REVIEW ARTICLE

Motivational Interviewing: A Treatment Philosophy in Anti-tobacco Counseling

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ABSTRACT

Motivational interviewing is grounded in a respectful stance with focus on building rapport in anti-tobacco counselling and also is widely applicable in all forms of counselling. Many counselling models rely heavily on therapist insight and directive advice, in MI patients themselves do much of the psychological work. It focuses on exploring and resolving ambivalence and centres on motivational process within the individual that facilitate change. Once the learner has a degree of incentive to learn or change behaviour, the information or skills must be presented in a manner that will allow the learner to retain the knowledge and reinforce skills.

Key words: Anti-tobacco counselling, Motivational interviewing, Smoking, Tobacco, Tobacco-cessation

INTRODUCTION

Learning is a dynamic process that involves the motivation to learn and knowledge retention, reinforcement, and transference. All learners must have a motivation to accept new motivation or skills. Once the learner has a degree of incentive to learn or change behavior, the information or skills must be presented in a manner that will allow the learner to retain the knowledge and reinforce skills. *Positive reinforcement* occurs with a positive outcome and can lead to increased self-efficacy. *Negative reinforcement* occurs with a bad outcome and can come from the instructor or from natural results of behavior.

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In presenting education to adults, motivating the adult learner requires certain considerations. Six sources of adult motivation are as follows:

1. Social relationships: Changing behavior to meet people or improve social activities.
2. External expectations: Desire to please someone in authority.
3. Social welfare: Desire to improve society
4. Personal advancement: Improvement on the job or achievement of a personal goal.
5. Escape stimulation: Avoidance of boredom.
6. Cognitive interest: Learning for the sake of learning.

Learners and providers must be partners. The patient is the expert on identifying needs and concerns as well as his or her state of readiness to learn and change behaviors. The provider is an expert on the health condition and effective interventions. A technique known as motivational learning has successfully used the principles of adult education, readiness to learn, and self-efficacy to empower patients to adopt healthy lifestyle changes.[1]

Motivation is not seen as static but as dynamic. It is redefined as purposeful, intentional, and positive, directed toward the best interests of the self. Specifically, motivation is considered to be related to the probability that a person will enter into, continue, and adhere to a specific change strategy.[2] The concept of motivational interviewing was evolved from the experience of treating alcoholism and was first described by Miller in 1983.[3] Motivational interviewing was originally developed in the addiction field in the 1980s as an alternative to the coercive and confrontational approaches used in the substance abuse field at that time.[4] It builds on Carl Rogers' optimistic and humanistic theories about people's capabilities for exercising free choice and changing through a process of self-actualization.[2] MI has since moved into many helping fields, including social work. It is an egalitarian, empathetic "way of being." It is a communication style that uses specific techniques and strategies such as reflective listening, shared decision-making, and eliciting change talk.

Miller and Rollnick (2002) defined MI as *"a client-centred, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence."* This approach accepts that ambivalence toward behavioral change is normal.

Many counselling models rely heavily on therapist's insight and directive advice, in MI patients themselves do much of the psychological work. They generate the rationale for change. Unlike cognitive-behavioural interventions MI counsellors generally make no direct attempt to dismantle denial or confront irrational or maladaptive beliefs.[5] MI counselors generally make no direct attempt to dismantle denial or confront irrational or maladaptive beliefs. Instead, the counsellors subtly help clients to detect possible contradictions in their thoughts and actions and to experience discrepancy between their current actions and who they ideally want to be. MI counselors rarely attempt to convince or persuade. Instead, the counselor subtly guides the client to think about and verbally express their own reasons for and against change and explore how their current behavior or health status may impact their ability to achieve their life goals or align with their core values. MI encourages clients to make fully informed and deeply contemplated life choices, even if the decision is not to change.[6] Argumentation is avoided because trying to persuade a person to make a behavioral change usually results in the person verbally defending the status quo. Intrinsic motivation is achieved when a person sees a conflict between their current behavior and other goals or values that they hold. The role of the counselor, therefore, is to explore those goals and values and to elicit statements or perspectives that support behavioral change.[4]

There are a variety of skills outlined in the use of MI. However, one interesting and critical facet of MI is that the intervention outlines not only what skills to use but also how the skills are to be implemented. There is a spirit associated with MI that grounds how a counselor approaches people. Miller and Rollnick (2002) are cleared that the spirit of MI is integral to its successful practice.

The spirit of MI is comprised of three components: Collaboration, evocation, and autonomy. These components are described as follows:

Collaboration

Counseling involves a partnership that honors the client's expertise and perspectives. The counselor provides an atmosphere that is conducive rather than coercive to change. Miller and Rollnick contrast collaboration to confrontation approach; in which there is overriding the client's perspective and correcting his or her view of reality are central components. An individual may decide to personally confront behavior change issues during the MI process; however, it is not the role of the worker to be confrontational.

Evocation

The resources and motivation for change are presumed to reside within the client. Intrinsic motivation for change is enhanced by drawing on the client's own perceptions, goals, and values. Evocation is in turn compared with education, in which there is an assumption of a deficit in the client's "knowledge, insight, and/or skills" that must be corrected by the counselor. Education, such as normative feedback, may be a tool used within MI, but it is not the goal.

