



Readiness to change smoking behavior in adolescents with psychiatric disorders

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Abstract

There has been recent increased interest in utilizing motivational interviewing (MI) to increase adolescent readiness to quit smoking, but attempts to impact quit rates have thus far been discouraging. A better understanding of factors associated with adolescent readiness to quit smoking prior to receiving any intervention may provide guidance when tailoring future MI interventions in order to increase their effectiveness with this population. Adolescent smokers ($N=191$) who had been admitted to a psychiatric hospital and enrolled in a clinical trial evaluating MI completed questionnaires that assessed smoking behavior and variables thought to be related to smoking. Confidence to quit smoking and negative beliefs about smoking were significant predictors of adolescents' baseline readiness to quit smoking. The failure to demonstrate relationships between health consequences and readiness suggest that caution may be warranted in the use of feedback, a common component of MI-based interventions. Such feedback tends to focus on health consequences, which was unrelated to adolescent baseline readiness to change smoking behavior in the current study. Parallels between current results and the Theory of Planned Behavior are discussed in consideration of developing more effective MI-based interventions for adolescent smokers.

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1. Introduction

Over the last decade, motivational interviewing (MI) has been a well-investigated therapeutic approach for the treatment of substance use problems among adults. The promising outcomes of these studies with adult populations (see Burke, Arkowitz, & Menchola, 2003, for a review) have resulted in increased interest in developing MI interventions for adolescents. MI's focus on a clinical style that is respectful, acknowledges ambivalence, emphasizes the autonomy of the client, and does not confront resistance is well-suited for adolescent populations (Baer & Peterson, 2002). Several studies of MI for alcohol and drug abuse among adolescents have demonstrated positive findings, such as reduced drinking and driving (Monti et al., 1999), reductions in marijuana use (Dennis et al., 2002), and increased treatment entry (Aubrey, 1998).

Clinical trials of MI for adolescent smoking have shown less promising findings. Colby et al. (1998) conducted a brief smoking intervention in a hospital setting where adolescents were randomized to either receive a 30-min motivational interviewing intervention or a 5-min brief advice (BA). At the 3-month follow-up, smoking status did not statistically differ between MI and BA groups. Kentala, Utriainen, Pahkala, and Mattila (1999) conducted a brief intervention (using MI) for smoking cessation among adolescents in community dental clinics in Finland. At the 2-year follow-up interview, there were no significant differences between the intervention and control groups on the prevalence of smoking. In our own recent investigation (Brown et al., 2003) of smoking adolescents in an inpatient psychiatric facility, MI was no more efficacious than brief advice at increasing quit rates. A better understanding of factors that are related to adolescent readiness to quit smoking *prior* to interventions may provide information to better tailor MI interventions in order to increase their effectiveness with this population. The current report reflects our attempt to examine correlates of adolescent readiness to change smoking in hopes of learning more about naturally occurring motivation in order to harness those factors in future refinements of MI-based interventions. Hence, data reported here represent a secondary analysis of our prior study (Brown et al., 2003). Previous research suggests several factors that may predict readiness to change smoking behavior among adolescents.

1.1. Peer and family attitudes

Peer and parental influences are among the strongest predictors of smoking *initiation* among adolescents (Avenevoli & Merikangas, 2003; Kobus, 2003), and evidence suggests that these social networks may also influence *readiness to quit*. For example, Pallonen, Prochaska, Velicer, Prokhorov, and Smith (1998) examined characteristics of high school smokers and found lower rates of peer smoking among youth considering quitting (i.e., contemplation and preparation stages) than those not considering quitting (precontemplation stage). Similarly, Riedel, Robinson, Klesges, and McLain-Allen (2002) also found that the number of nonsmoking peers was predictive of adolescents' motivations to quit smoking. A number of other studies have found that receiving requests or advice from parents and peers to quit smoking is associated with greater readiness to quit (Dozois, Farrow, & Miser, 1995; Hurt et al., 2000; Sussman, Dent, Severson, Burton, & Flay, 1998).

1.2. Pros and cons of smoking

Other attempts at understanding smoking cessation among adolescents have incorporated concepts from the transtheoretical model of change (TMC; Prochaska, DiClemente, & Norcross, 1992). Based on

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