

Motivating “Resistant” Smokers

Helping Practitioners Develop Individualized Interventions

This mini-workshop is based on a 2-part practitioner book series. All chapter outlines, power point slides, and Chapter 1 (When Health Information and Advice Don’t Work) from *Beyond Advice: Becoming a Motivational Practitioner* are available at www.MotivateHealthyHabits.com. To download the full handout for developing motivational skills, click on “Training Materials” at this Web site. (If you would like to translate this handout into your first language so that it can be available to others on this Web site, e-mail a note to Rick_Botelho@urmc.rochester.edu).

Prepare to learn

While waiting for the workshop to begin:

1. Form a group of 3-6 people who speak your first (or second) language.
2. Think of a patient who smokes cigarettes. Imagine that you are this patient. Then write responses to the questions on the decision balance on the next page from his/her perspective.
3. After filling in the decision balance, please rate resistance and motivation scores, again from the patient’s perspective.

Learn by watching

A videotape will show a practitioner completing the 3 tasks listed below. Scripts are provided for these tasks. After watching each demonstration, your task will be to assess the impact of using a motivational approach and discuss your opinion in small groups.

Task 1: Clarify Issues About Change

Task 2: Lower Patient Resistance

Task 3: Enhance Patient Motivation

Learn by doing

After this workshop, you can practice each task in role plays with colleagues or in patient encounters. You can also download Chapter 1 (Enhance Your Skills) from *Beyond Advice: Developing Motivational Skills*. This chapter outlines some “bail-out” strategies that you can use when you get stuck in trying to develop new skills. In the near future, you also will be able to watch a 20-minute presentation and the videotape used in this workshop at this Web site.

Correspondence

R.J. Botelho, B.Med.Sci, BM, BS, MRCPGP (UK)

Associate Professor of Family Medicine, Director of the Fellowship Training Program
University of Rochester School of Medicine, Family Medicine Center, 885 South Avenue,
Rochester, NY 14620-2399. Ph: (716) 442-7470, Ext. 508 Fax: (716) 758-1950

DECISION BALANCE: TO SMOKE OR TO QUIT

Think of a patient who smokes. Write in at least two answers to the question (in each of the four boxes) from the patient’s perspective, not your perspective as a health care professional. After doing this, use a 0-10 scale (0=Not important, 5=Moderately important, 10=Very important) to give an overall score for your reasons to smoke and to quit, based what you think and feel. Enter your scores at the bottom of the decision balance.

For example, Ms. S. gave a think score of 2 and a feeling score of 8 for smoking cigarettes, and a think score of 10 and a feeling score of 5 for quitting – “She thought she should quit but did not feel like it.”

<i>Reasons to smoke</i>	<i>Reasons to quit</i>
<i>1. What are the benefits of smoking?</i>	<i>2. What concerns do you have about smoking?</i>
<i>3. What concerns do you have about quitting?</i>	<i>4. What are the benefits of quitting?</i>
<p style="text-align: center;"><i>Resistance Score</i></p> <p><i>Think score = Feeling score =</i></p>	<p style="text-align: center;"><i>Motivation Score</i></p> <p><i>Think score = Feeling score =</i></p>