Autonomy

The counselor affirms the client's right and capacity for self-direction and facilitates informed choice. Autonomy is contrasted with authority, in which the client's role is to be told what he or she should do.[7]

MI has also been linked to complexity science and chaos theory. Resnicow *et al.* have suggested that motivation to change one's behavior can be viewed as a perfect storm of intrapsychologic events, a complex, nonlinear interplay of thoughts and feelings that compel the person to change. Motivation is not seen as the gradual or intellectual process of decisional balance but a much more discrete event, an epiphany. Such "sudden gains" in motivation have been observed in smoking cessation and the treatment of depression. To achieve such "quantum change," MI practitioners provide clients with an opportunity to consider their life with and without their risk behaviors and to explore how change can propel them forward in life. This process can lead to a motivational epiphany, whereby the client feels a compelling reason to change that was not heretofore present. The transformation is difficult to predict in part because the system is sensitive to initial conditions, i.e. small differences in the starting point can create large changes in outcomes. Motivation can be dramatically altered by small inputs.[8,9]

CHARACTERISTICS OF THE MOTIVATIONAL INTERVIEWING

- "Motivational interviewing" relies on identifying and mobilizing the client's intrinsic values and goals to stimulate behavior change.
- Motivation to change is elicited from the client and not imposed from without.
- Motivational interviewing is designed to elicit, clarify, and resolve ambivalence and to perceive the benefits and costs associated with it.
- Readiness to change is not a client trait but a fluctuating product of interpersonal interaction.
- Resistance and "denial" are often a signal to modify motivational strategies.

- Eliciting and reinforcing the client's belief in ability to carry out and succeed in achieving a specific goal are essential.
- The therapeutic relationship is a partnership with respect to client autonomy.
- Motivational interviewing is both a set of techniques and counseling style.
- Motivational interviewing is directive and client-centered counseling understanding and eliciting behavior change.[10]

Goal Setting

Motivational interviewing is focused on the exploration of goals and values. Individuals are invited to explore what their ultimate goals are and how they imagine themselves achieving them. Exploring what values are important to an individual is also incorporated into MI. The goals and values are elicited from the individual and not imposed on them from outside.[4] The goal-setting process is person centered.[11]

Strength Assessment

Motivational interviewing provides workers with skills to assess client confidence in their ability to make behavioral change. When a client lacks the confidence to make behavior change, the MI practitioner uses skills to elicit clients' belief in their own ability. For instance, individuals using MI facilitate discussion which enables individuals to look back over their lives and identify past successes.[4] What is working currently and how individuals can imagine things working better are also explored. Affirmation skills are developed which allow workers to specifically identify and affirm strengths, encourage autonomy, and provide support. Excessive exploration of the history of the problem is discouraged, rather the focus is on past success, self-confidence, and self-efficacy.[11]

Change/Growth Potential

Motivational interviewing assumes that individuals truly can change and achieve their goals.[4] These goals are often extensively explored to increase motivation for change. The worker values and closely aligns with individuals' long-term goals. The worker's belief in a person's capacity to change is considered fundamental in the practice of supporting self-efficacy.[11] Beyond the underlying assumptions of MI, there is a skill base for increasing individuals' belief in their capacity for change.[4] MI selectively reinforces language that reflects the person's desires, abilities, reasons, and needs for change.

Meaningful Choice

Motivational interviewing supports autonomy and choice.[4] Individuals are empowered to make choices, set the agenda, prioritize their goals, and function independently. Specific skills and tools are utilized to increase an individual's perception of autonomy and control. Clients are perceived as being the experts in their own lives and are empowered to make choices and provide direction within the interaction. Motivational interviewing helps individuals to increase their confidence in their ability to make decisions and changes.[11]

The Relationship

The motivational interviewing relationship facilitates hope, confidence, and motivation for change. As noted previously, MI provides skills for supporting an individual's self-efficacy which often can be hope inducing. Self-efficacy can be defined as a person's belief in his or her personal competence and ability to achieve his or her goals. The MI spirit includes maintaining a positive and supportive relationship that emphasizes the evocation of an individual's ideas, increasing an individual's autonomy, and collaboration.[4] MI also focuses on increasing the importance of, and confidence to, change. Attention is given to how individuals describe their situation, not on diagnosing or labeling the problem.[11] The supportive and accepting nature of the relationship in MI can be negatively impacted if the worker starts to label, gives unsolicited advice, or becomes confrontational.

Motivational Interviewing and Managed Care

In addition to its effectiveness, motivational interviewing is beneficial in that it can easily be applied in a managed care setting, where issues of cost containment are of great concern. Motivational interviewing approaches are particularly well suited to manage care in the following ways:

Low cost

Motivational interviewing was designed from the outset to be a brief intervention and is normally delivered in 2–3 outpatient sessions.

Efficacy

There is a strong evidence that motivational interviewing triggers change in high-risk lifestyle behaviors.

Effectiveness

Large effects from brief motivational counseling have held up across a wide variety of real-life clinical settings.

Mobilizing client resources

Motivational interviewing focuses on mobilizing the client's own resources for change.

Compatibility with health-care delivery

Motivational interviewing does not assume a long-term client–therapist relationship. Even a single session has been found to invoke behavior change, and motivational interviewing can be delivered within the context of larger health-care delivery systems.

Emphasizing client motivation

Client motivation is a strong predictor of change, and this approach puts primary emphasis on first building client motivation for change. Thus, even if clients do not stay for a long course of treatment (as is often the case with substance abuse), they have been given something that is likely to help them within the first few sessions.

Enhancing adherence

Motivational interviewing is also a sensible prelude to other health-care interventions because it has been shown to increase adherence, which in turn improves treatment outcomes.

CONCLUSION

In the past decade, MI has become a well-recognized brand and has been used in psychotherapy, medicine, addictions, public health, and beyond. Motivational interviewing is both a treatment philosophy and a set of methods employed to help people to increase intrinsic motivation by exploring and resolving ambivalence about behavioral change.

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