

# Five Essential Strategies in Motivating Patients to Quit Smoking

New York State Tobacco Collaborative Workgroup

November 7, 2012



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Dr. Marilyn Herie is Director of the TEACH Project at CAMH, Director of the Collaborative Program in Addiction Studies at University of Toronto, Assistant Professor (Status Only), U of T Factor-Inwentash Faculty of Social Work, and a member of the international Motivational Interviewing Network of Trainers (MINT). Dr. Herie facilitates professional training courses and workshops throughout Canada and internationally. She has co-authored books, book chapters and articles in scholarly journals on brief treatment, motivational interviewing, alcohol dependence, relapse prevention, dissemination research and online learning, and is first author of the 2010 Oxford University Press book: *Substance Abuse in Canada*. Her areas of interest include motivation and behaviour change, interprofessional education, and knowledge transfer/exchange.

Dr. Marilyn Herie: I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, and/or other corporations whose products or services are related to pertinent therapeutic areas.

# Learning Objectives

1. Identify practical strategies to motivate change
2. Discuss on how you can adapt these strategies with your clients
3. Create concrete objectives for clinical practice

**A hypothetical  
scenario...**





**How are you  
feeling?**





# The Evidence Base for Motivational Interviewing





[My Citations](#)

Results 1 - 10 of about 49,500. (0.11 sec)



### Quick Links

- About MI
- FAQ
- Manuals
- Multimedia
- The Library

### **Bibliography**

The bibliographies provided here are not a comprehensive coverage of all Motivational Interviewing publications. They focus on the behavioral health arena, as well as MI training and implementation. Many of the citations in the bibliographies contain a Digital Object Identifier or DOI. The Digital Object Identifier (DOI) System was developed as a means to identify content and provide a permanent link to its location on the Internet. When articles are published and made available electronically, the publisher assigns them a DOI number. The DOI number is a unique alphanumeric string beginning with a 10 and containing a prefix and suffix separated by a slash.

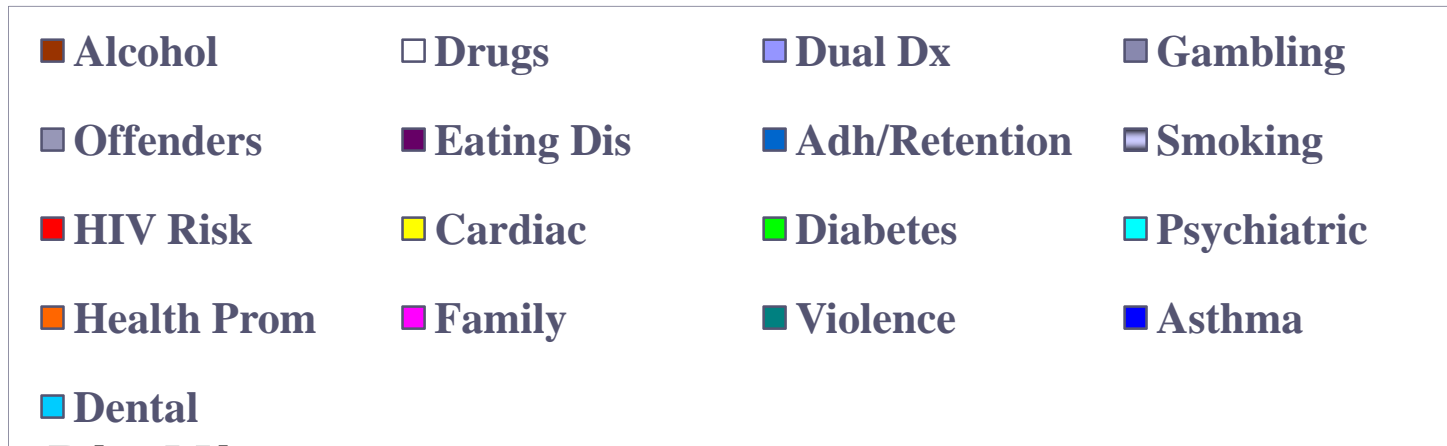
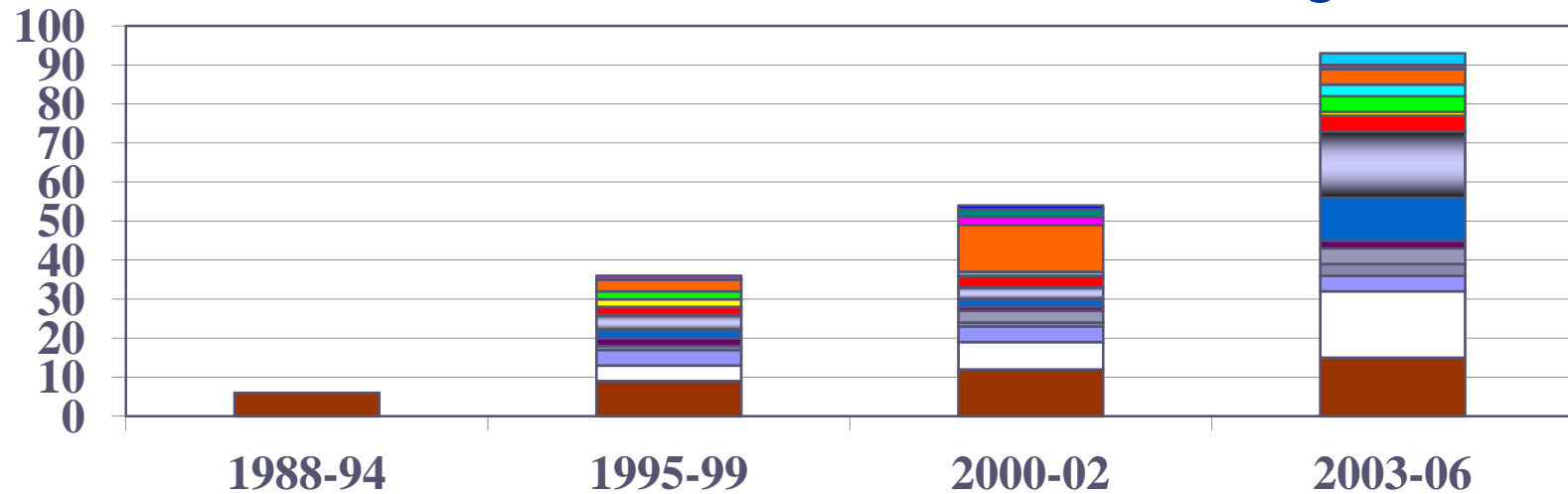
The DOI number can be entered into a DOI resolver, which directs you to the article or a link to purchase it. DOI's can be resolved using the websites [crossref.org](http://crossref.org) or [dx.doi.org](http://dx.doi.org). For more information, see [www.doi.org](http://www.doi.org).

Research publications evaluating MI effectiveness have been doubling every three years.

- Substance Abuse Disorders
- Rollnick and Miller Resources
- MI Training, Education and Supervision
- MI Fidelity Tools
- Specific Populations
- Meta-analytic Studies
- Gambling

**www.motivationalinterview.org**

# MI Outcome Studies by Era



Slide from Bill Miller, 2010

# MI Applications

- Public health & workplace
- Sexual health
- Dietary change
- Weight management
- Voice therapy
- Gambling
- Physical activity
- Stroke rehab
- Chronic pain
- Medication adherence
- Diabetes
- Mental health
- Addictions
- Fibromyalgia
- Chronic leg ulceration
- Self-care
- Criminal justice
- Vascular risk
- Domestic violence

# Thousands of publications and many acronyms...

ACE

OARS

EARS

RULE

DARN CAT

FRAMES

RAISE

READS

PACE

MISTS

MITI

MET

MIA

MINA

MIA-STEP

AMI



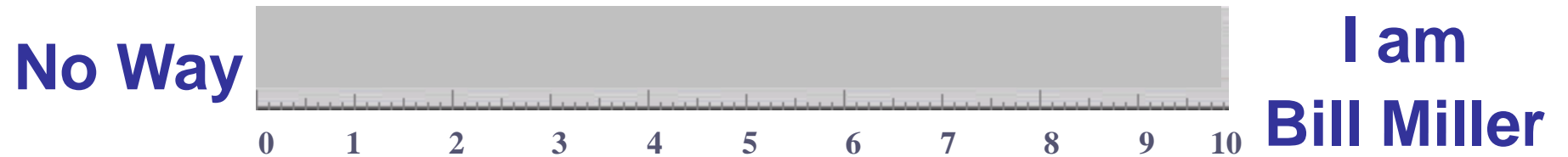


# Essential Strategies in Motivating Clients to Change

“I have never in my life  
learned anything from  
any[one] who agreed with  
me.”

Dudley Field Malone

# Confidence Ruler



First, empty your cup





1



1. Resist the righting reflex







"I only had a minor heart attack...what's the point if I can't enjoy my life?"



Practitioner to the rescue!



**Yes,  
but...**



# Motivational Interviewing

- ☛ Always a conversation
- ☛ Always collaborative
- ☛ Evoking versus installing





DEAD

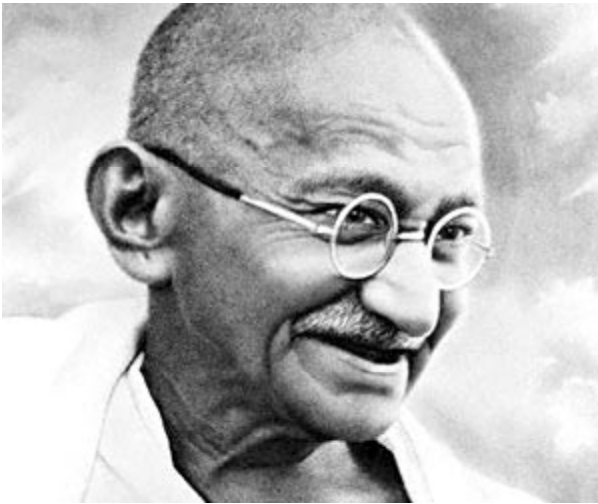
*But what if the person refuses to  
change?*



END

A 'No' uttered from the deepest conviction is better than a 'Yes' merely uttered to please, or worse, to avoid trouble.

