



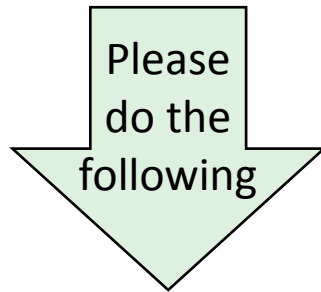
Build A Clinic

Learning Community | Tobacco Cessation | Primary Care Settings

Tobacco Cessation Best Practices: Motivational Interviewing



Housekeeping



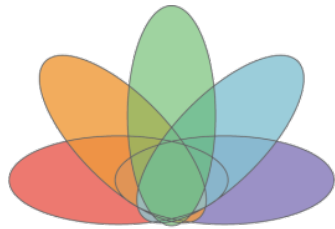
1. Turn **off** or **mute** your computer speakers.*

2. If you close out of the webinar, reconnect through the webinar email.

Technical Difficulties? Call Sara Mumby at **303.724.6327**

*Audio for the webinar today will be through your computer speakers only.





Behavioral Health & Wellness Program



Cindy Morris, PsyD
Clinical Director, BHWP



Jim Pavlik, MA
Program & Policy Analyst



Training Series

1. Tobacco Cessation Counseling Best Practices: An Introduction
2. Tobacco Cessation Best Practices: Pharmacotherapy
3. Tobacco Cessation Best Practices: Motivational Interviewing
4. Analyzing and Adapting Clinical Workflow
5. Special Populations and Cultural Sensitivity
6. Tobacco Clinic Scalability and Sustainability



Module 3: Objectives

- Explore ways to enhance behavior change by using the Motivational Interviewing approach
- Learn motivational strategies to enhance motivation and encourage commitment to change



Evidence-Based Tobacco Cessation



“Counseling and medication are effective when used by themselves for treating tobacco dependence. The combination of counseling and medication, however, **is more effective than either alone.**”

The U.S. Department of Health & Human Services - Public Health Service Clinical Guideline: Treating Tobacco Use and Dependence - 2008 Update



Tobacco Dependence Has Two Parts

Tobacco dependence is a 2-part problem

Physical

The addiction to nicotine



Treatment

Medications for cessation



Behavior

The habit of using tobacco



Treatment

Behavior change program

**Treatment should address both the addiction
and the habit.**

Courtesy of the University of California, San Francisco





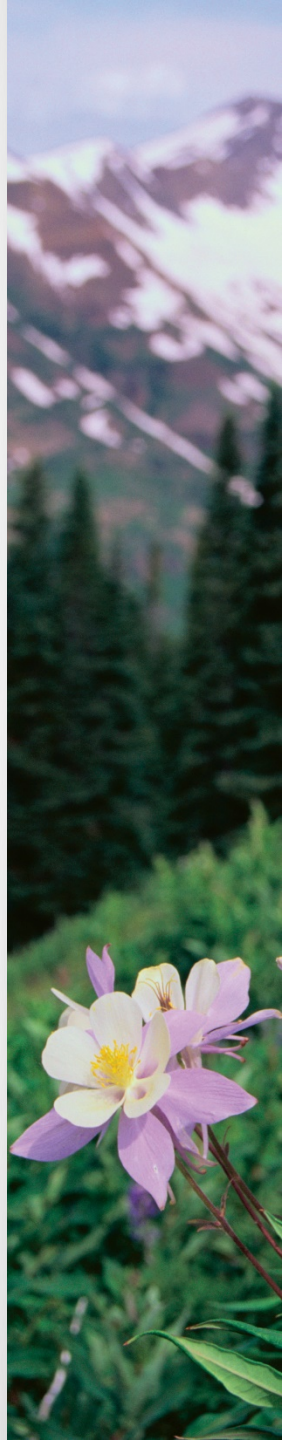
Tobacco Cessation Best Practices: Motivational Interviewing



Motivational Interviewing

Definition:

Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change. It's a way of *being* versus a way of *doing*.



