

MODULE

Motivational Interviewing

Smoking Cessation



Click link above to play video

Introducing the video

Use the background to provide your learners with an understanding of the scenario.

Tell your learners that on watching the video they may feel some skills are good, some not so good, and that you are going to work together on unpicking what leads to that evaluation. It can be useful to prepare your learners in advance for particular skills they are going to see and/or hear or that you want them to look out for.

So before playing a video, prompt your learners to consider;

- What skills did you see?
- What skills did you hear?

Do this before any discussion of what could be done differently.

Playing the video

A section of the video can be played, then stopped to promote discussion. This approach can help facilitate discussion relating to a specific learning point or communication skill.

To help your learners make observations, support them with questions like, *“you mentioned that the midwife was kind and caring... why do you think that?... what does kind and caring sound and look like... can you unpick the skills?”*.

Encourage your learners to consider verbal/nonverbal communication skills and the words/phrases used in the video.

Simulation

This technique involves stopping a clip at a particular point, then asking your learners (in small groups) to simulate what they would do next. Alternatively play the video to the end and then ask your learners to simulate the entire scenario. This technique can be useful in demonstrating that there are multiple ways of delivering different healthcare conversations. This can help with concerns learners may have about ‘doing/not doing it right’.

Monitor learner well-being

Some learners may find a video distressing, as the video may echo with some experience in their lives which might be upsetting. If this happens, tell your learners to feel free to let you know, to take time out from the workshop or to sit out a particular scenario that may be too upsetting for them.

Supporting materials

Visit our webpage at <https://bit.ly/3RPuxjf> for further supporting materials on good communication skills for motivational interviewing.

Motivational Interviewing: Smoking Cessation

Background

Cate is a 29 year old mother with 2 children (Jack and Kate) aged 2 and 4 years. She is 12 weeks pregnant. Her 2 children were low birth weight babies and are often ill with chest infections. She has told you in the past that her 2 year old is asthmatic, tends to get sick frequently and this is very worrying for her. She finds the task of caring for the two young children stressful and feels that she needs cigarettes to help her cope.

Clips

There are four clips in this scenario.

FIRST CLIP

ENGAGE 00:00 – 00:45

Hazel uses good communication skills to build rapport with Cate and create an environment that is comfortable for Cate to talk about change.

SECOND CLIP

FOCUS 00:46 – 01:14

Hazel uses open questions to continue to build and strengthen a collaborative relationship with Cate, and to find out more about her perspective on stopping smoking.

THIRD CLIP

EVOKE 01:15 – 04:35

Hazel elicits and reinforces Cate's motivation to stop smoking and encourages her to become an active participant in the conversation about change.

FOURTH CLIP

PLAN 04:36 – END

Hazel gives Cate some information about stopping smoking while emphasising her freedom of choice and autonomy. In doing so, Cate comes to her own conclusions about next steps that she might take.

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Communication Skills

FIRST CLIP

ENGAGE 00:00 – 00:45

In this clip, Hazel gets the conversation off to a good start with Cate.

- Hazel starts the conversation with a warm greeting (“Good morning Cate”), identifies herself by name and establishes her role (“I’m one of the midwives”)
- She asks an open question (“How are you doing?”)
- Hazel empathises with Cate (“I can see that can be difficult for you”) and uses silence and non-verbal encouragers (eye contact, nodding), giving Cate further space to tell her story.

SECOND CLIP

FOCUS 00:46 – 01:14

In this clip, Hazel negotiates a shared agenda for the conversation.

- Hazel elicits the issues that Cate wants to talk about (“I’m just wondering what you wanted to discuss today”), then signposts that she will be checking Cate’s blood pressure, before continuing on to introduce the item that she would like on the agenda (“I just wanted to touch on something that you had mentioned the last time”). She asks permission to discuss smoking with Cate (“Could we talk about that for a few minutes?”).

THIRD CLIP

EVOKE 01:15 – 04:35

In this clip, Hazel assesses Cate’s readiness to change and elicits talk about why and how she might change (change talk).

