Effectiveness of Motivational Interviewing for Tobacco Cessation in Youth: Experience of Ratprachanukroh 46 School

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This study has been designed as quasi-experiment. The objective of the study is to evaluate the effectiveness of MI (motivational interview) Program for Tobacco Cessation in Youth. The volunteers were 39 students studying at secondary school level who have smoked. The program was designed as a form of MBA (motivational brief advice) and composed of six sessions during six weeks, three to five minutes each. Since youth often uneasy to talk about tobacco cessation for longer time, so the timing of three to five minutes is practicable. The teachers have been trained to talk with youth, using basic skills of MI, especially affirmation and open question to bring out the reasons for change. The results are improvement of smoking behavior. The immediate result was 12.8% of volunteers decrease the amount of smoking, and improve to 59% at two weeks after the program, and 66% at four weeks. It seems to be accumulative effect, since smoking in youth often associates with social activity if some of smoking friends have quit or cut their smoking, and this brings to decrease in smoking behavior for the remainders. This experience could be adapted to smoking cessation program in youth, using MBA and the teachers would be effective counselors.

Keywords: motivational interview, tobacco, cessation, youth

Introduction

Youth Smoking

According to the survey in a survey project on global tobacco use in adults in Thailand in 2009 and 2011, there were 11.5 million tobacco consumers as 21.4%. Of the population aged 15 years and above, of mostly men (41.7%) and minority women (2.1%) who smoke, it is also found that young people aged 15-24 years in Thailand started smoking earlier than the year 2007 which began on average age of 16.8 years, but smoking in the year 2011 started smoking on average of 16.2 years.

A survey in USA found that more than 80% of smokers started smoking before the age of 18 years. Data from the Youth Risk Behavior Survey 2003 found that youth, high school smoking to 21.9% (of that particular Grade 12 or Grade 6, a significant number of smokers is 26.2%). Young smokers often try to quit smoking. For

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example, a Canadian survey found that of smokers aged 13-15 years, 64% had tried to stop smoking at least once before, as in USA found that 50.8% of high school students who smoke try to quit smoking (CDC, 2009).

Kids who smoke are more likely to use drugs five times than kids who do not smoke (reporting the estimated number of children and young people using drugs in the country; ABAC Poll 2554). Youth who start smoking and continue to smoke into adulthood, they will be affected by smoking, such as cough, fatigue, illness, emphysema, the risk of lung cancer and respiratory tract, and diseases of the vascular system, such as heart disease, etc..

MI (Motivational Interviewing)

The concept of MI is being put to use in conversation and counseling to modify health behaviors such as diet and exercise, including substance abuse issues. Cigarettes and alcohol changing human behavior is a gradual process. Studies of Dr. Prochaska and Dr. Diclemente found that the change of the smoker is a process (stages of change) that can be pushed to come up with the conversation, a unique feature called MI. Dr. William Miller at University of New Mexico and Dr. Stephen Rollnick at Cardiff University, UK, have developed the techniques of conversation, which is the main focus. This is the heart of the discussion to behavioral change. There are three main concepts:

(1) We should build cooperation rather than confrontation. We should find a goal in life and values of smokers to make changes with similar goals;

(2) Evocating rather than imposing: The demand comes from smokers. Over this principle, it means that we should talk to smokers, bringing an idea or realization that he had been affected by smoking and the time has come to cease smoking;

(3) Provides opportunities to think and plan for themselves.

The concept of motivation to change behavior can be applied to counseling in many forms, from providing brief advice or counseling in short term.

In conclusion, the provision of advice to young people who smoke will feature a strengthen motivation. Motivational part and the idea of behavior (cognitive behaving part) for knowledge and information will be used to support the motivation and cognitive of smokers. For example, knowledge about symptoms, coughing, and foul breath may be used to enhance motivation. Because the smoker is concerned or used to control behavior. Smokers should be noted that the foul breath may result from the query smokers, while also noting breath better when not smoking , etc. (CDC; 2004).

In the counseling process to modify behavior and smoking cessation by using the concept of the stages of change, we may divide the duration of the consultation into three stages:

(1) Establishing rapport and finding out motivation;

(2) Strengthening motivation and commitment;

(3) Planning for change.

Therefore, it is interesting to study the concept and effectiveness of counseling, and the motivation to change smoking behavior of youth.

We set up the intervention composing six sessions. The first two sessions are stressing on the rapport and finding out the reason for quit smoking individually. The second two sessions are stressing on strengthening one's motivation, and solving ambivalence.

The last two sessions are moving from into action.

Research Objectives

The research objectives are: effectiveness of counseling and motivation to change smoking behavior of youth.

Form of Research

The form of research is quasi-experimental research to study the effectiveness of counseling, motivation to change smoking behavior of students at Rajaprajanugroh 46 Chainat School.

Materials and Methods

Target population are secondary school students in Rajaprajanugroh 46 school, 2013 academic year, whom comply to quit smoking and voluntarily to participate in the study. There were 39 participants joining the study and received BMA for six sessions once a week. The tracking No. 1 was done two weeks, then four weeks for the second tracking.

Instruments

The instrument used in research is: Data were collected by investigators with tools (the program) to conduct this study.

Protecting the rights and research ethics: This research has been considered and approved by the research ethical committee, Department of Mental Health, Ministry of Public Health.