Mahatma Gandhi



**“He that complies against his will  
is of the same opinion still.”**



**Samuel Butler  
1612-1680  
English Poet**

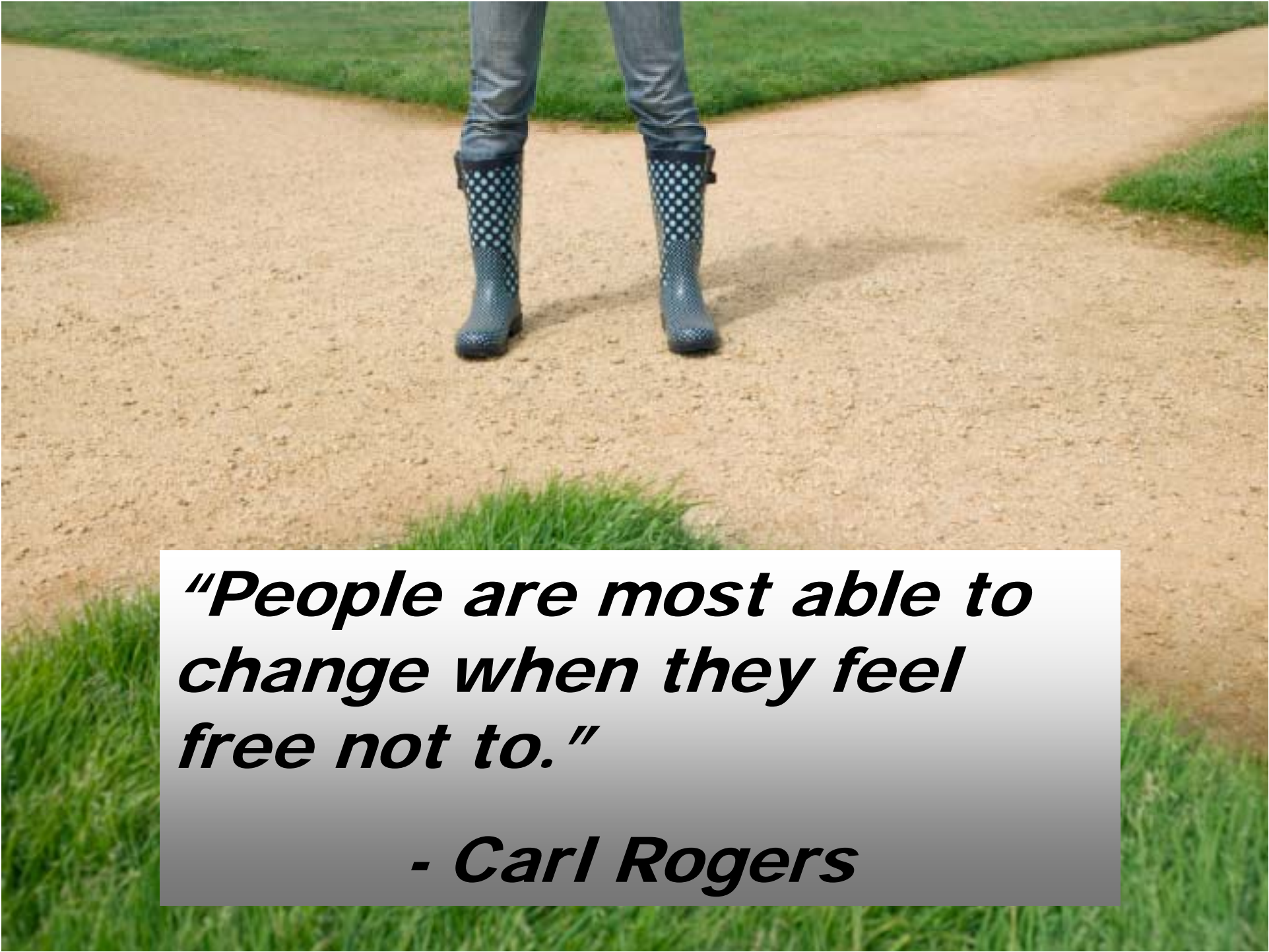
Autonomy  
Collaboration  
Evocation



VERSUS

Authority  
Coercion  
Education





*"People are most able to  
change when they feel  
free not to."*

*- Carl Rogers*



2



2. Evoke (versus educate)

# OARS





## FOUR KEY STRATEGIES – OARS

**OPEN** questions (to elicit client change talk)

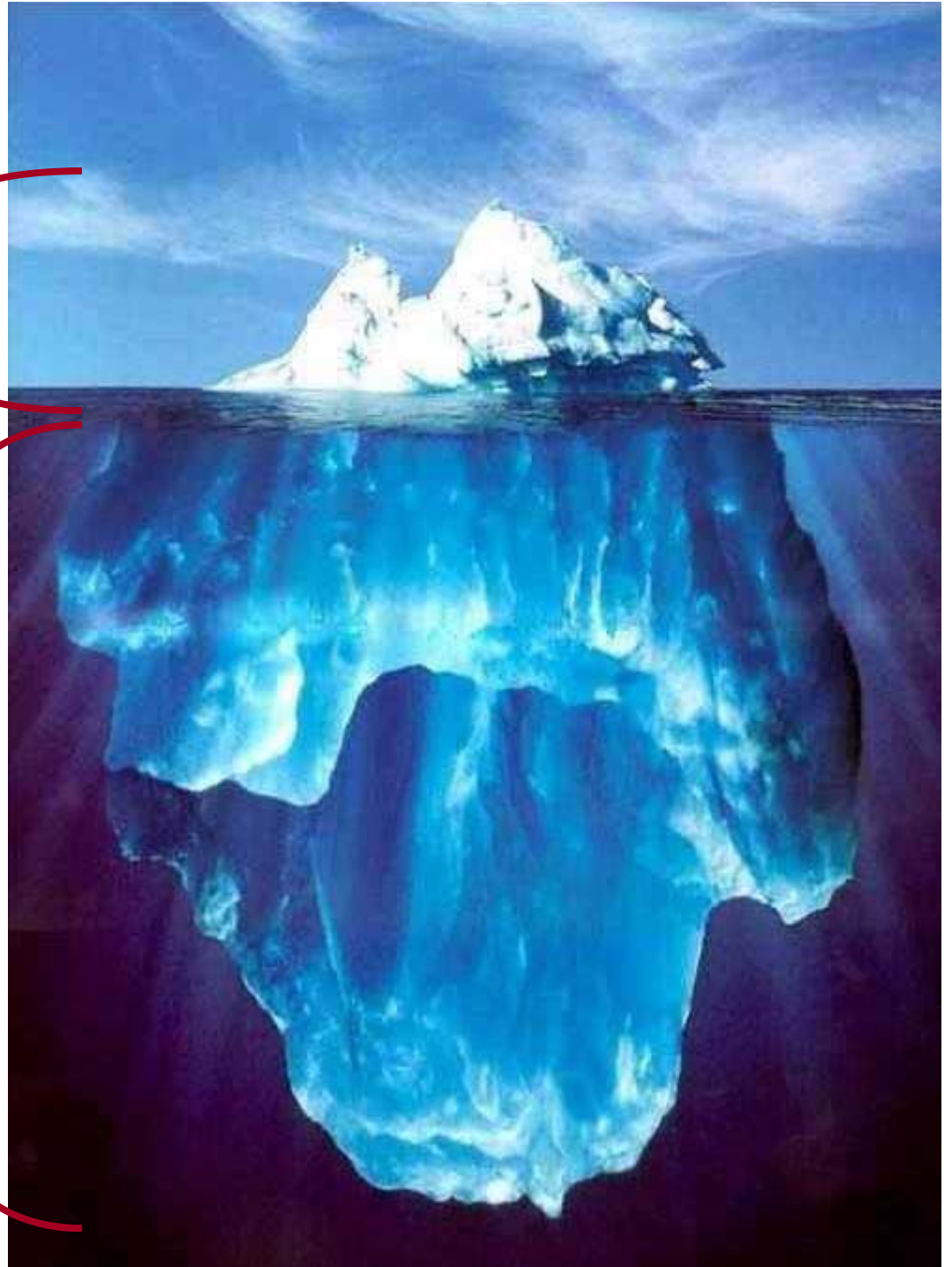
**AFFIRM** the client appropriately (support, emphasize personal control)

**REFLECT** (try for complex reflections)

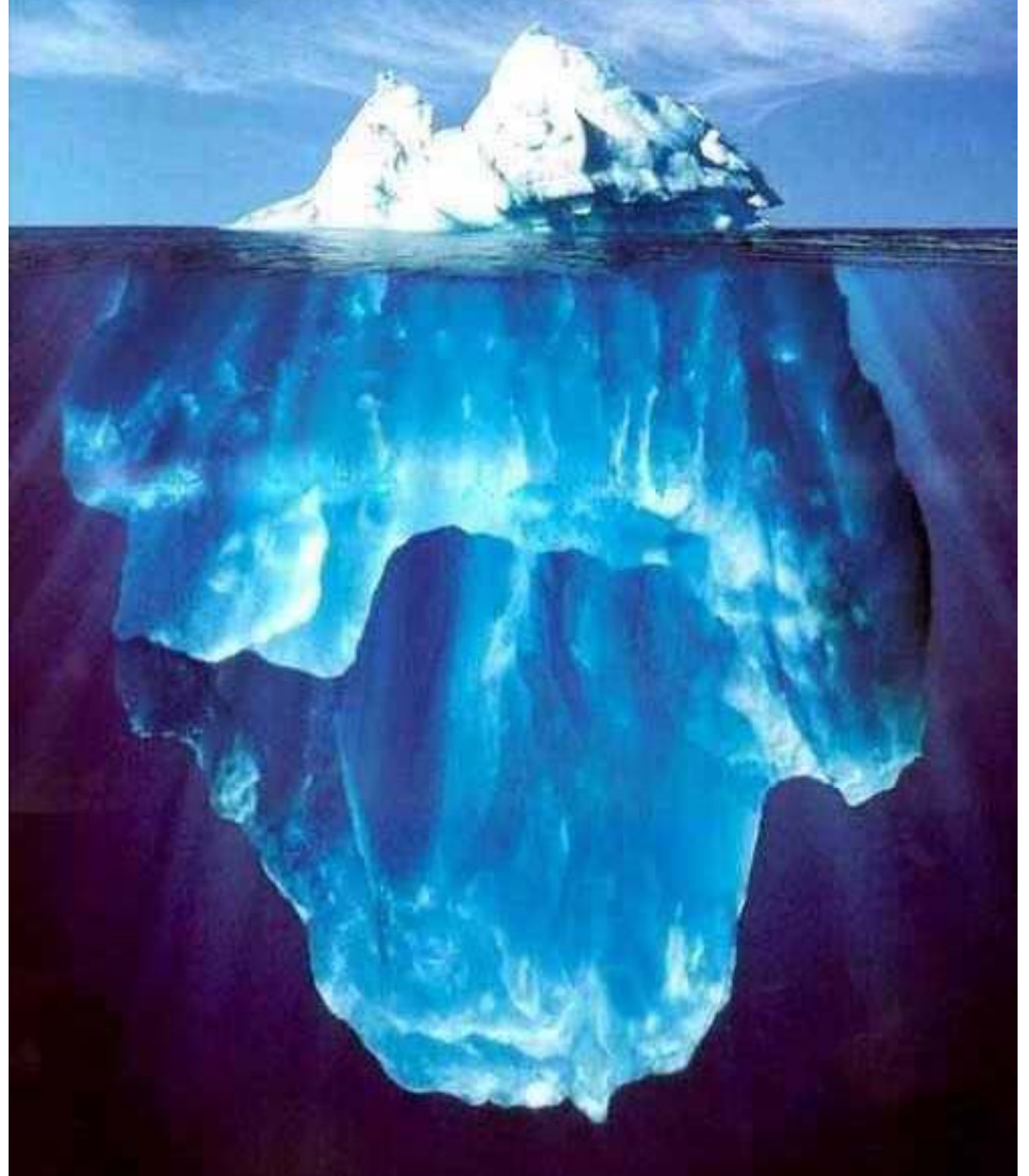
**SUMMARIZE** change talk, ambivalence, offer double-sided reflection

