

**Help Me, But Don't Tell Me
What to Do!
Motivational Interviewing with
Adolescents Who Smoke**

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Motivational Interviewing

- Client-centered, goal-oriented method for enhancing intrinsic motivation to change by exploring and resolving ambivalence (Miller, 2006; Miller & Rollnick, 2002)

Principles of MI

- Express Empathy
 - Accurate understanding is communicated without judgment via reflective listening
- Develop Discrepancy
 - Distance between current behavior and personal goals and/or values is elicited and highlighted
- Roll with Resistance
 - Dissonance in relationship is minimized
- Support Self-efficacy
 - Optimism about ability to succeed is supported

Rubak, Sandbaek, Lauritzen, & Christensen, 2005

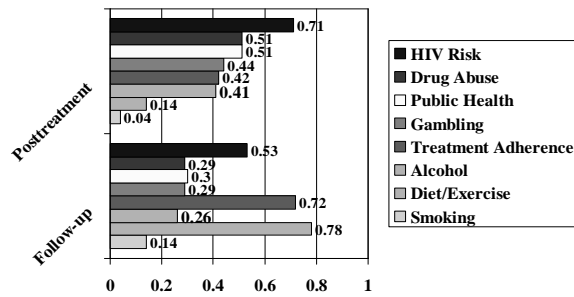
British Journal of General Practice, 55: 305-312

- Review (72 studies)
- Significant and clinically relevant effect in 3/4 studies
 - Physiological and psychological problem areas
- Brief encounters (15 minutes) resulted in effects in 2/3 of studies

Hettema, Steele, & Miller, 2005

Annual Review of Clinical Psychology, 1: 91-111

N = 72

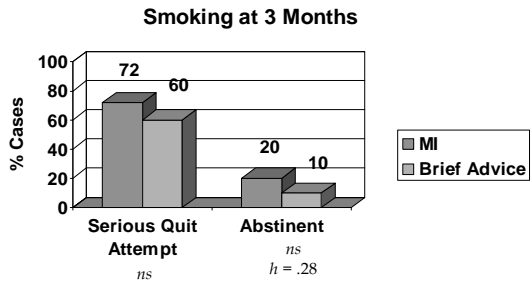


Colby, et al., 1998

Journal of Consulting & Clinical Psychology, 66: 574-578

- Adolescent (ages 14-17) smokers (N=40) in medical settings in Providence, RI randomized to either MI or Brief Advice
 - MI = 1, 30-min MI session plus video vignettes
 - BA = 1, 5-minute conversation plus handout

Colby, et al., 1998

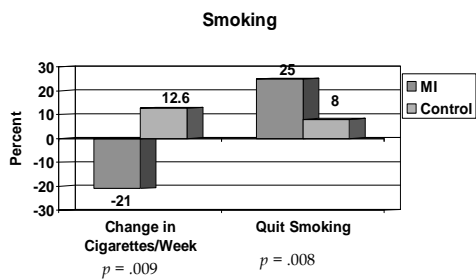


McCambridge & Strang, 2004

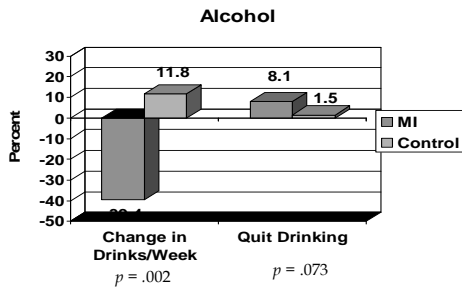
Addiction, 99: 39-52

- Young (ages 16-20) users of illegal drugs (N=200) in Further Education colleges in London cluster assigned to either MI or no added intervention
 - MI = 1 session, up to 60 minutes
 - 20-55 minutes, M = 36 minutes)

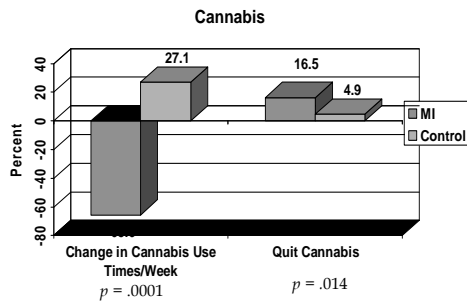
McCambridge & Strang, 2004



McCambridge & Strang, 2004



McCambridge & Strang, 2004

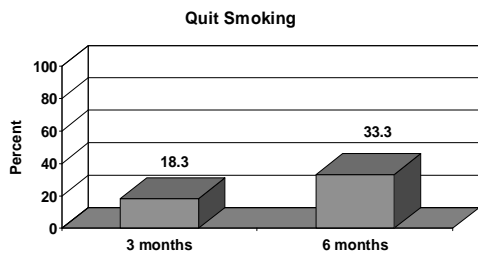


Erol & Erdogan, in press

Patient Education and Counseling, in press

- Adolescent (ages 13-20) male smokers contemplating quitting (N=60) in a high school in Istanbul, Turkey were assigned to receive MI
 - MI = 5, 45-minute sessions

