

Motivational Interviewing for Smoking Cessation Webinar



March 25, 2024

Housekeeping

- All participants muted upon entry
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- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



National Center for Health in Public Housing

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- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Today's speakers



Fide Pineda Sandoval, CHES
Manager of Training and Technical Assistance



Jose Leon, MD
Chief Medical Officer



Alaina Boyer, PhD
Senior Director of Programs



Frank Vitale, MA
National Director
Pharmacy Partnership for Tobacco Cessation;
Clinical Assistant Professor



A Brief Review of Motivational Interviewing

Frank Vitale, M.A.

National Director, Pharmacy Partnership for
Tobacco Cessation

Objectives

- *Upon successful completion of this activity, participants should be able to:*
 - Identify the difference between a conventional patient encounter and a motivational interview
 - Detail the basic components of motivational interviewing
 - Apply those techniques in a sample case study

Motivational Interviewing

“.....a skillful clinical style for eliciting from patients their own good motivation for making behavior change..”

In Other Words....

Guide

the patient to telling you that they

want to change

rather than you telling them they **have** to
change.



Avoid

- Forcing the change
- Intimidating
- Nagging
- Guilt



And Most Importantly:

STOP

saying

STOP

Benefits to This Approach

- Using MI:
 - Prevents frustrating conversations with “noncompliant” patients
 - Allows you to step away from the role of the parent scolding the naughty child for doing something wrong
 - Establishes a real sense of collaboration between you and the patient

How Do I Create Change?

To Begin With:

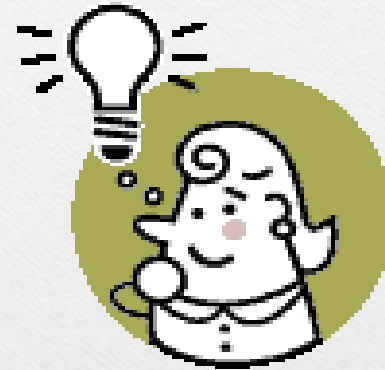
- Accept Ambivalence
- View change as a learning process
 - Understand that relapse is natural
- Elicit **Change Talk**

Goal of Change Talk

- Collaborate with the patient to:
 - Understand and explore their own motivations for change.
 - Help them view the “change” as more enticing than the status quo
 - Increase their belief that they can change!

Why Change Talk?

Change
is more likely to occur
when the idea comes from the **individual**
not from **you!**



Why Don't People Change?

- The “old” has importance and value
- They are comfortable with their current situation
- They are afraid of change
- They don't think they can change

Why Do People Change?

- The “new” has importance and value
- They are uncomfortable with their current situation
- They are comfortable with the prospect of changing
- They feel they have skills/knowledge to change

How Do Individuals Change?

Generally, behavior change
is a **process**
that occurs over time,
not a discrete one-time event

Stages of Change Model

- Pre-contemplation
- Contemplation
- Action
- Maintenance
- Slip
- Relapse

Creating Change Talk Through Motivational Interviewing



How To Elicit Change Talk

- Ask Permission
- Use Open Ended Questions
- Listen Reflectively
- Summarize Feedback
- Roll with Resistance/Ambivalence

Ask Permission

- “Do you mind if we discuss your tobacco use today?”
- “Can I tell you what concerns me about your smoking?”
- “Is it ok to talk about the possibility of quitting now?”

Open Ended Questions:

Questions that do not invite
short or one word answers



Open Ended Questions (cont.)

- Most open-ended questions begin with:
 - WHAT
 - HOW
- What's wrong with Why?

Examples of Open Ended Questions

- “What is prompting you to think about quitting smoking now?”
- “What do you want to do about smoking?”
- “How are you benefitting from smoking?”
- “How would your life be different if you were not using tobacco?”

If Reluctant:

“What would have to happen to you for you to consider.....?”

The Importance Ruler

Importance

How important would you say it is for you to quit? On a scale from 0 to 10, where 0 is not at all important and 10 is extremely important, where would you say you are?