**Simple  
Reflection**

**Complex  
Reflection**



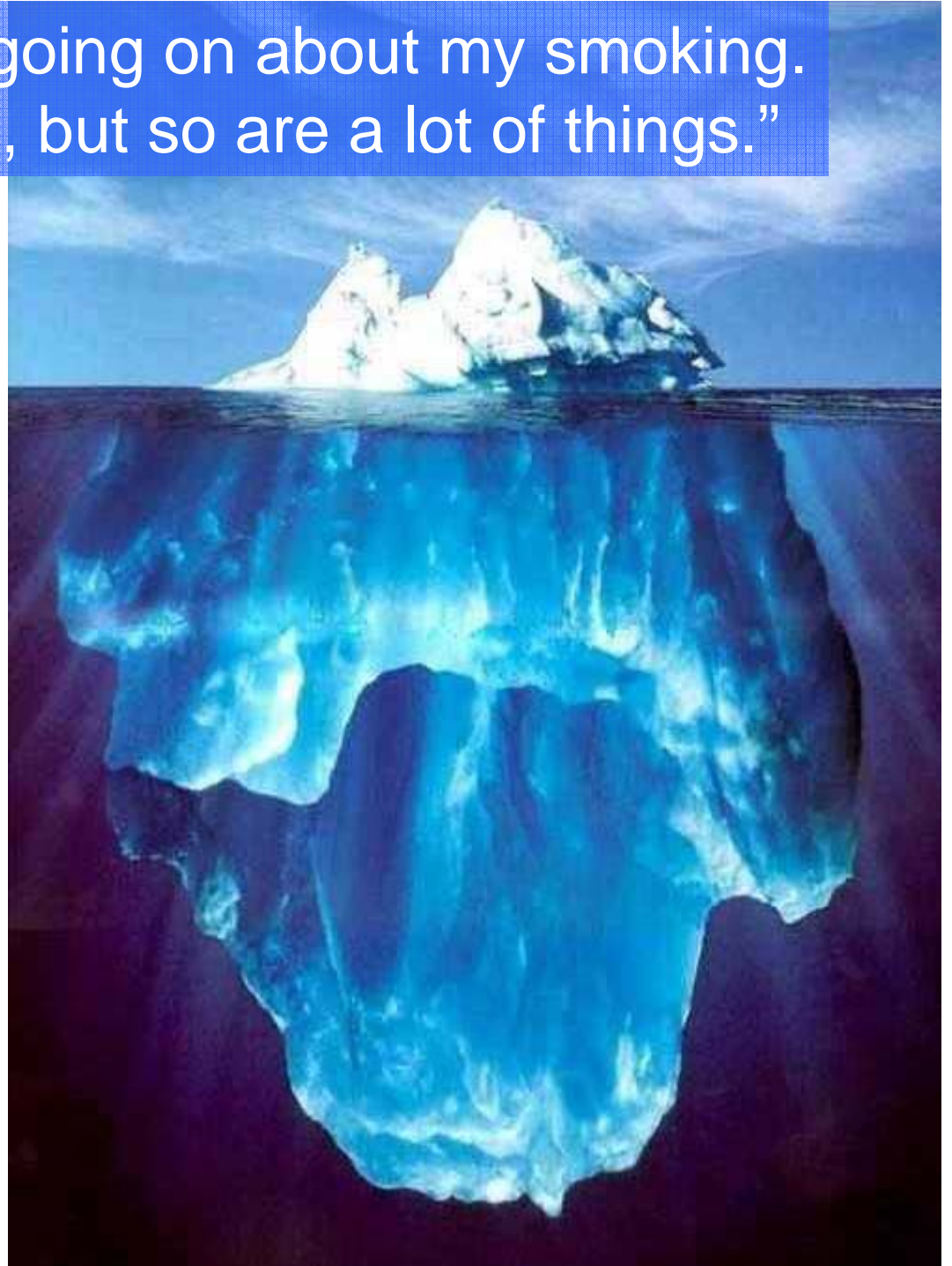
“I am tired of people going on about my smoking. I know it’s bad for me, but so are a lot of things.”



“I am tired of people going on about my smoking. I know it’s bad for me, but so are a lot of things.”

People are really on your case about this, even though smoking is not the only harmful thing out there.

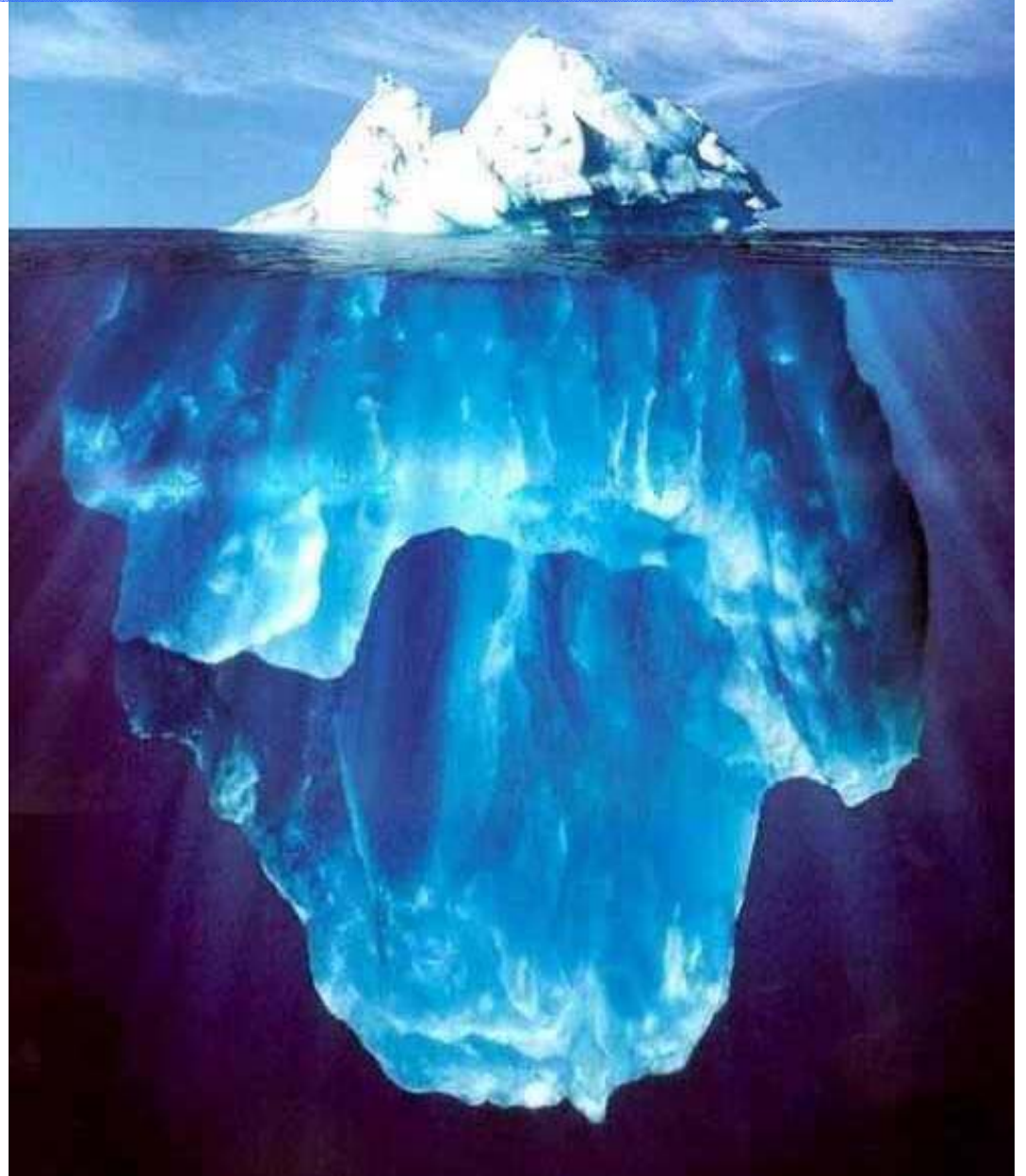
It is frustrating because it feels like “why pick on smoking”?



“I am tired of people going on about my smoking. I know it’s bad for me, but so are a lot of things.”

Smoking has some negative consequences, and so do other things.

