Motivational Interviewing: Foundations for Change

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The Ineffective Physician: Non-Motivational Approach

Host: Doctors, nurses, and physician assistants all have opportunities to counsel patients about health related behaviors. As a medical professional, you have a responsibility to talk to your patients about tobacco use and how it affects their health. At times, you will also have a responsibility to talk to them about how second hand exposure to their tobacco smoke affects other people's health. These can be sensitive topics and it is important to keep in mind the way you approach your patients about these issues will have a big impact on how your advice and concerns are received.

In general, it is not useful to confront or scold your patients about their tobacco habits, as that approach is usually not well received by patients and may interfere with your ability to counsel them effectively. Watch what happens as this provider becomes more and more confrontational in her warnings about tobacco use and her advice to quit smoking.

Speaker1: Okay so I wrote a prescription for an antibiotic for Aiden. That should help with the ear infection, but in looking through the chart, I mean, it seems like he's had 6 or 7 of these just in the past year or so.

Speaker2: Yeah.

Speaker1: That's really a big problem.

Speaker2: Yeah it's pretty stressful for both of us. He gets really upset.

Speaker1: Well one of the primary risk factors for multiple ear infections in kids is actually smoke exposure. Are you smoking?

Speaker2: Yeah, I, yeah I do smoke, but I don't smoke around him. I try really hard not to smoke around him.

Speaker1: Well the fact that he's having these ear infections is indicating to me that he is being exposed to smoke and so what can you tell me about that?

Speaker2: I, I don't know I mean I try really hard not to smoke around him. I don't smoke in the car, when he's home I go outside to smoke, I just, I mean I know it's bad and I know it's bad for him so I don't want him to be around it so I try really hard.

Speaker1: I really need you to quit smoking, both for your health and for Aiden. Did you know smoking around your child is associated not only with ear infections, it could get to the point where we have to put tubes in his ears pretty shortly here. Also things like vitamin c deficiency, cavities, like dental cavities, behavior problems, asthma, other upper respiratory infections. It's really putting him at a lot of risk. In addition to that, kids of smokers end up smoking themselfves. Do you want him to grow up and be a smoker?

Speaker2: No, but I don't smoke. I, I, I thought about quitting but it's just it's really hard so I just don't know how to do it.

Speaker1: Well now's the time to quit. It's really gotten to the point where you can't keep smoking. Not only for him like I said but also for you. You're putting yourself at risk for lung cancer, for emphysema, for oral cancers, for heart disease, for all

kinds of things.

Speaker2: I know I know I've heard, people have told me before. I've heard all that. I just don't know how to do it. How am I supposed to quit? It's so hard.

Speaker1: Well there's all kinds of things you can use now. It's not as hard as it used to be. You can use nicotine replacement, there's patches, there's lozenges, there's gum, there's the inhaler, there's nasal spray. We can talk about medications, you can try Chantix, you can try Zyban, there's quit smoking groups you can go to, there's hotlines you can call.

Speaker2: I don't have time for any of that!

Speaker1: There's no reason why you shouldn't be able to quit. This is really important.

Speaker2: I understand that I know it is, I mean everybody has problems right? It's just really, it's really really hard!

Speaker1: Well what can be more important to you than the health of your child?

Speaker2: I don't know.

Speaker1: I really need you to tell me that you're going to quit smoking. This is really important.

Speaker2: I'll I'll I'll go look at all those things and I'll find, I guess I'll try to find something and I'll talk to my doctor about it.

Speaker1: Okay well I think you really need to think about this seriously. Like I said, it's really putting yourself and your child in danger.

Speaker2: [Nods head] Okay. Whatever. Okay.

Speaker1: Okay.

Host: By starting the interaction with an accusatory question, 'are you smoking'?, the provider immediately put this parent on the defensive and minimized the likelihood of a productive discussion. She then proceeded to lecture and scold the

parent repeatedly while ignoring the parent's multiple remarks regarding her low confidence and her ability to successfully quit smoking. Once the parent felt completely defeated, she caved in and announced that she would quit smoking.

It is clear to any observer that this parent had no intention to quit smoking at this time, but rather that she was simply attempting to bring an end to the uncomfortable confrontation. In this case, the provider wasted an excellent opportunity to work with a mother who was expressing a real desire to quit smoking coupled with a lack of confidence in her ability to do so. By listening to what the parent was really saying, the provider might have been able to help this parent develop a workable plan. In addition, both the provider and parent would have felt more satisfied with the interaction.