The Key to MI

Adopt the right “heart-set.” This includes:



Partnership

Active collaboration

Acceptance

Non-judgmental

Compassion

Focus on well-being

Evocation

Strengths and resources



Primary Goal of MI

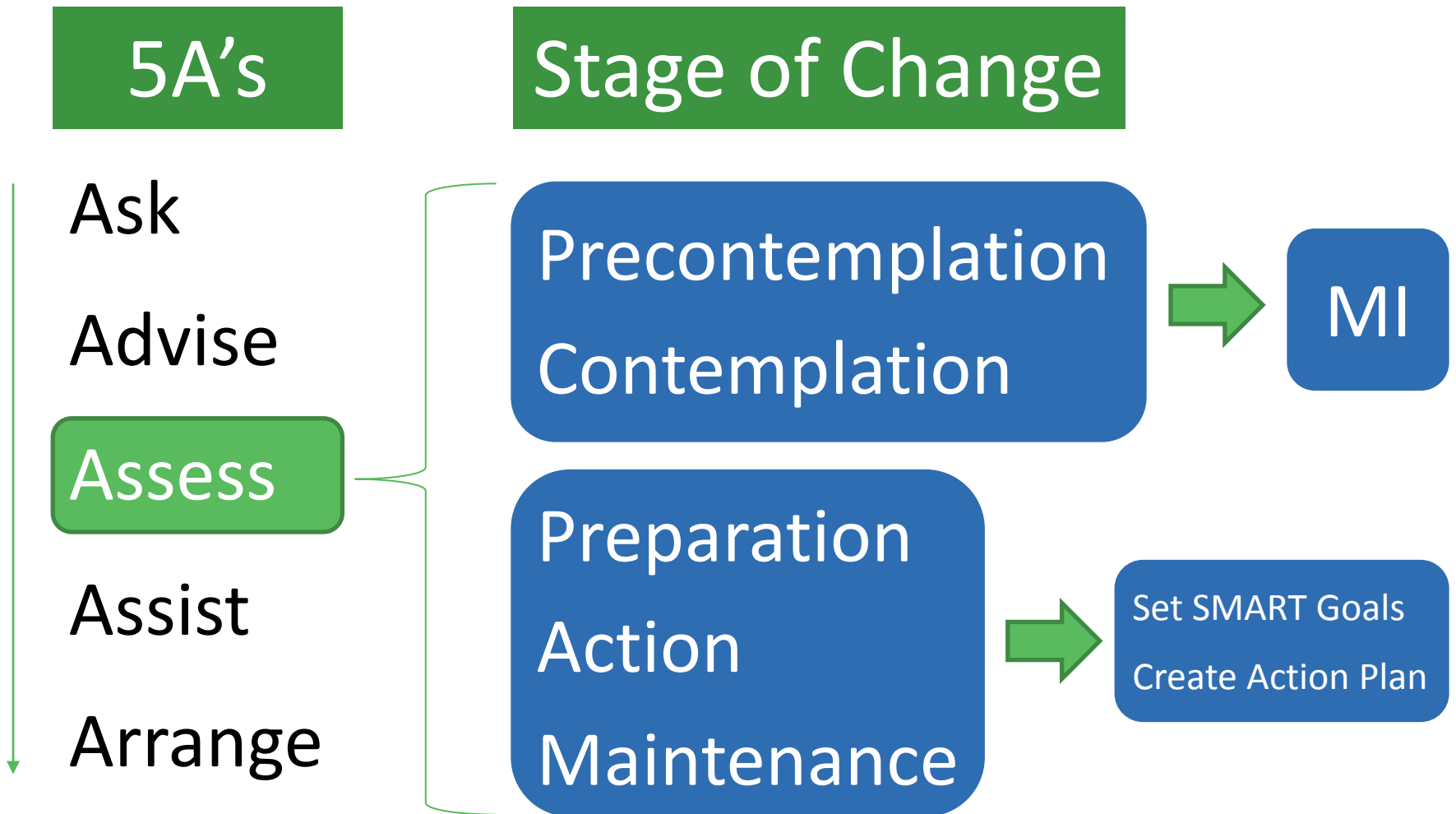
Interact with a person in a way that increases motivation to change and evokes change talk

What is Change Talk?

