Five Essential Strategies in Motivating Patients to Quit Smoking

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Marilyn Herie PhD RSW
Director, TEACH Project, Centre for Addiction and Mental Health
Director, Collaborative Program in Addiction Studies, University of Toronto
Assistant Professor (Status Only) Factor-Inwentash Faculty of Social Work, U of T
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
Results 1 - 10 of about 49,500. (0.11 sec)
Research publications evaluating MI effectiveness have been doubling every three years.

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

Anstiss, 2009
Thousands of publications and many acronyms...

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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

No Way

I am Bill Miller
First, empty your cup
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
But what if the person refuses to change?
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
“Tell me more about…”

2. Evoke (versus educate)
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 Sequence

- **Elicit** the patient’s understanding of the problem
- **Provide** information
- **Elicit** patient’s response to your information
To Listen

EAR

EYES

UNDIVIDED ATTENTION

HEART

IMPERIAL
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

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

But I do strongly advise that you quit

You are the one who has to decide...

Regardless of what you do, I will be here to support you...
“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. 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
Setting an Agenda for Change

Priorities

- 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?”
Setting an Agenda for Change

Priorities
- 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. Highlight change talk
A Causal Chain for MI

- Therapist MI-consistent speech
- Increased client change talk
- Improved treatment outcomes

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

Desire
Ability
Reasons
Need
Commitment
Action
Taking Steps
Yet another metaphor

MI Hill

D A R N
Preparatory Change Talk
(Pre-) Contemplation

CAT
Mobilizing Change Talk
Preparation
Action

Slide from Bill Miller, 2010
“I want to be around to see my kids grow up.”
“I don’t have a problem with cigarettes – I can quit anytime I want.”

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

- Desire
- Ability
- Reasons
- Need
- Commitment
- Action
- Taking 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.”

Desire
Ability
Reasons
Need
Commitment
Action
Taking 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.”

- **Desire**
- **Ability**
- **Reasons**
- **Need**

- **Commitment**
- **Action**
- **Taking 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**


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


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


First chapter and table of contents available at www.motivationalinterview.org


**Useful Websites**

Motivational Interviewing Website

http://www.motivationalinterview.net/

Motivational Interviewing Network of Trainers (MINT) Website

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

MI ST (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
“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?

_____________________________________________
_____________________________________________
_____________________________________________
Thank you

marilyn.herie@camh.ca
www.educateria.com
@MarilynHerie
A taste of Motivational Interviewing
**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.
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

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.
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!
You know, there are quite a few medications available that can make quitting a lot easier.
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.
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.
Yes, and in the end it is your choice whether to quit or how to manage your asthma.
Where would you like to go from here?

Key question
Thanks. I know it’s a problem. I’ll think about it.