Saudi Journal of Oral and Dental Research

Abbreviated Key Title: Saudi J Oral Dent Res ISSN 2518-1300 (Print) |ISSN 2518-1297 (Online) Scholars Middle East Publishers, Dubai, United Arab Emirates Journal homepage: https://saudijournals.com

Review Article

Public Health Dentistry

Motivational Interviewing for Cessation of Tobacco Pandemic: A Review

Dr. Vinamrata Kapoor^{1*}, Dr. Adarsh Kumar MDS², Dr. Manjunath BC MDS³, Dr. Vipul Yadav, MDS⁴, Dr. Bhavna Sabbarwal, MDS⁵

¹Postgraduate Student in the Department of Public Health Dentistry, Post Graduate Institute of Dental Sciences, Rohtak, Haryana India ²Professor in the Department of Public Health Dentistry, Post Graduate Institute of Dental Sciences, Rohtak, Haryana India

⁵Assistant Professor in the Department of Public Health Dentistry, Post Graduate Institute of Dental Sciences, Rohtak, Haryana, India

DOI: 10.36348/sjodr.2022.v07i01.002

| **Received:** 01.12.2021 | **Accepted:** 05.01.2022 | **Published:** 12.01.2022

*Corresponding author: Dr. Vinamrata Kapoor

Postgraduate Student in the Department of Public Health Dentistry, Post Graduate Institute of Dental Sciences, Rohtak, Haryana India

Abstract

Tobacco consumption takes away millions of lives worldwide each year. Several approaches have been adopted to curb this tobacco pandemic. Motivational Interviewing (MI) is a technique that amalgamates several theories of behavior change and models of psychotherapy to overcome the ambivalence of these tobacco users, to motivate them to quit the habit. This article bestows an overview of MI, its principles, core skills, and essential strategies, explicating its application for tobacco cessation.

Keywords: Motivational Interviewing, Tobacco Use Cessation, Behavior, Counseling, Psychology, Review.

Copyright © 2022 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

Introduction

The tobacco epidemic is an alarming public health threat that the world is facing. It kills around 8 million people each year, of which ninety percent are direct tobacco users while the remaining are those exposed to second-hand smoke.

Various tobacco products are being marketed, including the smoked and smokeless forms, cigarettes being the most widely used across the globe. There is no safe limit on tobacco consumption, every form being detrimental to health, leading to morbidity and mortality.

Moreover, tobacco has a huge economic burden, with over 80 percent of tobacco users residing in low and middle-income countries. A substantial amount of wealth is spent on treating diseases caused by its use. Thus, it is necessary to formulate effective strategies to restrain this pandemic [1].

Behavior Change to Quit Tobacco

It is necessary to know what helps those successfully quit tobacco. Several approaches have been tried to cease the habit. Yet this is not possible

unless the patient overcomes his ambivalence. Behavior change can be brought about if these mixed feelings about quitting are vanquished.

To elucidate this idea of change in health behavior various models and theories have been put forth. These models namely the health belief model, the theory of planned behavior, social cognitive theory, and the transtheoretical model, help grasp the tobacco user's psychology and plan an intervention. Most of these focus on the attitudes, perceptions, intentions, and behaviors of tobacco users [2].

Motivational Interviewing Approach for Tobacco Cessation

Motivational Interviewing is a synergetic, goal-oriented approach to communication with cynosure as the language of change. It was embellished by William Miller and Stephen Rollnick in the 1980s [3]. This technique strengthens the desire and commitment to quit by bringing out the person's own motivation for change in a very supportive and compassionate environment. This approach identifies the reason why the person is unable to quit and evokes his own will to quit. In contrast to the authoritative approach involving confrontation, education, and

³Professor and Head of the Department of Public Health Dentistry, Post Graduate Institute of Dental Sciences, Rohtak, Haryana, India ⁴Associate Professor in the Department of Public Health Dentistry, Post Graduate Institute of Dental Sciences, Rohtak, Haryana, India

authority, MI incorporates collaboration, evocation, and autonomy in its spirit. It encourages the patient to alter the detrimental behavior and enhances his self-efficacy towards quitting [4].

Ambivalence

Ambivalence is not wanting and wanting something simultaneously, where the person is atween the change and the sustain talk. Change talk is when he conveys self-motivational statements favoring the behavior change, while sustain talk is when he conveys his own reasons for not changing. In contrary to the change talk, the person tries to maintain the status quo.

There are four flavors of this ambivalence

- Approach/approach: here, the person is sandwiched between two positive choices. Moving towards one accentuates the attractiveness of the other and vice versa.
- Avoidance/avoidance: here, he is torn amidst two unpleasant choices. Aiming towards one contemplates its disadvantages while moving away from it means moving near to the other, accentuating its unpleasantness.
- Approach/avoidance: only one choice is available that has both negative and positive facets together.
- Double Approach/avoidance: the person has two choices but each one having a significant positive and negative bearing. Thus, drifting towards one accentuates its negative aspects and he longs for the other alternative. If he moves towards that alternative, its shortcomings become apparent while the first choice seems more enticing [5].