A person's own statement that favors change



5A's and Stages of Change



Four Processes in MI

Planning

Evoking

Focusing

Engaging



Four Processes in MI: Engaging

The process of positive engagement involves:

- ① Establishing a trusting and mutually respectful working relationship
- ② Agreement on treatment goals
- ③ Collaboration on ways to achieve these goals

Engaging





Collaboration



Four Processes in MI: Focusing

Focusing in MI is an ongoing process of seeking and maintaining direction



Focusing





Guiding



Build A Clinic

Learning Community | Tobacco Cessation | Primary Care Settings

Four Processes in MI: Evoking

Evoking is the process of eliciting a person's own motivation for change by resolving ambivalence to change



Evoking





Motivation



quit today



Four Processes in MI: Planning

Planning involves commitment to change and the formulation of a concrete change plan



Planning



Commitment





MI Skills & Strategies

OARS

O Open questions

A Affirming

R Reflecting

S Summarizing



Open-Ended Questions

- Difficult to answer with brief replies or simple “yes” or “no” answers
- Allow for a fuller, richer discussion
- Conversational door-openers that encourage people to talk, using their own words
- Keeps the conversation focused on the individual



Closed Questions

① Do you want to quit smoking?

Try instead: How do you feel about quitting smoking?

What do you need to change to make this an open-ended question?



Closed Questions

- ② You do know that smoking is bad for you and your child don't you?

Try instead: What do you know about the health effects of smoking on you and your child?

What do you need to change to make this an open-ended question?



Affirmations

- Statements or gestures that recognize a person's strengths
- Lead in the direction of positive change
- Confidence-builders
- Must be genuine and congruent
- Should not be overused as a little goes a long way



Affirmations

Trudy smokes. She knows it isn't good for her and is tired of people, like her husband, reminding her of it. Over time, she has come to realize that her social habit has become a full-fledged addiction. At some point, she knows she will stop, but just not yet. Indeed, with all the other things happening in her life, this is the one thing she does just for herself. She feels guilty about it and tries to hide it from her son and avoids the topic with her husband. She knows he's right when he brings up his concerns, but it still makes her feel angry.



Reflections

Simple Reflection

Repeat back a few words the patient has just spoken

“You’re tired of being reminded that smoking isn’t good for you.”

Complex Reflection

Reflect back their words as well as the deeper meaning behind them

“You do a lot for other people and you want to do something to take care of yourself.”

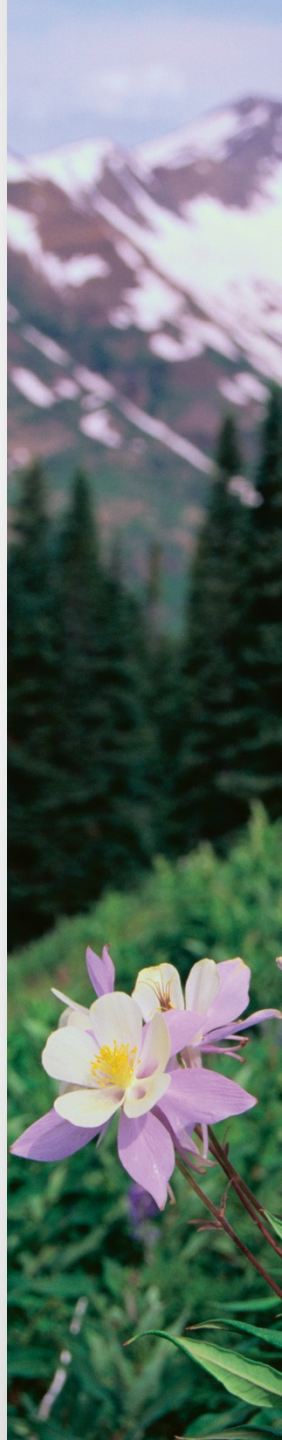




Reflections

Reflections allow the person to:

- Voice thoughts or feelings they may not have talked about before
- Feel understood
- Feel accepted without judgment
- Hear their thoughts and feelings restated



Reflection Statement

“I’ve been saying forever that my smoking is just a habit, but I know I’m addicted and that is something about myself that’s been really hard to accept.”

What reflection statement could you respond with?