0 1 2 3 4 5 6 7 8 9 10

Not at all important

Extremely Important

The Confidence Ruler

Confidence

If you decided to stop tobacco use now, how confident are you that you could do it? On the same scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, where would you say you are?

0 1 2 3 4 5 6 7 8 9 10

Not at all confident

Extremely confident

How to Boost Confidence

“What accomplishment are you most proud of?”

“If you can do that you can
quit smoking!”

Elicit Goals/Values

- “What is the most important priority in your life right now?”
 - “How does smoking help/prevent you from achieving those goals?”
 - “How important is maintaining a healthy body to you?”
- “What are your core values?”
 - “Where does a healthy lifestyle fit in?”
 - “What role does smoking play in your life?”

Elaborate

- Get an “in-depth” understanding of the reason for change/situation
 - “Tell me more about.....”
 - “Exactly what is prompting you to consider quitting now?”
 - “Explain to me in detail what happened when you relapsed back to smoking.”

Ask About Extremes

- “Suppose you don’t ever quit tobacco. What do you imagine will happen to you in the next year/two years?”
- “If you do quit for good, what do you think your life would be like? How would things be different?”

Listen Reflectively

- Use the patient's own words
 - “I hear you saying that the idea of quitting *is very scary*”
 - “I am getting the feeling that you don't think you can stop smoking because *you have too much stress in your life.*”

Summarize your Feedback

- “We have agreed.....”
- “So here are the steps that you said you would do....”
- “Let me summarize what we have just discussed.....”

Roll with Resistance/ Ambivalence

- “Can you help me understand.....”
- “What specifically concerns you about....”
- “OK, I hear you saying that on one hand you want to quit, but on the other hand you are scared to do it.”

Ambivalence

- A natural part of the change process
 - Both the old and new have value
- Getting stuck there is the problem
- Resolving ambivalence can be key
 - “The Decisional Balance Sheet”

Decisional Balance Sheet

SMOKE

PRO	CON

DON'T SMOKE

PRO	CON

Your Goal

- Establish a strong, clear, internal reason for quitting/losing weight/change:
 - Health
 - Clearly link presenting illness to smoking/obesity
 - Don't talk about DEATH
 - Money
 - Family
 - Social
 - Other

Support and Encourage

- Your belief that someone can change will help them change
- Accept the individual
 - Understand their perspective
 - This does not mean you endorse it
- Don't argue/push
 - Can backfire and reinforce the behavior

Case Study

- Alyssa
 - 30 year old music teacher who plays trombone
 - Is ambivalent about quitting but:
 - Has cut down to about ten cigarettes/day down from a pack
 - Has three children under 12
 - Quit while pregnant with each child
 - Married to Sean who also smokes

Her Health History

- Recently diagnosed with early stage COPD
 - Prescribed an oral inhaler which she does not like
- Uses an oral contraceptive since she does not want to have anymore children
- Has eczema
- No other medical issues

Final Reminders

- You can not make anyone change
- The more you push the more they'll resist
- Rather, help the patient want to change:
 - Increase displeasure with current behavior
 - Decrease fear of the new
- In the end, the patient:
 - Should present the reasons for change
 - Choose when and how to change

Contact Information:

Frank Vitale, M.A.

National Director,

Pharmacy Partnership for Tobacco Cessation

[vital^efm@msn.com](mailto:vitalefm@msn.com)

412 481-7767

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Q&A Session





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Contact Us

Robert Burns

Program Director

Bobburns@namgt.com

Jose Leon, M.D.

Manager of Clinical Quality

jose.leon@namgt.com

Kevin Lombardi, M.D., M.P.H.

Manager of Policy, Research, and
Health Promotion

Kevin@namgt.com

Fide Pineda Sandoval, C.H.E.S.

Training and Technical Assistance
Manager

Fide@namgt.com

Chantel Moore, M.A.

Manager of Communications

Cmoore@namgt.com

Please contact our team for Training
and Technical Support

703-812-8822

Thank you!