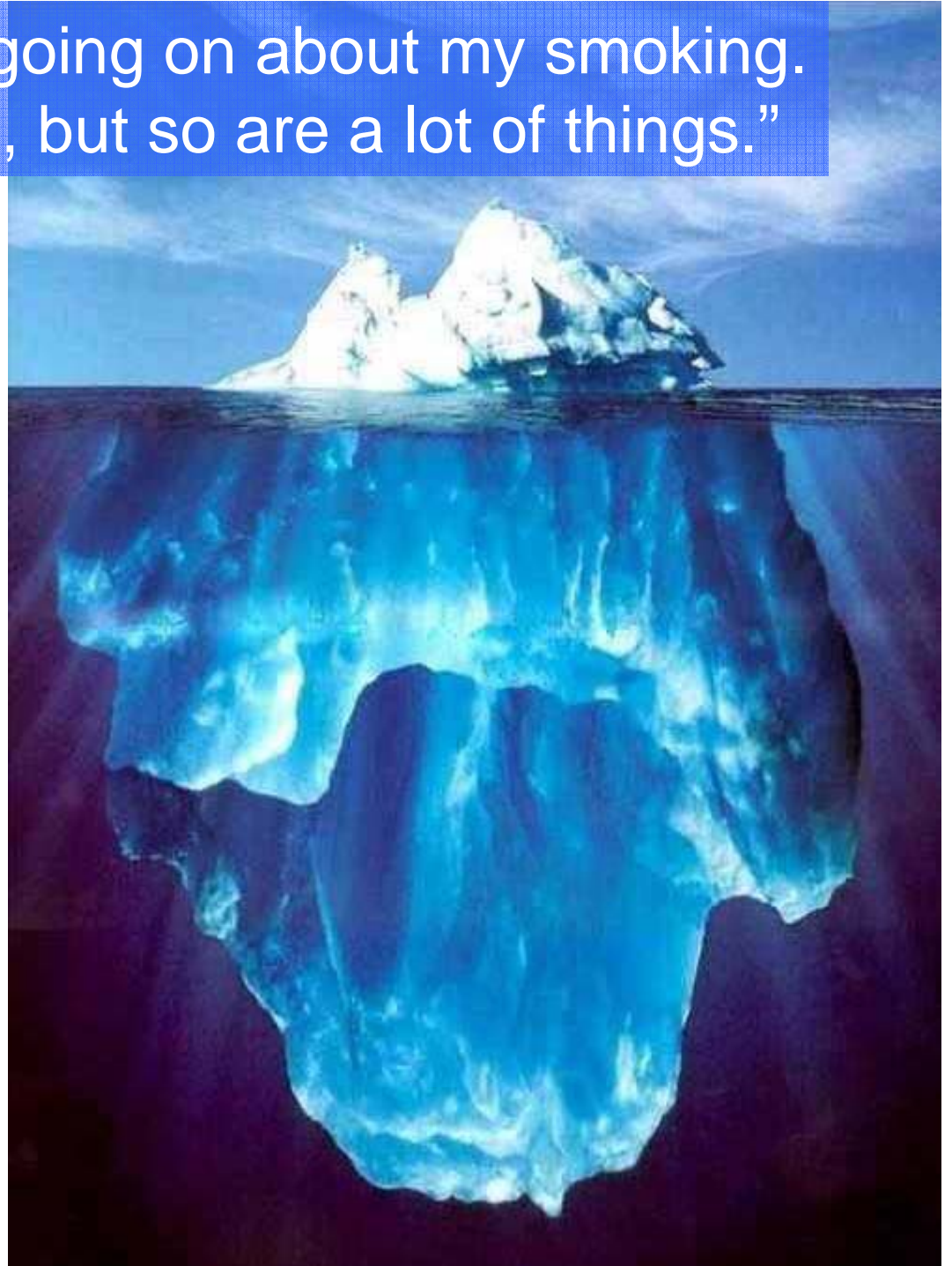
From your perspective, smoking is not the most harmful thing to be concerned about.



“I am tired of people going on about my smoking. I know it’s bad for me, but so are a lot of things.”

A lot of people are pressuring you about something you already know is unhealthy.

It is like nagging, and that doesn’t feel very supportive or helpful.

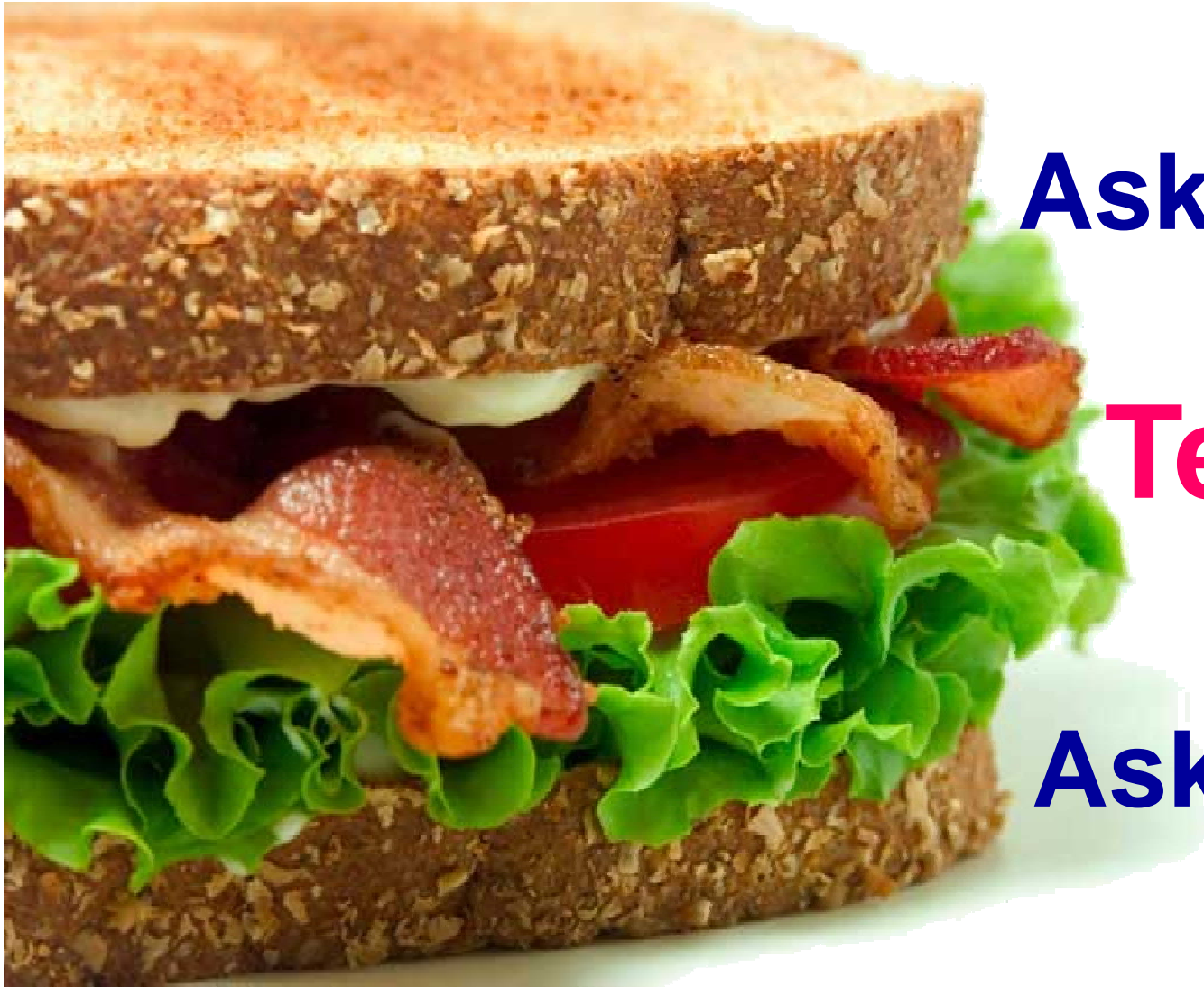




**Elicit**

**Provide**

**Elicit**



**Ask/Reflect**

**Tell**

**Ask/Reflect**

# Elicit/Provide/Elicit Sequence

- **Elicit** the patient's understanding of the problem
- **Provide** information
- **Elicit** patient's response to your information

EAR

聽

EYES

UNDIVIDED  
ATTENTION

IMPERIAL

HEART

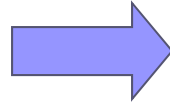


3



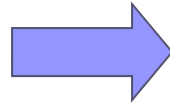
3. Affirm autonomy

It is your choice  
whether to make  
this change...



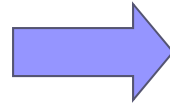
But if you keep smoking  
you will not be able to  
heal from the surgery as  
well

You are the one  
who has to  
decide...



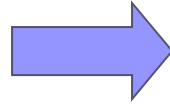
But it seems like this  
diagnosis might be a  
wake-up call

Regardless of what  
you do, I will be  
here to support  
you...



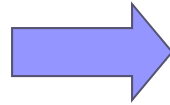
But I do strongly  
advise that you  
quit

It is your choice  
whether to make  
this change...



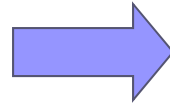
**But** if you keep smoking  
you will not be able to  
heal from the surgery as  
well

You are the one  
who has to  
decide...



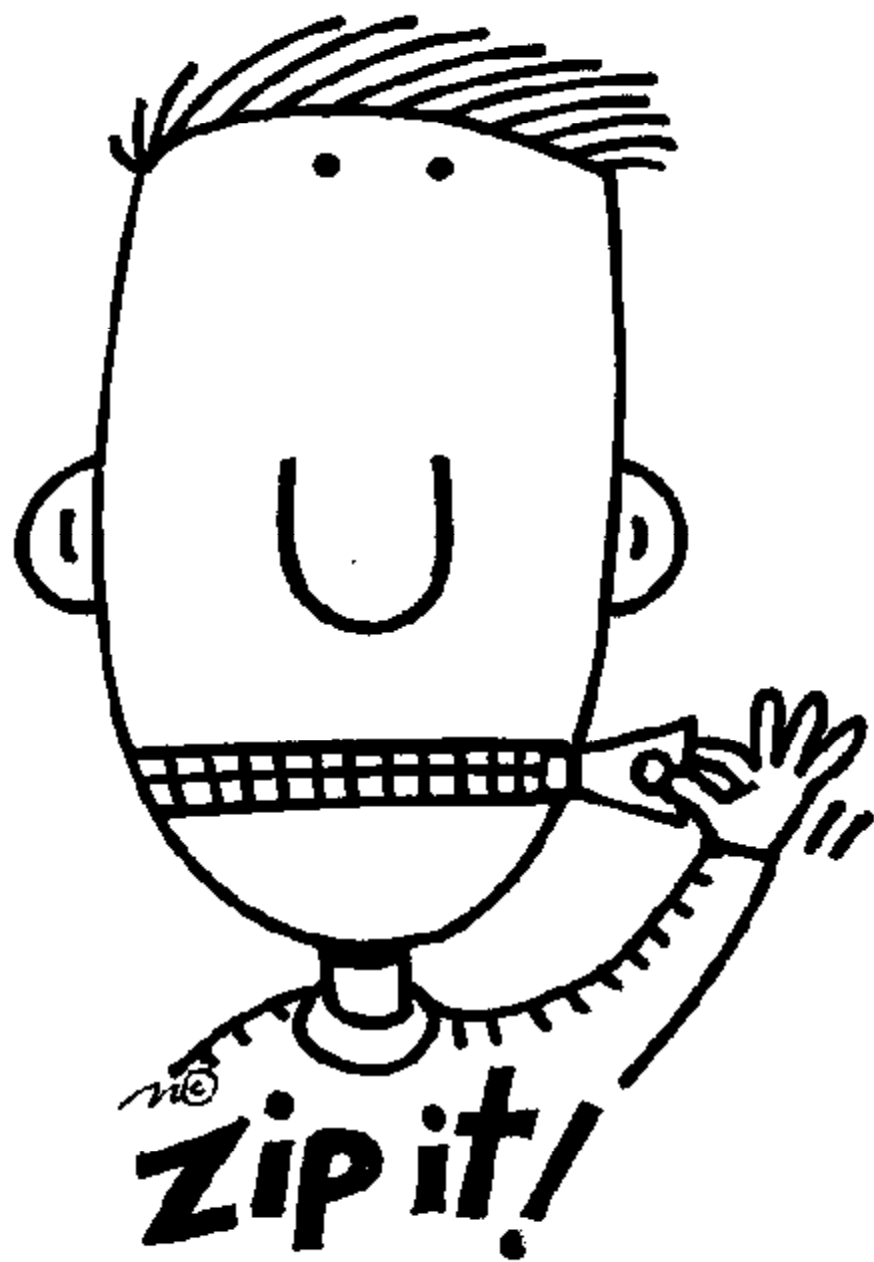
**But** it seems like this  
diagnosis might be a  
wake-up call

Regardless of what  
you do, I will be  
here to support  
you...



