than 20 mins** produced a smaller effect (**RR 1.20**) (95% CI 1.08 to 1.32; 16 trials, N = 10,306; $I^2 = 56\%$; Analysis 1.3.2)

**Number of Sessions**

**Single session (RR1.26)** (95% CI 1.15 to 1.40; 16 trials, N = 12,103; $I^2 = 43\%$; Analysis 1.4.1)

Similar effect size to **multiple sessions (RR1.20)** (95% CI 1.02 to 1.42; 11 trials, N = 3928; $I^2 = 56\%$; Analysis 1.4.2)
Face-to-Face Versus Telephone

• 7 of the trials delivered by only telephone showed the RR of 1.27 (95% CI 1.12 to 1.43; N = 9075; I² = 51%); almost the same as face to-face counselling (analysis not shown)

(Cigrang 2002; McClure 2005; Hollis 2007; Ellerbeck 2009; Severson 2009; Bastian 2013; Lindqvist 2013)
Control vs Intervention (MI)

Control: Self help materials/ in-person smoking health warning & telephone counselling

MI for smoking cessation did show a significant benefit (RR 1.31) (95% CI 1.19 to 1.45; 17 trials, N = 10,966; I² = 54%; Analysis 1.6.2) compared to control group (Face-to-face/telephone smoking cessation support)

MI for smoking cessation did show a significant benefit and (RR 2.25) (95% CI 1.41 to 3.57; 2 trials, N = 945; I² = 0%; Analysis 1.6.3) compared to control group (smoking health warning)
Issues Using MI in Brief Tobacco Cessation Interventions

• Protocol drift
• Cultural and individual factors
• Patient resistance may have a negative effect on a practitioner’s style

Key follow-up questions to the readiness ruler can elicit a richer exploration of ambivalence towards cessation:

- Why are you at current score and not 0?
- What do you need to do to get from (current score) to (higher score)?
- What has made the thought of quitting smoking this important so far, as opposed to it being unimportant (zero)?
- What would it take to make quitting smoking even more important to you?

**Figure 1. Readiness Ruler**

- **How important** is it to change this behavior?
  
  0 1 2 3 4 5 6 7 8 9 10

- **How confident** are you that you could make this change?
  
  0 1 2 3 4 5 6 7 8 9 10

- **How ready** are you to make this change?
  
  0 1 2 3 4 5 6 7 8 9 10
Core Competent In Layman’s Terms

- Try not to argue or to be “pushy”
- Show client you understand his or her perspective
- Be optimistic, supportive and hopeful
- Explore inconsistencies between the “problem” behaviour and the clients goals and value
THANK YOU