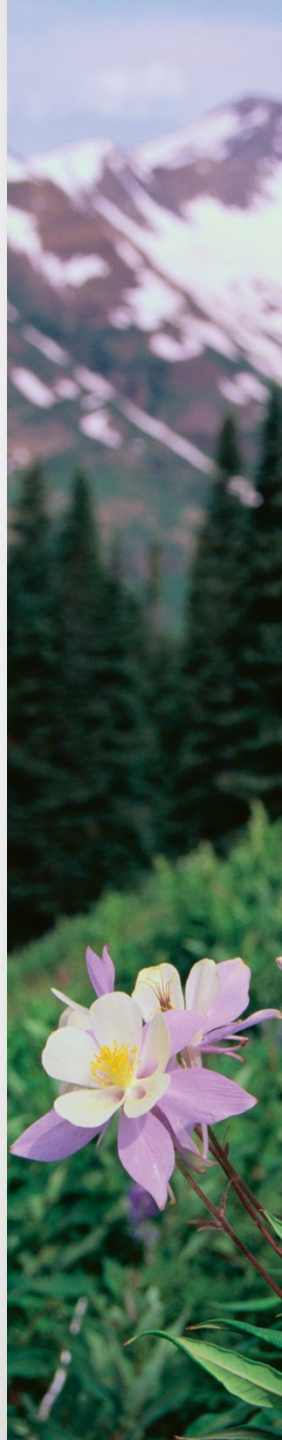




Summarizing

Summaries allow people to:

- Recall the conversation
- Think of new ideas
- Transition from one theme to another
- Plan their next steps
- Feel more confident moving forward



Strategies for Evoking

D

Desire

Do you want to change your tobacco use?

A

Ability

What do you think you might be able to change?

R

Reasons

What would be the benefits of stopping your tobacco use?

N

Need

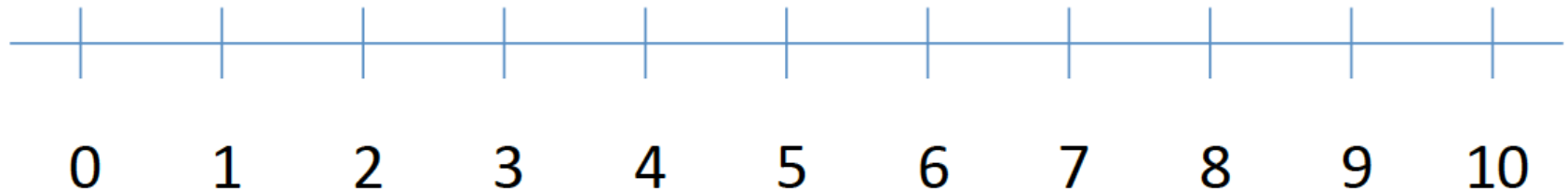
How important is it for you to stop your tobacco use?



Strategies for Evoking

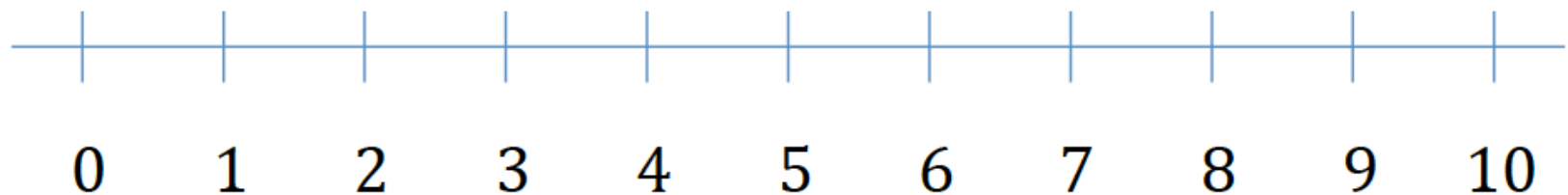
Importance Ruler

On a scale from 0 to 10, how IMPORTANT is it for you to change RIGHT NOW?



Confidence Ruler

On a scale from 0 to 10, how CONFIDENT are you that you can change RIGHT NOW?



Strategies for Evoking

Querying extremes

Imagine you continue to smoke, what's the worst that can happen?

Looking back

Do you remember what your body felt like when you stopped smoking before?

Looking forward

If you decide to stop smoking, what do you hope will be different?

Exploring goals and values

What matters the most to you in life?

Strategies for Evoking

Reviewing past success

When, in your life, have you made up your mind to do something and succeeded in doing it?

Personal strengths/supports

What strengths do you have that can help you quit smoking?

Hypothetical change

Suppose you did quit smoking and are looking back on it now...what is most likely to have worked?





MI is a particular way of having a conversation about change so that it is the client rather than the clinician who voices the arguments for change.