**But** I do strongly  
advise that you  
quit

- ☛ "It is your choice whether to make this change."
- ☛ "You are the one who has to decide."
- ☛ "Regardless of what you do, I will be here to support you."





4

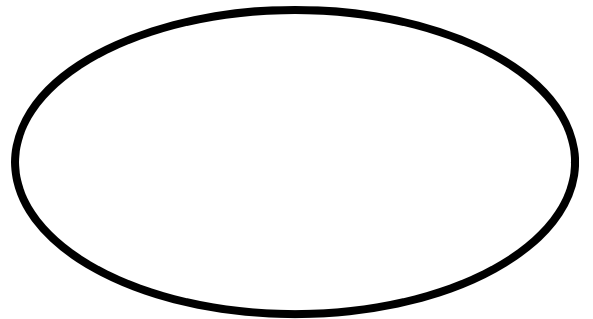
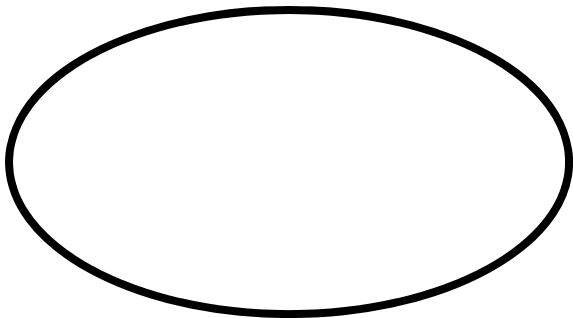
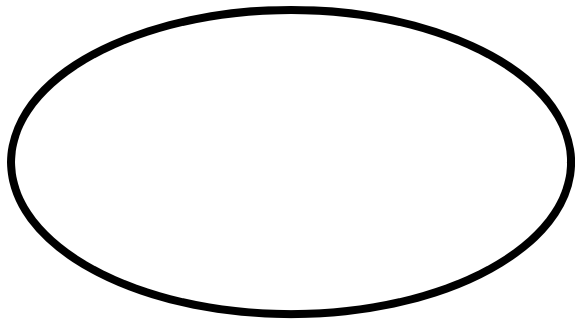
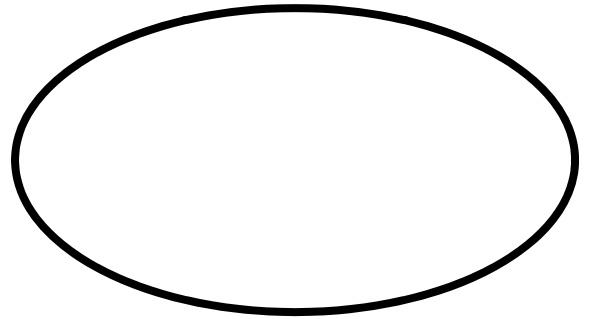
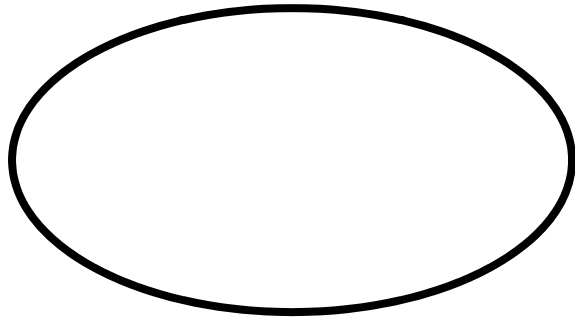
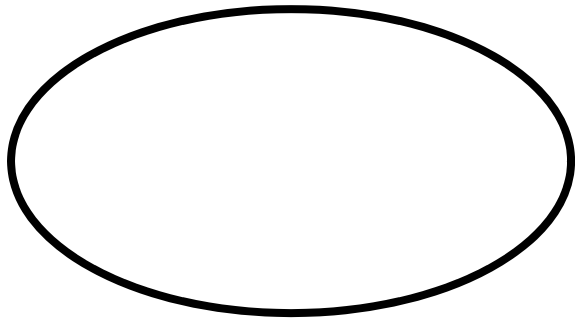
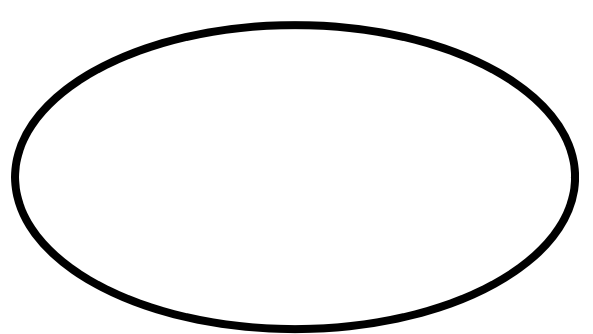
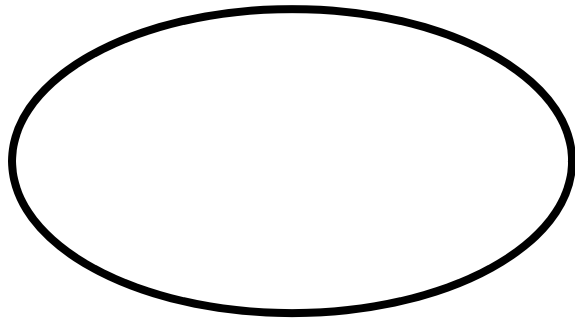
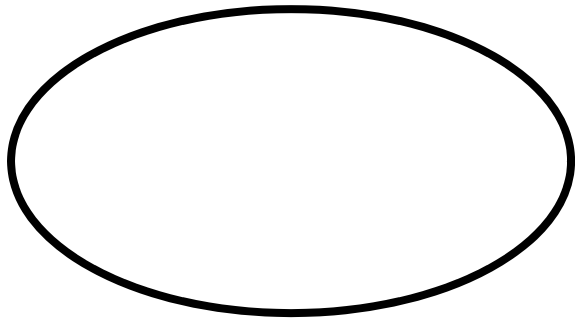


4. Clarify Goals



# Agenda Setting

- ☛ A brief discussion with the patient, where he/she has the most decision-making freedom possible
- ☛ The patient chooses what area toward better health they want to discuss
- ☛ No topic is off limits – success in one area can lead to success in another



**Asthma**

**Medication**

**Smoking**

**Diabetes**

**Alcohol**

**Asthma**

**Healthy  
Eating**

**Medication**

**Smoking**

**Stress**

**Finances**

**Diabetes**

**Family**

**Alcohol**

“Given these possible areas to focus,  
what would you like to talk about in our  
time together today?”

Asthma

Healthy  
Eating

Medication

Smoking

Stress

Finances

Diabetes

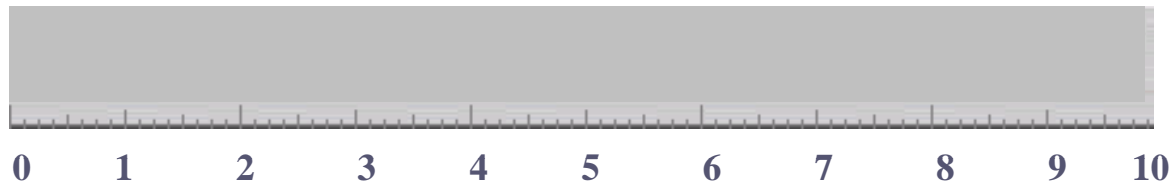
Family

Alcohol

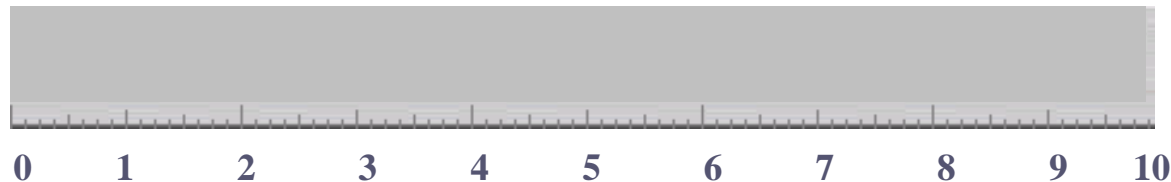
# "Readiness Ruler"

People usually have several things they would like to change in their lives – this may be only one of those things. Answer the following three questions with respect to your goal for this week.

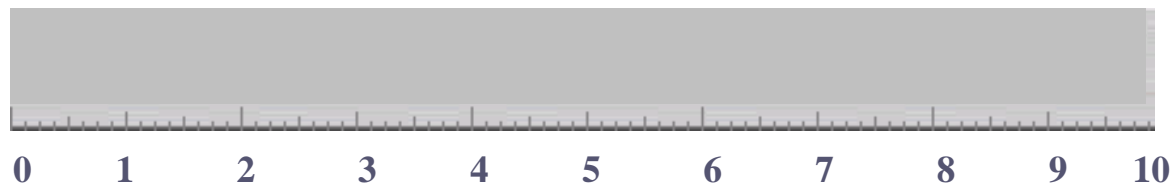
☛ How **important** is it to change this behaviour?



☛ How **confident** are you that you could make this change?



☛ How **ready** are you to make this change?



