



Quit to Win



Motivational Interviewing: Common Techniques with Tobacco Cessation

Overview

This is the last of three articles on *Motivational Interviewing* (MI) for *Quit to Win*. In the July installment a general overview of MI was covered, along with the rationale for its use with tobacco cessation. The last issue discussed five general principles of MI. In this third and final article on motivational interviewing we will review four common techniques used, and provide two counseling scenarios demonstrating these techniques. As you read through the examples you may notice how these techniques interface with the general principles covered in the last issue (i.e., avoiding argumentation, expressing empathy, supporting self-efficacy, rolling with resistance, and developing discrepancy). We will then finish by reviewing some traps to avoid when counseling.

Common MI Techniques

1) Open-ended questions help counselors develop a rapport with their clients. It allows clients to talk about where they are and what is important to them, thereby sharing important material.

2) Affirmations are simple, yet powerful techniques counselors can use to help change clients negative thoughts.

3) Reflective listening involves concentrating on what clients say and to let them know that they are heard and understood. This includes listening -- to words, body language, unspoken words, and attitudes.

4) Summarizing involves repeating what the client has said in such a way as to "tie things together". This helps the counselor clarify all that the client has said. This technique further helps the client to feel heard and may provide some insightful connections of what has been said.

Since motivating clients is our primary focus, the following scenarios depict clients in the precontemplation, and the contemplation stage, respectively.

Scenario One -



Precontemplation: (Co=Counselor CI=Client)

Co: "What would you like to accomplish today?" (*open-ended question*)

CI: "Actually, I don't know why I came today. My wife is the one who wants me to quit."

Co: "If your wife didn't want you to quit, then you wouldn't have come today?" (*reflective listening*)

CI: "Yes, that's right".

Co: "You must care a lot for your wife to come today if you had no plans to stop smoking." (*affirmation*)

CI: "Well, I do, but I also want her to stop nagging me about it."

Co: "I see. You feel like you're being nagged. What is it about your smoking that concerns her?" (*reflective listening; open-ended question*)

CI: "Well, she hates my coughing in the morning. Also, my father died from a heart attack at age 48 and he was a heavy smoker."

Co: "So if I heard you right, your morning coughing really upsets her; and she is also afraid that you could die from a heart attack, like your father, if you continue to smoke." (*summarizing*)

CI: **Yes Nods in agreement.**

Co: "I can understand her being worried. Can you see why she would be concerned?"

CI: "Yes, I can."

Co: "What concerns, then, do you have about your smoking?" (*open-ended question*)

CI: "I know it's something I'll need to quit at some point, but right now is not a good time. I've got too much going on."

Co: "You are the only person who can make that decision. If I may ask, what would it take for you to consider quitting smoking?" (*open-ended question*)

CI: "I don't know, probably if my health got worse."

Co: "Like a heart attack?"

CI: "Well, I'd like to *think* I would quit before *that* happened!"

Co: "I'm glad to hear you say that. But, I'm wondering if your father thought that, too?"

CI: "Umm."

Co: "I understand that you are not ready to quit at this time. As a health professional, I must tell



you that smoking is one of the worst things you could do for your health, and that quitting would be the best thing you could do for your health. I'd like to give you this booklet to read, *The ABC's of Smoking*. It provides information on the medical aspects of smoking that you might find useful when making a decision about your smoking."

CI: "Alright."

Co: "So, just to review, you said that the reason you came today was because of your wife's concern of your cough from smoking and your dad's heart attack also caused from his smoking. You mentioned that if your health got worse, you would then think about quitting. We talked about the impact smoking can have on your health, and you agreed to read the booklet addressing the medical aspects of tobacco. Is there anything else I've forgotten?" (*summarizing*)

CI: "No that about covers it."

Co: "I want to applaud you for coming today. Not many people in your situation would have come. Even though you may not be ready to quit smoking at this time, I hope you will think about what we discussed, and perhaps look at reasons why you might want to consider quitting in the future, especially before something happens to your health. Please know that I'm available and will be happy to help you along the way." (*affirmation*)



Scenario Two - Contemplation

Co: "What would you like to address with me today?"

(*open-ended question*)

CI: "Well, I'm thinking about quitting chew, but I'm not sure if I really want to quit."

Co: "It sounds like it's been on your mind, but you're unsure if you are really ready. That's often a process one goes through when they begin making a change. What brought you to begin thinking about it?" (*reflective listening; open-ended question*)

CI: "Some of my friends quit and they seem to be doing okay?"

Co: "So you think if they can do it, then maybe you can, too?" (*reflective listening*)

CI: "Yeah, I guess that's it."