– Miller & Rollnick (2013)

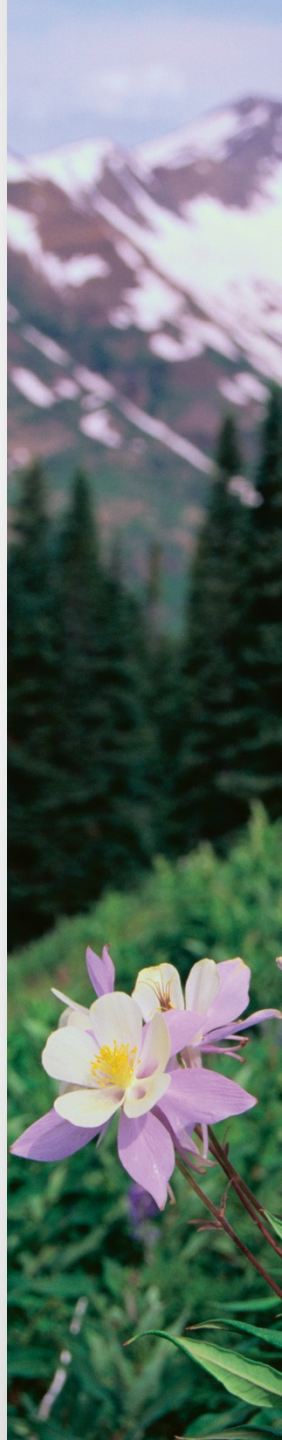




Summary

MI is a combination of:

- ① An engaged understanding of the individual's internal frame of reference
- ② A clear focus on change
- ③ Evoking an individual's own motivations and ideas for change





Conversations for Change Video Series

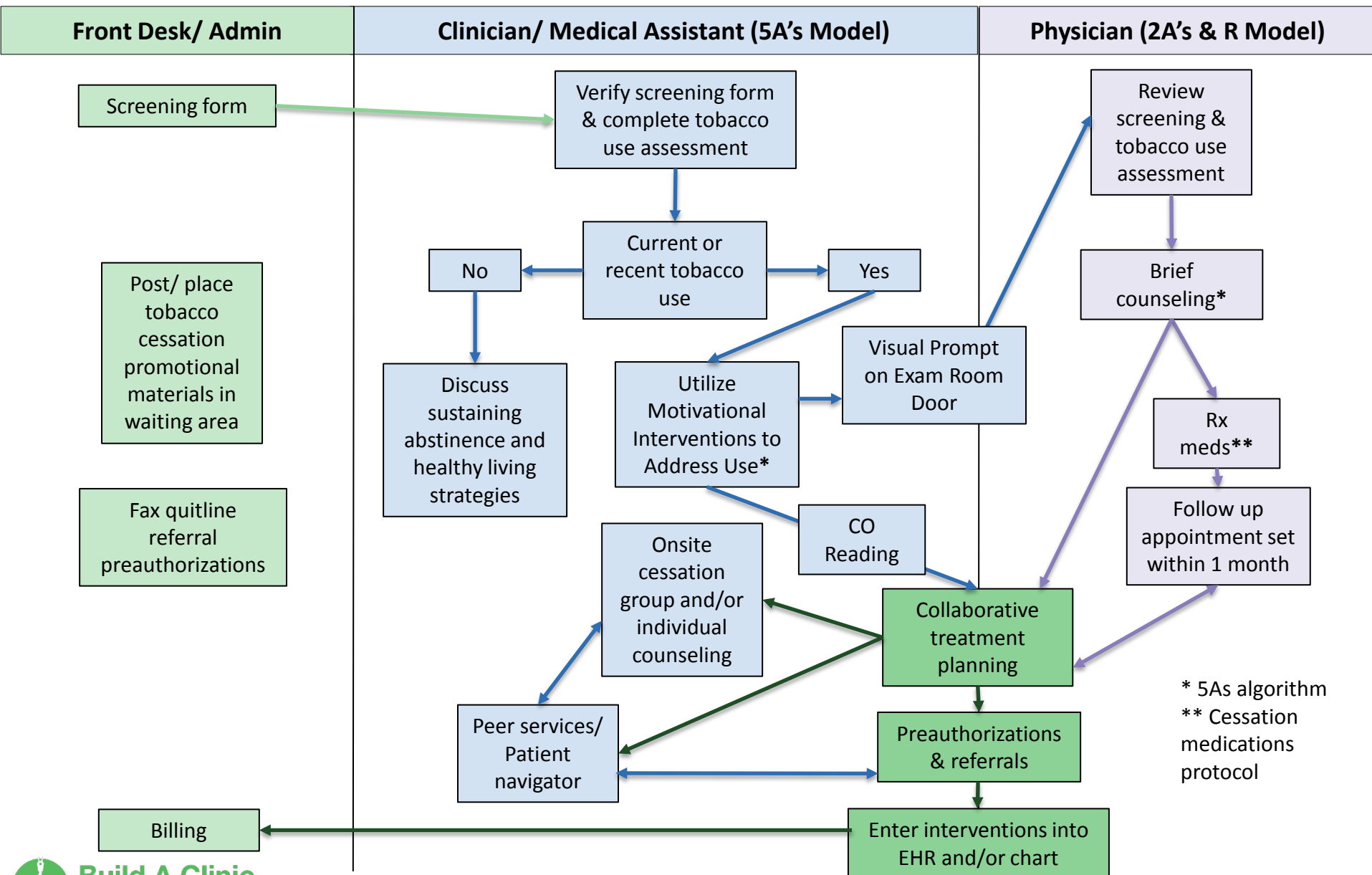
Find it at:
Bhwellness.org
Resources>Videos