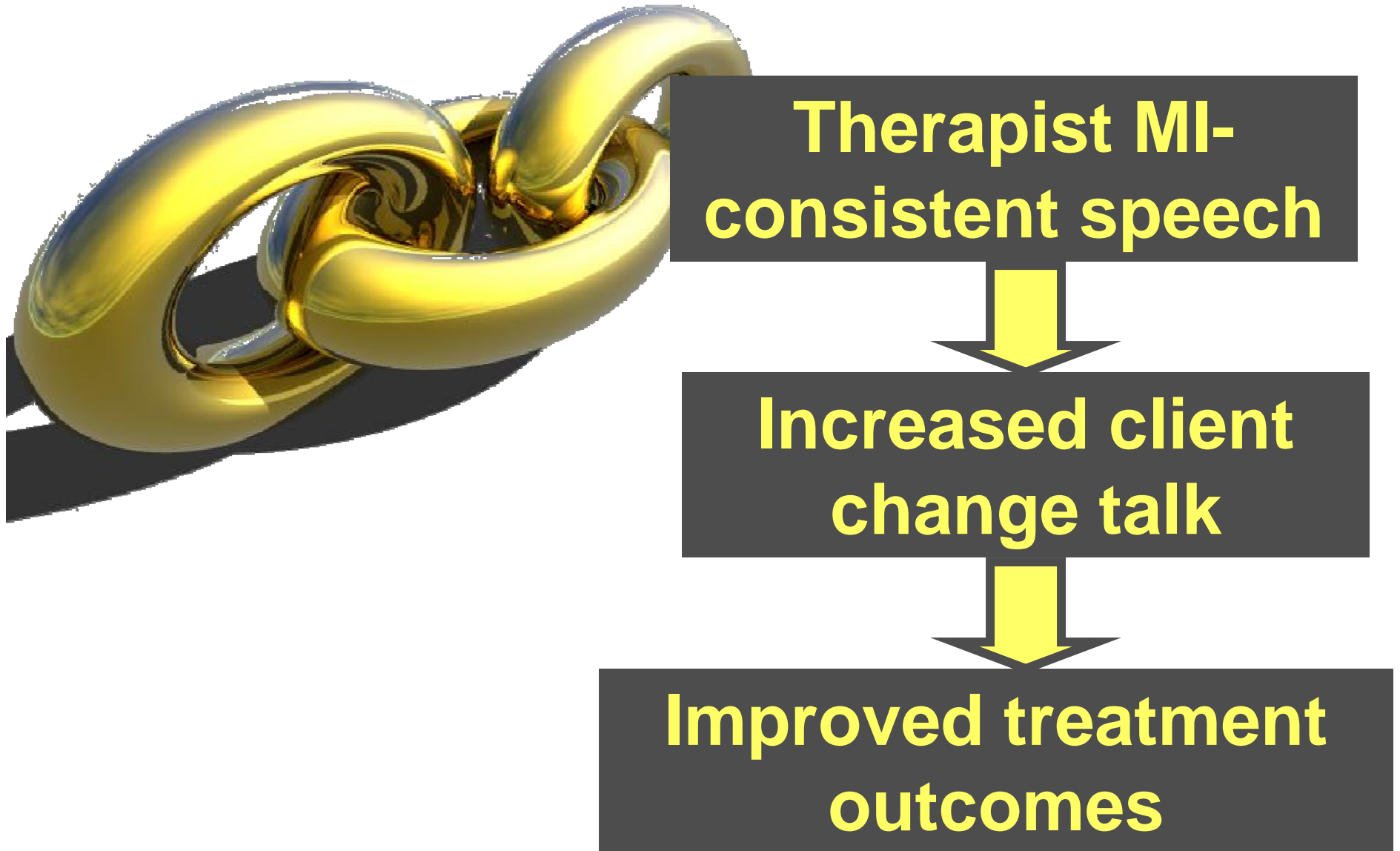


5



5. Highlight change talk

# A Causal Chain for MI



Moyers et al., 2009

“What therapists reflect,  
they will hear more of.”

Moyers et al., 2009

# Change Talk and Sustain Talk

## Opposite Sides of a Coin

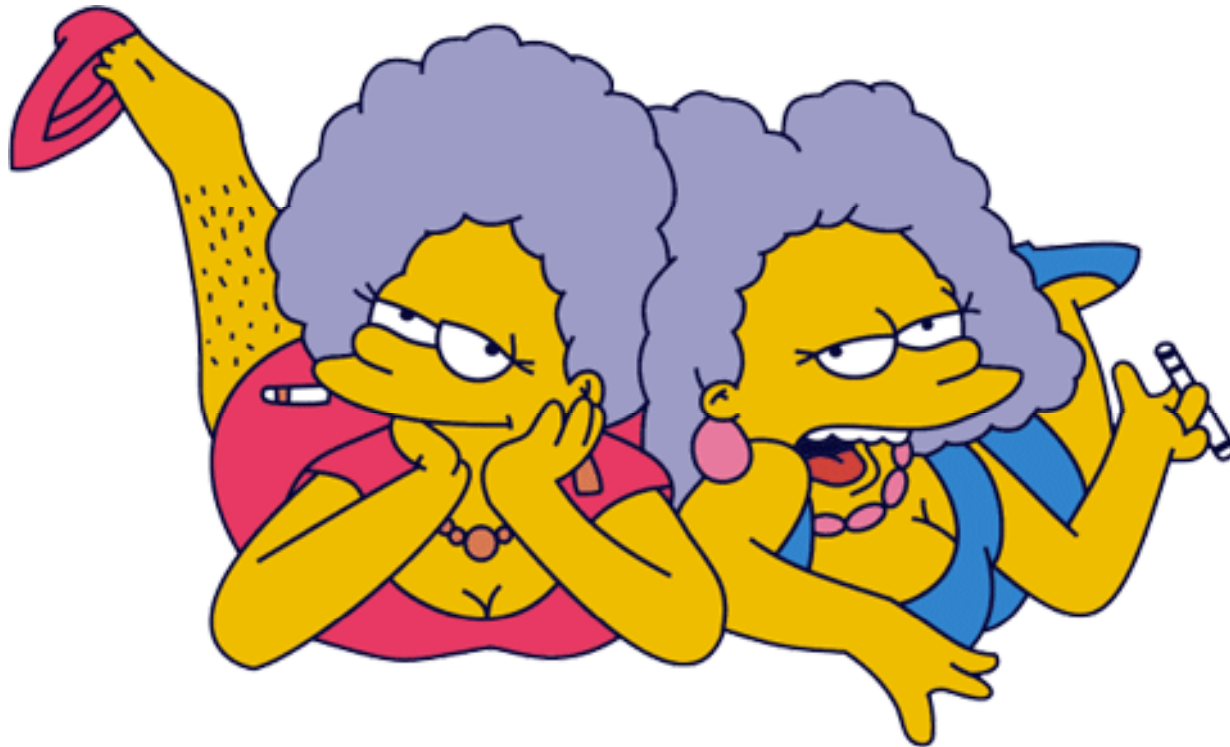


## Change Talk:

Smoking is  
unhealthy...

## Sustain Talk:

But it is part  
of who we are



## **Change Talk:**

**I should not  
eat the  
doughnuts...**



## **Sustain Talk:**

**But  
doughnuts  
are sooooo  
tasty!**

## **Change Talk:**

**I should  
practice this  
motivational  
interviewing  
stuff...**

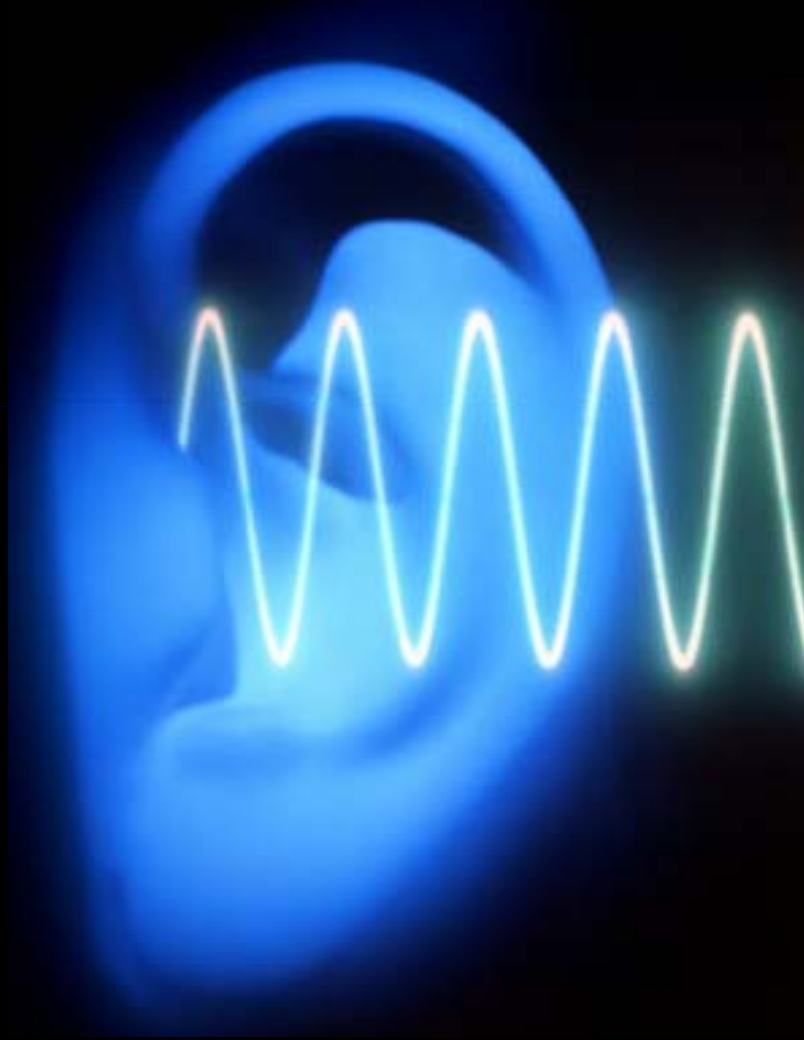


## **Sustain Talk:**

**But I am  
booked back-  
to-back with  
patients and  
there is no  
time!**



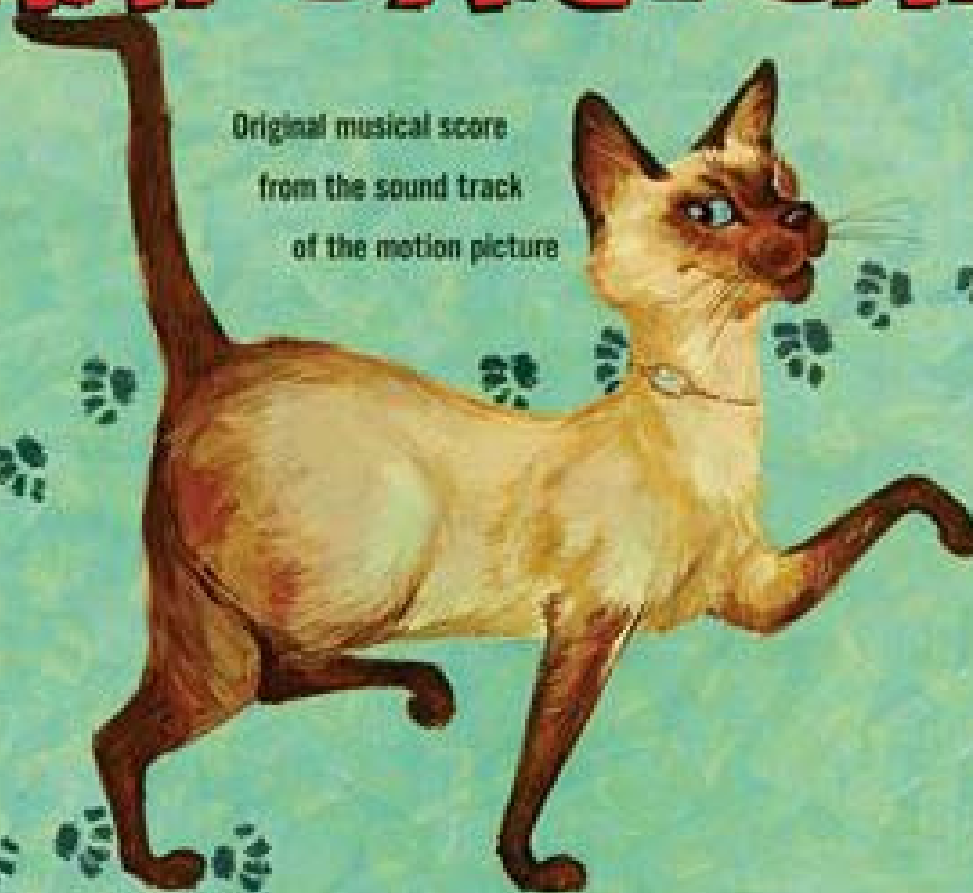




# WALT DISNEY'S **THAT DARN CAT**



Original musical score  
from the sound track  
of the motion picture



With the title song sung by Louis Prima also by Bobby Troup

Score composed and conducted by Bob Brunner - Title song by Richard M. Sherman and Robert B. Sherman