Co: "What do you see getting in your way?" (*open-ended question*)

CI: "Unfortunately, I really enjoy chew."

Co: "What is it that you like about it?" (*open-ended question*)

CI: "Well, it helps me to relax."

Co: "I can understand wanting to relax. What don't you like about chewing tobacco?" (*open-ended question*)

CI: "The cost is probably the biggest thing."

Co: "So you would be able to have money for other things?" (*reflective listening*)

CI: "Definitely."

Co: "You mentioned that cost was the biggest reason to want to quit, what would some others be?" (*open-ended question*)

CI: "Well, a girl I've started going out with thinks it's disgusting, that would be another one."

Co: "Are you saying that your romantic life could be jeopardized if you continue to chew?" (*reflective listening*)

CI: "Yeah, I guess maybe it could. She doesn't like me chewing around

her, so I don't."

Co: "So if you and your new friend be-



come more serious, you may have to make a choice between her or your tobacco." (*summarizing*)

CI: "Um, that's true."

Co: "What do you think about that?" (*open-ended question*)

CI: "Well, right now, we get along pretty good, so it would probably be her."

Co: "I'm glad to hear you say that; it would be sad to think that you would have a more meaningful relationship with a can of tobacco than a friend." (*affirmation*)
Unfortunately, though, it happens."

Co: "What makes you uncomfortable when you think of quitting?" (*open-ended question*)

CI: "I really don't want to go through the withdrawal."

Co: "That's understandable. If you want to use the nicotine patch or gum, most of that could be prevented. How does that sound to you?"

CI: "That would be better."

Co: "To make sure I understand everything we've discussed, you've been going back and forth about quitting chewing tobacco. Some of your friends have quit and you think maybe it's something you can do, too. You enjoy chewing, though, and don't want to go through withdrawal when you quit. You have a new friend you've been seeing and you realize that continuing to chew could jeopardize your relationship. You also mentioned that if you do quit, you would be able to save that money." (*summarizing*)

CI: "To spend on dates! That's me, alright."

Co: "You're not sure you're ready to quit. How would you feel about cutting back on the amount you use

Continued Motivational Interviewing:

for a few weeks?" (*reflective listening; open-ended question*)

Cl: "I think I could do that."

Co: "Have you ever cut back before?"

Cl: "No, but I'm sure I could chew gum instead of tobacco a couple of times a day."

Co: "That would be great. By cutting back, you would put yourself further along in the process towards quitting, which would make it easier when you do become tobacco-free. (*affirmation*)"

Cl: "Okay."

Co: "I want to commend you on coming in today. You really looked at the pros and cons of quitting tobacco and addressed them quite appropriately. (*affirmation*) When you are ready to quit call me and we will work together to accomplish this...and with minimal withdrawal!"

Traps to Avoid

Following are some common traps to avoid that are inconsistent with the general principles of motivational interviewing and techniques covered in these three articles. These are generally counter-productive for change.



Question/Answer Trap - Eliciting short, one or two-word answers from the client. The client assumes a passive role and does not make self-motivational comments.

Confrontation/Denial Trap - If the client doesn't see himself having a problem, he will deny a need for change. The counselor will only end up arguing one side, and the client, feeling trapped, will defend his behavior.

Labeling Trap - To a "precontemplative" client, being called an "addict" often carries a stigma and appears judgmental, thereby increasing defensiveness and sidetracking the issue.

Expert Trap - The counselor appears to have all the answers, while the client appears passive. This negates the importance of the client's own motivation for change.

Blaming Trap - Time and effort is displaced on finding fault, and the client comes defensive.

Although there is much more to MI than we are able to cover in this limited space, these past three articles do provide many of its basic principles and techniques. We hope that they have provided you with some helpful tools

when counseling your tobacco clients. For more information and resources go to <http://www.motivationalinterview.org>

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New NRT Lozenge

The Food and Drug Administration has approved a new nicotine lozenge to help smokers reduce their withdrawal symptoms and to assist with cravings! Named Commit, the lozenges which will be available as an over the counter drug and will be on sale for \$39.95 in a 72 package by GlaxoSmithKline.



New Brochures

The Stop Tobacco website has downloadable Stage of Change brochures for Tobacco users! Consider using these self-help materials in primary care and dental clinics, specialty care and other locations! <http://www.stop-tabac.ch/en/documentation.html>

Tobacco Program Metrics

Navy Health Promotion Tobacco Program metrics are on line at the NEHC website <http://www-nehc.med.navy.mil/hp/tobacco>

Ideas?

Have a question? Idea for an article? Something to contribute to the newsletter? Please contact Mark Long at longm@nehc.med.navy.mil