Motivational Interviewing

Q & A

Tobacco Cessation Workflow



* 5As algorithm
 ** Cessation medications protocol





DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers

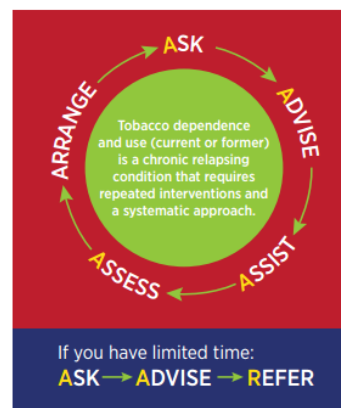
Planning for Change

Once you have assessed a person's readiness to quit, you can start developing a plan of care. However, much of this planning involves continuing to assess an individual's motivation and potential barriers to change. In addition, the plan needs to be individualized. Motivational interviewing techniques will be vital to assisting individuals to take the next step.



TIP: While Preparing for Change, Keep Your Assessment Hat On! Use those Motivational Interviewing Tools.

The 5 A's: Ask, Advise, Assess, Assist and Arrange



The *U.S. Public Health Service Clinical Guideline: Treating Tobacco Use and Dependence* provides healthcare clinicians an onsite strategy for smoking cessation treatment that is built around the "5 A's" (Ask, Advise, Assess, Assist and Arrange). Knowing that providers have many competing demands, the 5 A's were created to keep steps simple. **Regardless of the patient's stage of readiness for a cessation attempt, the 5 A's are essential for every patient visit.**

The guideline recommends that all people entering a healthcare setting should be **asked** about their tobacco use status and that this status should be documented. Providers should **advise** all tobacco users to quit and then **assess** their willingness to make a quit attempt. Persons who are ready to make a quit attempt should be **assisted** in the effort. Follow-up should then be **arranged** to determine the success of quit attempts. The full 5 A's model is most appropriate for agencies and organizations that

have tobacco cessation medications and/or counseling and behavioral interventions available. In particular, settings providing integrated care (primary care and behavioral health) services are ideal as they have the expertise necessary for combined cessation treatment approaches.

For agencies and organizations that do not have tobacco cessation services readily available, the recommendation is the use of the first two A's (**ask** and **advise**) and then the agency can **refer** to available community services (this is referred to as the 2 A's & R model).

Regardless of the patient's stage of readiness for a cessation attempt, the 5 A's are essential for every patient visit.