Internal Debate and the Righting Reflex

The people trust themselves more so than the opinions of others. There is often an internal debate on their minds which must settle in a positive direction for a change to occur. Adopting a directing approach with a righting reflex does not resolve the conflict of these individuals. Instead, resistance develops. Thus, it is necessary to evoke the tobacco users' own motivation to change [5].

Spirit of Motivational Interviewing

The spirit of MI transpires at the intersection of partnership, acceptance, evocation, and compassion. Assimilation of aspirations of both tobacco users and the counselor implicates partnership. MI is for and with the smoker. Avoidance of righting reflex forms the foundation of partnership. Honoring the tobacco user's worth and potential as a human being, recognizing their autonomy, affirming their strengths and efforts along with empathy constitute acceptance. Evoking the person's own will to change forms a necessary element of the spirit of MI. Further compassion adds life to the spirit of MI [3, 5].

Principles of Motivational Interviewing

Resist the righting reflex, understand the individuals' own motivation to change, listen with empathy and empower the individual (RULE); all comprise the principles of MI [6]. As stated earlier, righting reflex induces resistance in the tobacco user. Thus, the counselor needs to understand the person's own reasons that motivate him to quit tobacco. This requires an empathetic listener who can understand the individual's motivations and barriers to quitting the habit. Further, they must be empowered by drawing on what helped them in their past short but successful quit attempts. The acronym DARES embraces 'develop discrepancy, avoid argumentation, roll with resistance, express empathy and support self-efficacy' as the additional principles of MI [5].

Techniques to 'Roll with the resistance'

Argument with the tobacco user for the behavior change augments the resistance. The following techniques help roll over this resistance:

- 1. Simple reflection: This involves repeating what the tobacco user says.
- 2. Amplified reflection: This technique involves exaggerated expressions of the users' statements.
- 3. Double-sided reflection: Here, the tobacco users' statement is reflected, with the other side which he does not assert.
- 4. Shifting focus: Here, the focus is shifted away from the problem.
- 5. Roll with it: Instead of opposing the resistance and enforcing making a decision, the counselor must encourage the person to think about the problem differently [5].

Methods of Motivational Interviewing

The confluence of processes of engaging, focusing, evoking, and planning describes the technique of MI.

Engaging

The prerequisite to the approach of MI is engaging with the tobacco user to establish a fruitful connection, effectuating a working relationship. However, several traps can hinder this process and result in their disengagement (Table 1).

Focusing

By focusing, using a guiding style of communication, it helps clarify the direction in which the conversation intends to move.

Evoking

It forms the heart of the MI technique. Firstly, the counselor must recognize the preparatory and mobilizing change talk, of the tobacco user. It can be explained by an analogy of a hill where the uphill represents the preparatory change talk and the downhill represents the mobilizing change talk. (Figure 1) The counselor should conduct the conversation in such a

way that the talk moves down the hill spanning the various stages of change.

Planning

When the tobacco user has thus overcome his ambivalence, planning is the further action. Planning embodies a commitment to behavior change and the formulation of a specific action plan [3, 5].

Core Skills of Motivational Interviewing

For the approach to be effective, the counselor must possess the core skills of MI. These are explicated in the table 2.

Evidence of Motivational Interviewing for Tobacco Cessation

Systematic review and meta-analysis used to summarize the research evidence are generally regarded as the best-generated evidence, posit at the top of the hierarchy. Thus, these can be helpful in decision-making in evidence-based practice. Several systematic reviews have been conducted to evaluate the effectiveness of MI for the abstinence of smoking tobacco. A few of them are listed in table 3.

Table-1: The traps that promote disengagement [5]

Traps	Description			
Assessment	When the tobacco user views the assessment as indicative of the treatment experience, he is likely to be			
trap	detached from the conversation.			
Expert trap	In this trap, the counselor provides direction to the tobacco user without first helping him determine his			
	own goals, plans and directions.			
Premature	The counselor must not focus too quickly on any aspect of the problem as it might raise the tobacco users'			
focus trap	resistance and may direct the focus towards an unimportant aspect.			
Labeling trap	It happens when the counselor attempts to label the tobacco user as an addict. These should be avoided to			
	prevent disengagement.			
Blaming trap	When the counselor tries to show the tobacco user his faults to be responsible for his problems, the			
	blaming trap comes into play. The counselor can tell him that 'rather than seeking who is responsible, we			
	seek to find what the trouble is and how we can solve it.'			
Chat trap	Having a conversation that has no direction is unlikely to be helpful towards the goal of behavior change.			