- Hazel uses an open question to invite Cate to begin talking about smoking (“I just wanted to ask how you feel about that?”).
- Her tone of voice implies an interested and non-judgemental approach.
- Hazel invites Cate to say some more (“Could you tell

me a bit more about that?”) and uses silence, verbal (“mm-mm”) and non-verbal encouragers (eye contact, nodding), giving Cate further space to speak.

- Hazel reflects what Cate has said (“Ok Cate, so I can see that when you’re stressed you have a cigarette and that helps you to relax”). This kind of repetition can be useful because it shows that Hazel has heard what Cate has said. It also gives Cate the opportunity to say more about the topic if she wishes to do so.
- Hazel uses (reverse) questions to ask Cate if there is anything she doesn’t like about smoking (“Is there anything that you don’t like about smoking Cate?”), her tone of voice and body language imply an interested and non-judgemental approach. These skills enable her to encourage Cate to consider alternative ways of thinking about smoking and explore any discrepancy between her goals, beliefs and her current behaviour.
- Hazel demonstrates that she has prepared for the consultation, (“I can see from your records...”), this helps to build rapport and trust with Cate.
- Hazel acknowledges what Cate says about not believing what the midwife has said (“I really don’t think that was right at all”) with a verbal encourager (“mm-mm”, but does not debate or challenge Cate’s opinion on this (rolling with resistance).
- She uses scaling questions (**importance**) to assess Cate’s readiness to change (“So Cate on a scale of zero to ten...?”... and ... “is there any reason why that mightn’t be a six or a seven?”).
- Hazel asks permission to give Cate information on how smoking affects babies during pregnancy (“Would it be ok if we...”)
- Hazel gives small chunks of information to Cate (“The midwife that told you” and “we know that babies and children...”).

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- She pauses after giving the chunks of information and waits to see if Cate has any questions about the information before giving the next chunk.
- Hazel does not make proposals about what Cate may be thinking and feeling in relation to smoking. Instead she uses silence, verbal encouragers (“mm-mm”) and open questions (“Why is that Cate?”) that encourage Cate to talk about her thoughts and feelings. Notice that the questions Hazel asks do not presume knowledge of what Cate is feeling and thinking.

FOURTH CLIP PLAN 04:36 – END

In this clip, Hazel supports Cate’s motivation to change and continues to build a strong rapport with Cate, which furthers Cate’s sense of self-efficacy.

- Hazel supports and encourages Cate using positive nonverbals (eye contact, leaning, nodding, warm facial expression, and affirmations, (“*this is quite a decision for you Cate*”).
- Hazel uses neutral language when talking about smoking and encourages discussion of what Cate has already been thinking about in relation to giving up smoking, using open questions (“*Have you any thoughts about how you would go about stopping smoking?*”).
- Hazel gives Cate as much choice as possible and emphasises her autonomy (“*That’s one of your options, I could also refer you to...*”). This helps to minimise resistance and allows Cate to come to her own conclusions about which of the options would best support her to give up smoking.
- She elicits further information about what Cate is thinking when she says that she is going to need some help... (“*could you tell me a little bit more about that Cate?*”).
- Hazel uses affirmations (“*this is great*”), to support and encourage self-efficacy (“*you are starting to think about giving up smoking*” and “*you have had the courage to start thinking about this journey*”). Affirmations help Hazel to build rapport with Cate and any reduce feelings of defensiveness that Cate might have about the conversation.
- Hazel emphasises Cate’s autonomy over making the decision to stop smoking, (“*I can tell you about what’s available in the hospital, if you’d like me to do that*”). Hazel’s choice of words indicate that she will support Cate in making this decision.
- Hazel moves to the information giving part of the conversation using signposting (“*There are 3 options available to you*”). This helps Hazel to ensure that key points are covered, helps Cate to take in the information and promotes collaboration with Cate feeling more ownership for the decision and taking more responsibility for her health.
- Hazel demonstrates active listening, by returning to an area that Cate had mentioned earlier in the conversation, (“*you have already mentioned this*” and “*so you know you said, your cousin had chewing gum...*”).
- Hazel emphasises Cate’s autonomy over deciding the option(s) that she wants to pursue “*I can refer you to the team if that is what you want...?*”).