

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

Allan Zuckoff, PhD
Western Psychiatric Institute and Clinic
University of Pittsburgh School of Medicine
Pittsburgh, Pennsylvania, USA

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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)

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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

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Rubak, Sandbaek, Lauritzen, & Christensen, 2005

British Journal of General Practice, 55: 305-312

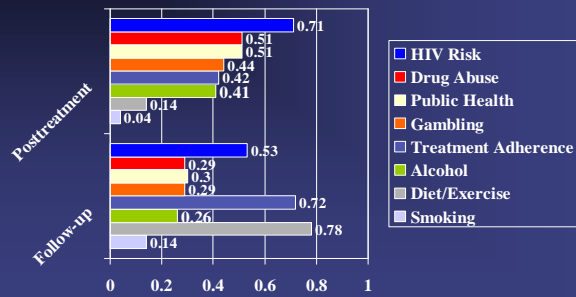
- Review (72 studies)
- Significant and clinically relevant effect in 3/4 studies
 - Physiological and psychological problem areas
- Brief encounters (15 minutes) resulted in effects in 2/3 of studies

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Hettema, Steele, & Miller, 2005

Annual Review of Clinical Psychology, 1: 91-111

N = 72



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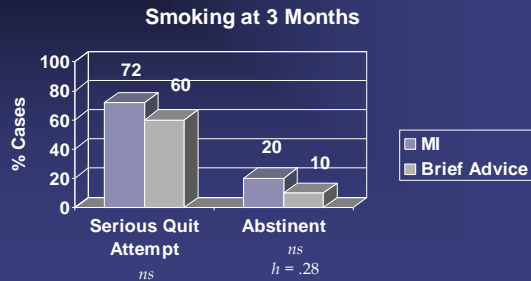
Colby, et al., 1998

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

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Colby, et al., 1998



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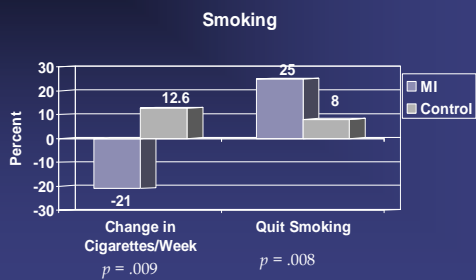
McCambridge & Strang, 2004

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)

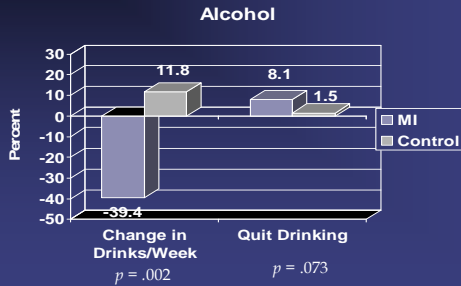
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McCambridge & Strang, 2004



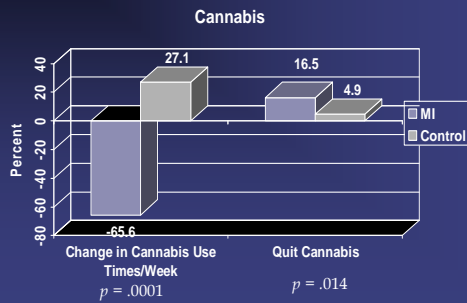
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McCambridge & Strang, 2004



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McCambridge & Strang, 2004



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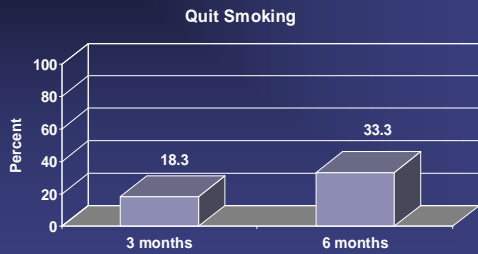
Erol & Erdogan, in press

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

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Erol & Erdogan, in press



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Soria, et al., 2006

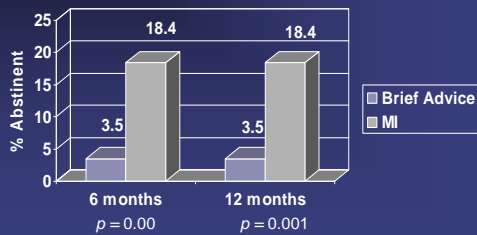
British Journal of General Practice, 56: 768-774

- 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)

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Soria, et al., 2006

Smoking Cessation in Primary Care



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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

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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.

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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

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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

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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

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Avoid Traps

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

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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...”*

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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

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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?”*

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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

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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."*

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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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