Table-2: Core skills of MI[5]

Core Skills	Description		
Asking Open-	It helps in understanding the person's frame of mind and helps build a collaborative relationship between		
ended questions	the counselor and the tobacco user.		
	e.g., 'What concerns you about tobacco use?'		
Affirming	Recognizing the users' good intentions, strengths, abilities, and efforts help in motivating the patient.		
	e.g., It is great that you tried thrice before to quit tobacco.		
Reflective	By making a guess about the meaning of tobacco users' statements, the counselor can deepen the		
Listening	comprehension of both the counselor and the user.		
Summarizing	Offering back in a basket what the tobacco user expressed so far further helps in the process of change.		
Informing and	The counselor must understand the tobacco users' perspective and needs and should facilitate him in		
advising	drawing out his own conclusion.		

Table-3: Studies depicting the effectiveness of MI for smoking tobacco cessation

Authors (Year)	Objectives	Results
Hawley NL et	Meta-analysis to	Abstinence with MI was 1.26 times that with brief advice. [95% confidence
al.[7]	evaluate the	interval (CI): 1.16-1.36, for 28 studies with 16,803 participants) MI delivered
	effectiveness of MI on	by primary healthcare physicians was found to be more effective than by the
	smoking cessation.	counselors [risk ratio (RR): 3.49, 95% CI 1.53-7.94 versus RR: 1.25, 95% CI
		1.15-1.63)
		Further shorter MI sessions resulted in RR 1.69 as compared to controls.
Heckman CJ et	Systematic review and	The results showed an odds ratio of 1.45 (95% Confidence interval 1.14-1.83)
al. [8]	meta-analysis to	for abstinence of smoking amongst the group with motivational interviewing
	evaluate the efficacy of	as an intervention as compared to the controls.
	MI for smoking	
	cessation.	
Lai DT <i>et al</i> .[9]	Meta-analysis was	There was a modest yet significant abstinence with RR of 1.27 (95% CI 1.14-
	conducted to evaluate	1.42). Furthermore, they found MI delivered to be more effective if by
	the effect of MI on	primary healthcare physicians (RR: 3.49, 95% CI 1.53-7.94), and if
	smoking cessation.	conducted in longer (RR: 1.31, 95% CI 1.16-1.49) and multiple sessions.

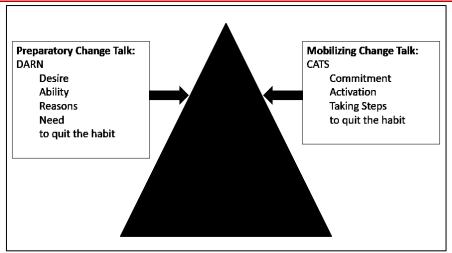


Fig-1: Preparatory and Mobilizing Change Talk

CONCLUSION

Behavior change amongst tobacco users requires overcoming their ambivalence regarding the change. Motivational Interviewing can prove to be an efficient technique to bring about this change by motivating and evoking the individuals' desires to quit the habit. Partnership, acceptance, evocation, and compassion encompass the spirit of MI. Following several principles of MI, inculcating the core skills can help the counselor effectively communicate with the tobacco user to persuade him to quit.

REFERENCES

- Tobacco. (2021). Accessed December 15, 2021. https://www.who.int/news-room/fact-sheets/detail/tobacco
- 2. Gender, women, and the tobacco epidemic. Accessed December 15, 2021. https://www.who.int/publications/i/item/97892400 04849
- 3. A Brief History of Motivational Interviewing.
- 4. Lindson, N., Thompson, T. P., Ferrey, A., Lambert, J. D., & Aveyard, P. (2019). Motivational interviewing for smoking cessation. *Cochrane*

- Database of Systematic Reviews, 7.
- 5. Miller, W., Rollnick, S. (2021). *Motivational Interviewing*. Third. Guilford Publications; 2013. Accessed December 15, 2021. https://www.google.co.in/books/edition/Motivational_Interviewing/o1-ZpM7QqVQC?hl=en
- Hall, K., Gibbie, T., Health, B., Lubman, D.I. (2014). Motivational Interviewing Techniques. Peripher Brain Pharm, 2017 - 18. 2017. doi:10.21019/9781582122885.motivationalintervie wing
- 7. Lindson-Hawley, N., Thompson, T. P., & Begh, R. (2015). Motivational interviewing for smoking cessation. *Cochrane Database of Systematic Reviews*, (3).
- 8. Heckman, C. J., Egleston, B. L., & Hofmann, M. T. (2010). Efficacy of motivational interviewing for smoking cessation: a systematic review and meta-analysis. *Tobacco control*, 19(5), 410-416.
- 9. Lai, D. T., Cahill, K., Qin, Y., & Tang, J. L. (2010). Motivational interviewing for smoking cessation. *Cochrane database of systematic reviews*, 1.