

# Motivational Interviewing for Tobacco Cessation

Paul J. Toriello, RhD, CRC, CCS, LCAS, LPC-A

East Carolina University

[toriellop@ecu.edu](mailto:toriellop@ecu.edu)

# Objectives

- 1. Understand what Motivational Interviewing (MI) is.***
- 2. Understand basic strategies of MI for tobacco cessation.***
- 3. Demonstrate basic strategies of MI for tobacco cessation.***

# What is MI?

- ***Ambivalence- the most common stuck point on the way to change.***

– *Normal, not pathological.*

***“MI is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.”***

# What is MI?

- **Partnership**
  - *With vs. to.*
  - *Who is the expert?*
  - *Privilege to witness change.*
- **Acceptance**
  - *Absolute worth- prizing another's inherent worth/potential.*
  - *Empathy- active interest/understand another.*
  - *Autonomy support- irrevocable right/capacity for self-determination.*
  - *Affirmation- seek and salute another's strengths/effort.*
- **Compassion-**
  - *Promote/prioritize other's needs.*
- **Evocation**
  - *You have what you need.*

# MI Review

## *Opening Strategies of MI*

- ***Mindset: Exploring/Resolving Ambivalence***
  - *Importance*
  - *Confidence*
  - *Readiness*
- ***We do this by rowing our “OARS”***

# *“OARS”: The Backbone of MI*

- ***We should...***
  - *Ask Open-ended questions*
  - *Affirm*
  - *Listen Reflectively*
  - *Summarize*

# *Open-ended Questions*

- *Create momentum*
- *Focus broadly at first: How can I help you?*
- *Then narrow:*
  - *What do you think about your smoking?*
  - *How does smoking impact your health?*
  - *What do you think about \_\_\_\_\_?*
- *1:2*

# *Affirmations*

- *Patients can be demoralized*
- *Orients patients to their resources.*
  - *I really appreciate how strong a person you are for having dealt with this issue for so long.*
  - *You really have really thought about what's best for your family.*
- *Be genuine*



# *Reflective Listening:*

## *The Backbone of the Backbone*

- ***Reflective Listening***
  - *Be a mirror*
  - *Making guesses*
  - *Think reflectively*
- ***Reflections are statements not questions***
- ***Levels of Reflection***
  - *Simple*
  - *Double Sided*

# *Levels of Reflection*

- ***Simple:***

***Cl:*** *I am trying to quit...if my spouse would just get off my back.*

***Cnl:*** *It's frustrating to have someone looking over your shoulder.*

***Cl:*** *The patch is worthless!*

***Cnl:*** *You're pretty angry right now.*

# *Levels of Reflection*

- *Double-sided:*

*Cl:* *I want to stop smoking but you don't seem to understand. When I try to quit, I get so anxious.*

*Cnl:* *You think in the long run that changing will help you, and at the same time you really hate the nervousness.*

# *Summarize*

- *Special form of reflection*
- *Let them know it's coming*
- *Collects, links, transitions*

# Importance of Change Talk

- ***Research***
- ***Change Talk makes MI “strategic”***
- ***Evoke Change Talk***
  - *Patients make arguments for change.*
  - *Increasing intrinsic motivation for change.*

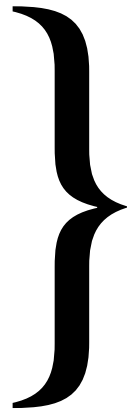
# Change Talk Model (2.0)

***Desire***

***Ability***

***Reason***

***Need***



***Commitment***

***Activities***

***Taking Steps***

# DARN-CAT

- ***Desire to change:***
  - *I want to have more energy.*
  - *I would like my clothes not to smell.*
  - *I want to breath easier.*
- ***Ability to change:***
  - *I could quit if I decided to.*
  - *I could give up smoking if I started exercising again.*

# DARN-CAT

- ***Reasons to change:***
  - *I would have some money.*
  - *I'd feel a lot better.*
- ***Need to change:***
  - *I have to stop smoking.*
  - *Seeing my kids growing old is very important to me.*



# DARN-CAT

- ***Commitment to change:***
  - *It is time for me to change.*
  - *I'm going to do it.*
  - *I'm going to do it for my family.*
  
- ***Activities/Taking Steps toward change:***
  - *I began exercising on Wednesday.*
  - *I considered getting some nicotine gum.*

# Eliciting Change Talk

## **1. *Evocative Questions:***

- *How do you want your life to be healthier?*
- *How confident are you that you could change your smoking?*
- *What consequences have you had because of your smoking?*
- *How important is it for you to change \_\_\_\_\_?*
- *What do you think you might do about \_\_\_\_\_?*

***Notice anything about the above questions???***

# Eliciting Change Talk

## **2. Importance Ruler & Follow-Up:**

- *On a scale of 1 to 10, how important is it for you to quit smoking?*
- *Follow-ups elicit change talk:*
  - *Why are you a \_\_\_\_ and not a [lower number]?*
  - *What would it take for you to go from a \_\_\_\_ to a [higher number]?*
- *Other rulers: readiness, willingness*

# Brief MI Interventions

## *Quasi-scripted: Check-In (1.0)*

### **1. Seek to understand.**

- “What concerns you about smoking?”
- “What are the pros and cons about smoking?”

### **2. Reflect, do not dispute, patient’s concerns.**

- “On the one hand \_\_\_\_\_ and on the other hand \_\_\_\_\_ smoking.”

### **3. Commitment check.**

- “What do you plan to do?”
- “How is that in your best interest?”

### **4. Summarize & Affirm**

- “You have shared with me that \_\_\_\_\_.”
- “How can we support you?”

# Brief MI Interventions

## *Quasi-scripted: Check-In (2.0)*

### **1. Seek to understand.**

- *Ruler:*
  - “On a scale of 1 to 10, how willing are you to quit smoking”
  - “On a scale of 1 to 10, how important is it for you to quit smoking?”
- *Ruler Follow-Ups:*
  - “Why are you a \_\_\_ and not a (lower number)?”
  - “What would it take for you to move to a (higher number)?”

### **2. Reflect patients answers:**

- “On the one hand \_\_\_\_\_ and on the other hand \_\_\_\_\_.”

### **3. Affirm**

- *Connect to previous Check-Ins*
  - “Last week you said you were a \_\_\_...you really are motivated to \_\_\_\_\_”

### **4. Commitment Check & Summarize**

- “What do you plan to do for the rest of the week?”
- “You have shared with me that \_\_\_\_\_.”
- “How can we support you?”



# ***Final Question Comments***

***Paul Toriello***

***toriellop@ecu.edu***