Erol & Erdogan, in press



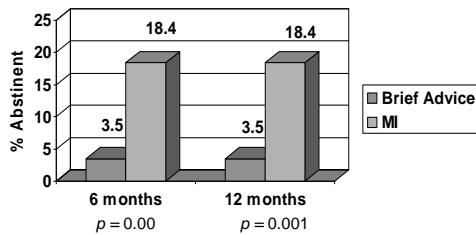
Soria, et al., 2006

British Journal of General Practice, 56: 768-774

- Adult smokers (N=200) in primary care in Spain randomized to either MI or anti-smoking advice
 - MI = 3, 20-minute interviews with PCP
 - Advice = 1, 3-minute talk by PCP
 - Smokers high in nicotine dependency were offered bupropion (only 2.5% accepted)

Soria, et al., 2006

Smoking Cessation in Primary Care



Stages of Change

- Precontemplation
 - Not planning to change in ≤ 6 months
- Contemplation
 - Planning to change in ≤ 6 months, ≥ 1 month
- Preparation
 - Planning to change in ≤ 1 month
- Action
 - Changed ≤ 6 months
- Maintenance
 - Changed ≥ 6 months

How Do Precontemplators Respond When You Talk to Them About Smoking?

- 5 R's*
 - Reluctant
 - Rationalizing
 - Rebellious
 - Resigned
 - Receptive/Deceptive

* Adapted from: DiClemente, C.C. & Velasquez, M.M. (2002). Motivational interviewing and the stages of change. In W.R. Miller & S. Rollnick, *Motivational interviewing: Preparing people for change*. (2nd Edition). New York: Guilford.

Contemplation & Ambivalence

- Facing a decision, we consider alternatives
- The optimal choice may not be obvious
- Ambivalence arises when
 - we perceive conflicting behavioral options as having important advantages *and* disadvantages
and/or
 - we do not believe that we can succeed in accomplishing the choice we prefer

Contemplation & Ambivalence

- When we are ambivalent, expectations of change trigger resistance (“reactance,” or protection of autonomy), which maintains the status quo
- Constructive conversations about change involve accepting ambivalence as normal while increasing *importance* and *confidence* for change

Spirit of MI

- **Autonomy**
 - Patients, not physicians, are responsible for patients’ choices, actions, and viewpoints
- **Collaboration**
 - Find the places where the physician’s aspirations for the patient and the patient’s aspirations for him/herself meet
- **Evocation**
 - Patients, rather than physicians, talk about change

Avoid Traps

- Closed Questioning
- Taking Sides
- Being the Expert
- Labeling
- Premature Focus

Discuss the Decisional Balance

- Ask about Pros of Smoking / Cons of Quitting
 - *“What are some of the things you like about smoking? What else?”*
 - *“What would make you reluctant to quit?”*
- Ask about Cons of Smoking / Pros of Quitting
 - *“What are some of the not-so-good things about smoking for you? What else?”*
 - *“What would be the benefits for you of quitting?”*
- Double-sided Summary
 - *“What you like about smoking is...
At the same time, what’s not so good is...”*

Scale Importance & Confidence

- Assess Importance and Confidence
 - *“How important is it to you to quit smoking, where 0 is ‘not important at all’ and 10 ‘very important’?”*
 - *“If you decided to quit, how confident are you that you would succeed, where 0 is ‘not at all confident’ and 10 ‘very confident’?”*
- Explore Importance and/or Confidence
 - *“What made you choose X and not X – 3-4?”*
 - *“What would have to happen / What would you need to move up to X + 3-4?”*
- Summarize

Elicit / Provide / Elicit

- Elicit Patient's Ideas / Experience
 - *“What do you know about how smoking affects your asthma?”*
 - *“What have you already tried to help you quit?”*
- Provide Information / Advice
 - *“When you smoke, the effect on your lungs is...”*
 - *“One option that many of my patients have found helpful is...”*
- Elicit Patient's Reactions
 - *“What do you think about that?”*
 - *“How does that sound to you?”*

Effective Brief Intervention

Bien, Miller, & Tonigan, 1993

- **F**eedback
 - Personalized, objective
- **R**esponsibility
- **A**dvice
- **M**enu
 - Options to choose from
- **E**mpathy
- **S**elf-efficacy

FRAMES Paragraph

- **F**: *"Your tests show... and this means..."*
- **R**: *"Whether or not you make a change in your smoking is completely up to you."*
- **A**: *"As your doctor, I would strongly recommend that you quit because..."*
- **M**: *"There are a number of ways to help you quit, and I'd be happy to discuss them with you to figure out which one is right for you."*
- **E**: *"This probably isn't easy to hear. You've been smoking for a while and it's a part of your life."*
- **S**: *"I'm confident that you'll be able to do this if you decide it's what you want to do."*

Ask Key Questions

- *"What do you make of all this?"*
- *"What do you want to do?"*
- *"What does all this mean?"*
- *"What do you think has to change?"*
- *"What are your options now?"*
- *"Where do we go from here?"*
- *"How are you going to deal with this?"*
- *"What's the next step?"*



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