# DARN CAT

☞ **D**esire

☞ **A**bility

☞ **R**easons

☞ **N**eed

☞ **C**ommitment

☞ **A**ction

☞ **T**aking Steps



# *Yet another metaphor*

## MI Hill

**DARN**  
Preparatory Change Talk

Mobilizing **CAT**  
Change Talk

(Pre-) Contemplation

Preparation

Action

Slide from Bill Miller, 2010

**“I want to be around to see my kids grow up.”**

☞ **D**esire

☞ **A**bility

☞ **R**easons

☞ **N**eed

☞ **C**ommitment

☞ **A**ction

☞ **T**aking Steps

**“I don’t have a problem with cigarettes – I can quit anytime I want.”**

☞ **D**esire

☞ **A**bility

☞ **R**easons

☞ **N**eed

☞ **C**ommitment

☞ **A**ction

☞ **T**aking Steps

**“I have been abstinent all week,  
but the cravings were REALLY  
bad!”**

☞ **D**esire

☞ **A**bility

☞ **R**easons

☞ **N**eed

☞ **C**ommitment

☞ **A**ction

☞ **T**aking Steps

**“I am not here because I want to be here. My doctor told me that I won’t be able to get on the transplant list unless I quit smoking.”**

☞ **D**esire

☞ **A**bility

☞ **R**easons

☞ **N**eed

☞ **C**ommitment

☞ **A**ction

☞ **T**aking Steps

**“I have quit smoking, quit drinking, joined a gym, no more processed foods, and I turn off my BlackBerry every day as soon as I leave work.”**

☞ **D**esire

☞ **A**bility

☞ **R**easons

☞ **N**eed

☞ **C**ommitment

☞ **A**ction

☞ **T**aking Steps

When you are not sure where to  
go next...

“Tell me more...Tell me more...”



**“A Psychological Law”**

***I learn what I believe  
as I hear myself speak.***

Bill Miller (Based on D. Bem, 1967, “Self-Perception: An alternative interpretation of cognitive dissonance phenomena”)

**...or put another way...**

**The word you keep between  
your lips is your slave. The  
word you speak is your  
master.**

**- Arabic proverb**

# Summary

1. Resist the righting reflex
2. Evoke (versus educate)
3. Affirm autonomy
4. Clarify goals
5. Highlight change talk

# Summary

1. Resist the righting reflex
2. Evoke (versus educate)
3. Affirm autonomy
4. Clarify goals
5. Highlight change talk



# *Wrapping-up*



## Recommended Resources

Martino, S., Ball, S.A., Gallon, S.L., Hall, D., Garcia, M., Ceperich, S., Farentinos, C., Hamilton, J., and Hausotter, W. (2006). *Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA STEP)*. Salem, OR: Northwest Frontier Addiction Technology Transfer Center, Oregon Health and Science University.

<http://www.motivationalinterview.org/Documents//MIA-STEP.pdf>

Matulich, B. (2011). How to do motivational interviewing: A guidebook for beginners. E-book available at:

<http://web.mac.com/billmatulich/MIT/ebook.html>

Miller, W.R. & Rollnick, S. (2009). Ten things that Motivational Interviewing is not. *Behavioural and Cognitive Psychotherapy*, 37, 129-140.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=5318416>

Rollnick, S., Miller, W.R., & Butler, C.C. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York: The Guildford Press.

First chapter and table of contents available at [www.motivationalinterview.org](http://www.motivationalinterview.org)

Rosengren, D.B. (2009). *Building Motivational Interviewing Skills: A Practitioner Workbook*. New York: Guilford.

## Useful Websites

Motivational Interviewing Website

<http://www.motivationalinterview.net/>

Motivational Interviewing Network of Trainers (MINT) Website

[www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)

Examples of Motivational Interviewing Videos on YouTube

<http://www.youtube.com/user/teachproject#p/u>

# Motivational Interviewing Glossary of Acronyms

Compiled by Marilyn Herie, PhD, RSW

October, 2011

## **ACE (Spirit of MI)**

Autonomy / Collaboration / Evocation versus  
Authority / Coercion / Education

## **OARS (Fundamental strategies of MI)**

Open questions / Affirmations / Reflections / Summary statements

## **EARS (Strategies for eliciting change talk)**

Evocation / Affirmation / Reflective listening / Summary statements

## **RULE (Fundamental strategies in MI v.2)**

Resist the righting reflex / Understand reasons for change (motivation) / Listen empathically / Empower the client to use own resources

## **DARN CAT (Types of preparatory change talk and commitment language)**

Desire / Ability / Reasons / Need / Commitment / Action / Taking steps

## **FRAMES (Ingredients of brief, motivational interventions)**

Feedback / Responsibility / Advice / Menu (of strategies)/ Empathy / Self-efficacy

## **RAISE (How to give advice)**

Relationship / Advice to change / "I" statements (affirmation) / Support autonomy / Empathy

## **READS (Principles of MI)**

Roll with resistance / Express empathy / Avoid argumentation / Develop discrepancy / Support self-efficacy

## **PACE**

Partnership / Autonomy / Collaboration / Evocation

## **MIST (Coding form)**

Motivational Interviewing Supervision and Training Scale

## **MITI (Coding form)**

Motivational Interviewing Treatment Integrity Coding Form

## **MET (Manual-based motivational intervention)**

Motivational Enhancement Therapy

## **MIA (Coding abbreviation, used in the MITI)**

Motivational Interviewing Adherent

## **MINA (Coding abbreviation, used in the MITI)**

Motivational Interviewing Non-Adherent

## **MIA-STEP (MI supervision manual and coding resource)**

Motivational Interviewing Assessment – Supervisory Tools for Enhancing Proficiency

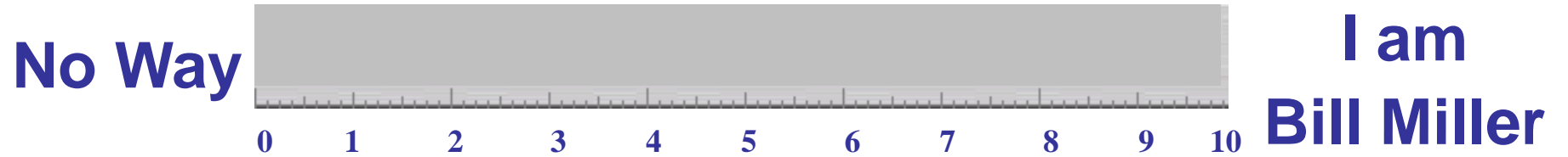
## **AMI**

Adaptations of Motivational Interviewing

# Practice Goals and Next Steps

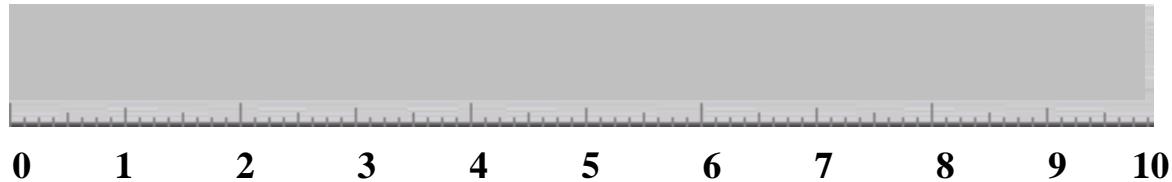


# Confidence Ruler

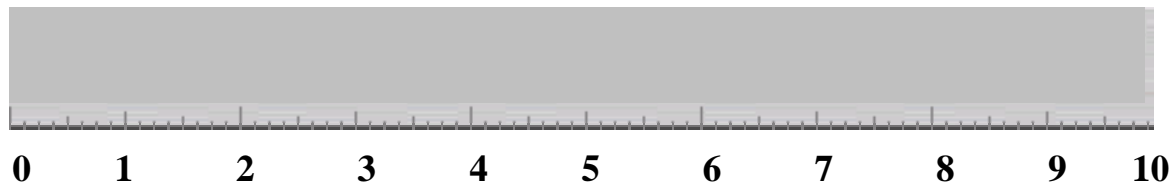


# “Readiness Ruler”

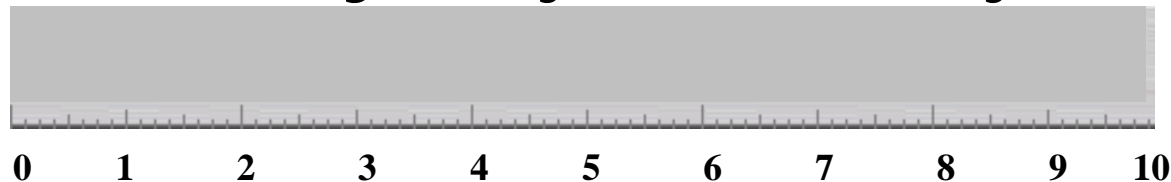
- How **important** is it to start using some of these strategies/tools?



- How **confident** are you that you could apply them in your practice?



- How **ready** are you to actually use them?



# Practice Goals

What is one thing you will commit to practicing with your patients this week?