Methods

Specific selection of sample was done. Using features of the research design that has been defined. The researchers spoke individually and recommend participating, recorded information of the participants and the results during follow-up period sufficient for the analysis. The source of the data is stored in a secure and confidential way that only the researchers will be able to reach it.

Analysis

This research data were analyzed using the statistical software package SPSS (Statistical Package for the Social Science) for Window version 11.5 to analyze the following information:

- (1) Personal information such as gender, age, and amount of smoking. By the way, the frequency distribution and the percentage of samples;
- (2) Comparison samples percent of the amount of smoking before and follow-up period.

Result

From Table 1, it was found that for males smokers ($n = 39$, 100%). The number for smokers aged 15 years is the most, 11, as 28.2%, followed by aged 16 and 17 years as 9, representing 23.1% and 23.1%, respectively, aged 14 years, 4, representing 10.3%, aged 18 years 3, 7.7%, aged 19 years, 2, 5.1%, and aged 12 years, 1, 2.6%.

Classes who smoke most was secondary Grade 3, the number is 14, representing 35.9%. Minor was secondary Grade 4 and secondary Grade 6, representing 17.9% and 17.9% respectively. Secondary Grade 2 remains 6, representing 15.4%. Of high school Grade 5, the number is 4, representing 10.3% and secondary Grade 1 as 1, 2.6%.

Table 1

Overview of the Sample, Such as Gender, Age, Class (n = 39)

Data		<i>n</i>	Percent (%)
Gender	Male	39	100
Age (year)	12	1	2.6
	14	4	10.3
	15	11	28.2
	16	9	23.1
	17	9	23.1
	18	3	7.7
	19	2	5.1
		39	100
Classes	1	1	2.6
	2	6	15.4
	3	14	35.9
	4	7	17.9
	5	4	10.3
	6	7	17.9
		39	100

Table 2

The Amount of Smoking After Six Sessions of Counseling and Monitoring the Amount of Smoking for Twice

Timing	Amount	<i>n</i>	Percent (%)
Before	Less than 10 per day	32	82.1
	More than 10 per day	7	17.9
End of program	Less than 10 per day	33	84.6
	More than 10 per day	6	15.4
First follow-up	Less than 10 per day	38	97.4
	More than 10 per day	1	2.6
Second follow-up	Less than 10 per day	38	97.4
	More than 10 per day	1	2.6

Data in Table 2 showed that the number for prior consultation smokers whom smoke less than 10 cigarettes per day is 32, 82.1%, more than 10 cigarettes per day is 7, 17.9%.

Another research is about the subjects that got consultation six sessions, but then got back to smoking behavior again. The first tracking No. 1 was two weeks after consultation, the number for less than 10 cigarettes per day is 32, 82.1%, more than 10 cigarettes per day is 7, 17.9%. The second tracking No. 2 was four weeks after consultation, the number for less than 10 cigarettes per day is 38, 97.4%, more than 10 cigarettes per day is 1, 2.6%.

Table 3 presents the results after intervention for six sessions, the number for smoking as before is 84.6%, followed by smoking cessation as 12.8% and having quit as 2.6%.

After two weeks, as it was the first time follow-up, 33.3% subjects smoked as before, and 59.0% decreased, and 5.1% quit.

After four weeks, 66.7% subject decreased the smoking, followed by 23.1% smoking as before, and 10.3% quit smoking.

Table 3

Comparison of Smoking Behavior During the Consultation Period, Follow-up the No. 1 and No. 2

Timing	Smoke as before	Decrease	Quit	Relapse
After MI for six sessions	33 (84.6%)	5 (12.8%)	1 (2.6%)	-
First time follow-up	13 (33.3%)	23 (59.0%)	2 (5.1%)	1 (2.6%)
Second time follow-up	9 (23.1%)	26 (66.7%)	4 (10.3%)	-

Conclusion

Students at Rajaprajanugroh 46 ChaiNat: In experimental group, participants had reduced their smoking habits after receiving intervention. The study of the effects of motivational counseling for tobacco cessation in youth can be concluded by discussing the results of this study. The results are based on assumptions.

Scenario 1: The experimental group who received intervention majorly had decreased smoking behavior. Some of this group still smoke. The reason may vary from several factors (smoking in family, have friend who smoke etc.).

However, it is noted that even those who attend are advised to come voluntarily, it also results in that successful smoking cessation are not equal. Because the different contexts motivated behaviors among are unequal: Some are little incentive, some are very motivated, and the time to change behavior does not equal as describe in transteroretical model of change and the process of change (Prochaska & Diclemente, 1983), as it was said. Behavior modification will be effective, especially in the matter of smoking behavior. If a group can be classified according to the pick-up of modifying behavior, then this will allow researchers to design programs to suit individual counseling and other target groups, which will allow members to change their smoking.

Scenario 2: In this study, a teacher, a mentor takes on a conversation stressed the good relationship: “Do not focus on teaching”. We should stimulate conversations with vision problems and risks, and achieve self-determination. This conversation did not take long, but there are many times (more than five times) can cause a change in students’ smoking behavior satisfactorily.

Limitations in the Research

First, with a range of action, research is not limited to tracking just twice, in the future, there should be a follow-up longer than this, especially after the holidays. It was found that the students have the opportunity to return to smoking.

Second, two different contexts of education may be important in the application of counseling techniques, so a study conducted in schools Rajaprajanugroh 46 Chainat may have different effects in other studies.

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