<http://www.bhwellness.org/resources/toolkits/>

2016 BUILD A CLINIC

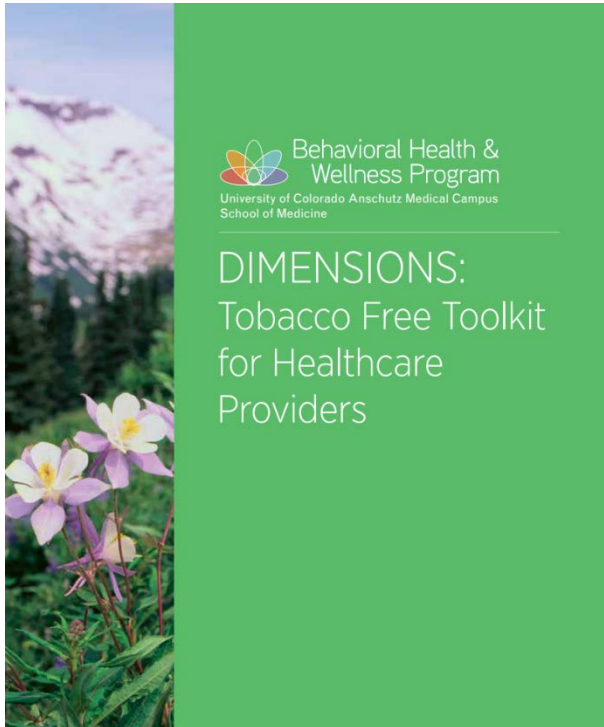


New Session Beginning this Fall!



Build A Clinic

Learning Community | Tobacco Cessation | Primary Care Settings



<http://www.bhwellness.org/resources/toolkits/>



SMOKING CESSATION
LEADERSHIP CENTER

<http://smokingcessationleadership.ucsf.edu/>



NATIONAL BEHAVIORAL
HEALTH NETWORK
FOR TOBACCO & CANCER CONTROL

www.thenationalcouncil.org/consulting-best-practices/national-behavioral-health-network-tobacco-cancer-control/



ATTUD

Association for the Treatment of
Tobacco Use and Dependence

- An organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user
- Listserv provides up-to-date discussion and expert information

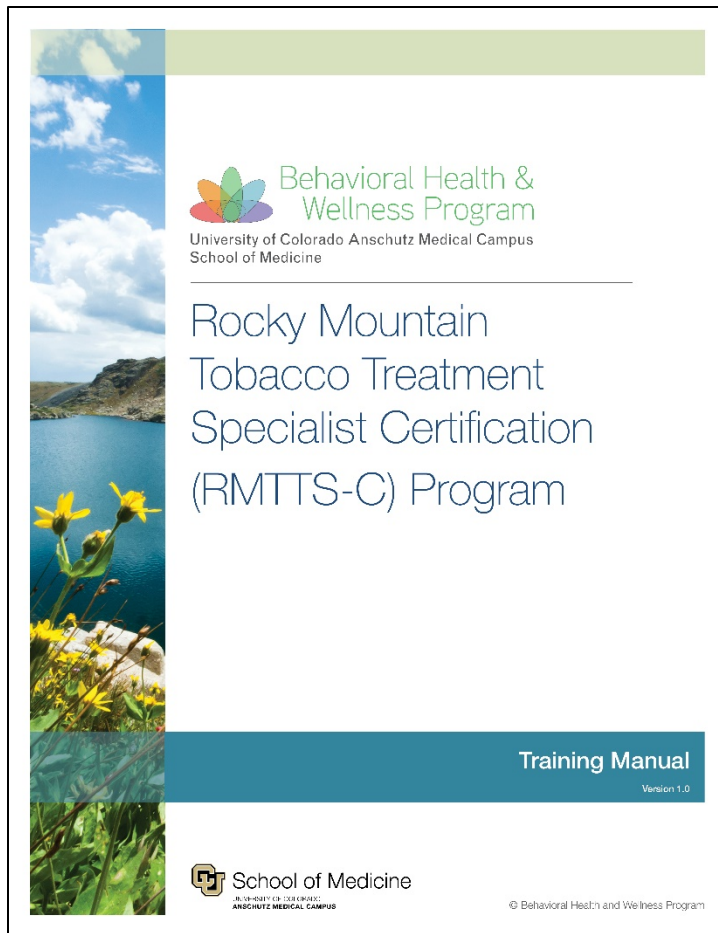
<http://www.attud.org>



Rocky Mountain Tobacco Treatment Specialist Certification (RMTTS-C) Program

**SAVE THE DATE:
October 10-13, 2016
in Denver, CO**

- Interactive, 4-day course
- Graduates will leave with the confidence and skills to effectively treat tobacco dependence in any healthcare setting





Behavioral Health & Wellness Program

303.724.3713

bh.wellness@ucdenver.edu
www.bhwellness.org



Behavioral Health and
Wellness Program



BHWP_UCD