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---

---

Thank you



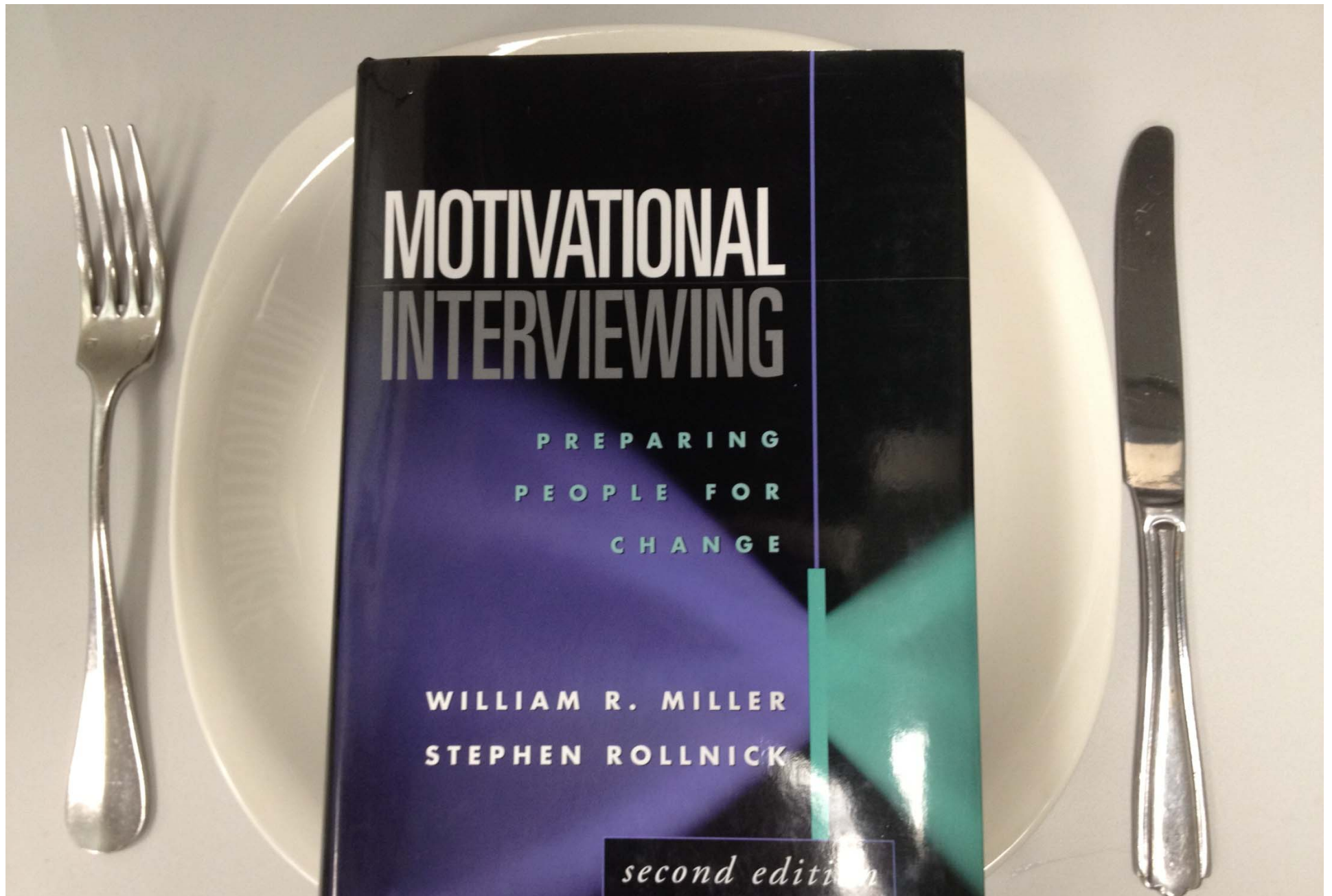
**[marilyn.herie@camh.ca](mailto:marilyn.herie@camh.ca)**



**[www.educateria.com](http://www.educateria.com)**



**[@MarilynHerie](https://twitter.com/MarilynHerie)**



A taste of Motivational Interviewing 99

# How NOT to do Motivational Interviewing in Dental Practice Addressing tobacco

teachproject



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<http://tinyurl.com/ckxhm28>

# Motivational Interviewing in Dental Practice Addressing tobacco use with David

teachproject



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<http://tinyurl.com/d43fdo9>

# Elicit/Provide/Elicit Sequence

- **Elicit** the patient's understanding of the problem
- **Provide** information
- **Elicit** patient's response to your information

Elicit/**Provide**/Elicit

Smoking cessation consult  
with a patient with severe  
asthma.

(Version 1)

I know you think I  
should be worried  
about my smoking,  
but I'm not.



# Provide

Well, perhaps you would consider trying the patch.

Continuing to smoke will make your asthma even worse than it is now.



So yes, it's bad for me, but things are really stressful right now.



# Provide

Well, quitting smoking is one of the most important things you can do to improve your health. I really encourage you to consider using the patch, or even attend a smoking cessation group.



Thanks. I know it's a problem. I'll think about it.



**OK, you do that.  
See you in the  
Emerg!**



# Elicit/Provide/Elicit

Smoking cessation  
consult with a patient  
with severe asthma.

**(Version 2)**

I know you think I should  
be worried about my  
smoking, but I'm not.



# Elicit

*Reflective Listening*

If you were concerned about your smoking, then you might want to talk more about it. But sounds like this is not a worry for you.



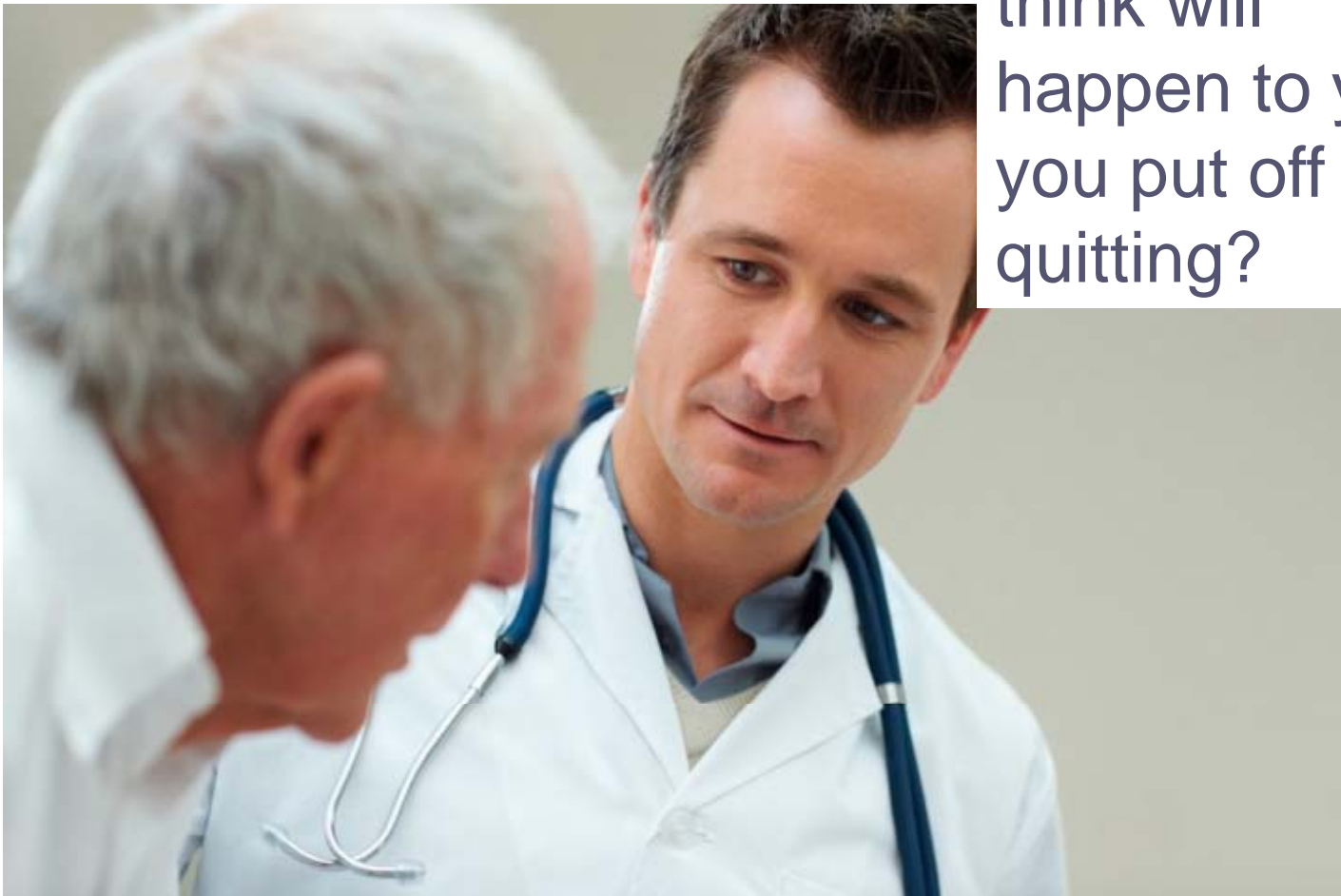
Well, my asthma is pretty bad. It's just, things are so stressful right now. I can't even think about quitting.



# Elicit

*Reflection/Open Question*

But you are saying that your asthma is bad – what do you think will happen to you if you put off quitting?



Yes, but it's nothing I  
can't manage – I've  
been living with  
asthma my whole life!



Yes, but it's nothing I  
can't manage – I've  
been living with  
asthma my whole life!

**Yikes –  
what just  
happened?**



***“But you are saying that your asthma is bad – what do you think will happen to you if you put off quitting?”***

**Oh – I forgot about the “A” and “C”!**



**Let's try  
again...**



# Elicit

*Reflective Listening*

So quitting smoking is a pretty big step, and yet another huge stress added to what you are already dealing with.



Yes, exactly. I tried to  
quit in the past and I  
was a wreck!



# Provide

You know, there are quite a few medications available that can make quitting a lot easier.



# Elicit

*Open-ended Question*

What have you heard about some of the options that are available?



I've tried the patch – it didn't work for me. I had huge cravings and my sleep was terrible. I only lasted a week.



# Elicit

*Reflective Listening*

I imagine that was pretty discouraging. So maybe you're feeling like there's nothing out there that can help.



Well, you mentioned there are other drugs. I don't know – I don't really like to put artificial substances in my body.



# Provide/Elicit

*Developing Discrepancy*

Yes, lots of other people feel the same way. So how does the nicotine from cigarettes fit into that?



Hah! You got me there doc! I don't know. I guess it's really about giving up something that's like my best friend.



# Provide

*Affirmation*

Yes, and in the end it is your choice whether to quit or how to manage your asthma.



# Elicit

*Key question*

Where would you like to go from here?



Thanks. I know it's a problem. I'll think about it.