TASK 1 – SCRIPT TO CLARIFY ISSUES ABOUT CHANGE

Ask about Readiness to Change	
<i>“Where are you in terms of your smoking?” [Select one] “Are you really not thinking about quitting?” “Are you thinking about it?” “Are you willing to make a change?”</i>	
Provide a Stage-specific Rationale for Using the Decision Balance	
<i>Precontemplation: “You just told me that you do not want to think about quitting cigarettes. Would you mind if we did a decision balance together so I could better understand why you like to smoke?”</i>	
<i>Contemplation: “You told me that you are thinking about quitting. Would you mind if we did a decision balance together? It can help you think more about whether you want to smoke or quit.”</i>	
<i>Preparation: “You seem close to setting a quit date. Would you mind if we did a decision balance together? It can help you pick a date and prevent you from relapsing.”</i>	
Show the Decision Balance to the Patient	
<i>“Let me show you what a decision balance looks like. As we use it, it can help you better understand why you like to smoke and why you may want to think about quitting. But first (pointing to the top left-hand column), what do you like about smoking cigarettes? I would just like to make a few notes as we go along. Is that okay? You can keep the decision balance when we have completed it.”</i>	
Use the Decision Balance to Ask Questions	
<p>1. Benefits of smoking <i>“What do you like about smoking? And what else?”</i></p>	<p>2. Concerns about smoking <i>“What, if anything, concerns you about the effects of smoking on your health?” “Does anyone else have any concerns about your smoking?”</i></p>
<p>3. Concerns about quitting <i>“Do you have any concerns about if you were to quit?” “What effects would quitting have on you?” “What questions would you have if you were to quit smoking?”</i></p>	<p>4. Benefits of quitting <i>“How do you think your health would improve if you were to quit?” “In what way would you benefit from quitting?”</i></p>
Explain and Obtain “Think” and “Feeling” Scores for Resistance and Motivation	
<i>“The left column represents your reasons to smoke (resistance). The right column represents your reasons to quit (motivation). On a scale of 0 to 10, 0 meaning none and 10 meaning very high, what score would you give for your reasons to smoke? [pointing to the left column] And what score would you give for your reasons to quit? [pointing to the right column] Are your resistance and motivation scores based on what you think or feel about change? Now how would you score your resistance and motivation based on what you feel (or think)?</i>	

Small group discussion:

What was it like trying to fill in a decision balance from the patient’s perspective?

How did this demonstration help you learn more about her perceptions about change? Looking over the items on her decision balance, what does it say about what she thinks and feels about her values?

TASK 2 – SCRIPT TO LOWER PATIENT RESISTANCE USING NONDIRECT INTERVENTIONS

Assess Impact of Using Nondirect Interventions Using the 0-10 Scale		Score
Use simple reflection: <i>“So, smoking smoothes your nerves?” “...helps you think clearer if you quit?”</i>		
Probe priorities: <i>“Which is the most important reason to smoke? And what about the most important reason to think about quitting?”</i>		
Use double-sided reflection: <i>“On the one hand, smoking helps you relax, but, on the other hand, you are concerned about the effects of smoking on your son’s health.”</i>		
Explore the future: <i>“What do you think is going to happen to your health in the future if you continue smoking over the next 5-10 years?”</i>		
Acknowledge ambivalence: <i>“So it makes you have some mixed feelings about smoking?”</i>		
Emphasize personal responsibility and choice: <i>“It’s really up to you to decide whether to think about your smoking and quitting.”</i>		
Guess whether she changed her resistance score		Guess whether she changed her motivation score

Small group discussion:

Which interventions had the greatest impact on the patient, and why?

Give your reasons for guessing whether you think that the patient changed her scores, or not.

TASK 3 – SCRIPT TO ENHANCE PATIENT MOTIVATION USING DIRECT INTERVENTIONS

Assess Impact of Using Direct Interventions Using the 0-10 Scale			Score
Use benefit substitution: <i>“I’m just wondering if there are some other ways that you could smooth your nerves?”</i>			
Bring the future to the present: <i>“Imagine that you developed a health problem caused by smoking sometime in the future. Suppose that happened now; what would you do?”</i>			
Clarify values: <i>“What is more important to you – smoking to relax or your son’s health?”</i>			
Identify discrepancies: <i>“But you are saying one thing and doing another.”</i>			
Use differences in motivational reasons: <i>“I am just wondering if you could take the energy that you use to protect your son’s health and protect your own health as well?”</i>			
Reframe events or issues: <i>“You say that smoking helps you relax but it’s really just a sign of nicotine addiction.”</i>			
Guess whether she changed her resistance score		Guess whether she changed her motivation score	

Small group discussion:

Which interventions had the greatest impact on the patient, and why?

Give your reasons for guessing whether you think that the patient changed her scores, or not.

What is the evidence that this motivational approach works?

This is a complicated question that cannot be adequately addressed briefly. In short, you must decide for yourself whether this approach helps you to:

1. Reduce your frustration in dealing with patients who resist change
2. Expand your understanding about change processes
3. Enhance your motivational skills and enrich your professional work
4. Improve patient satisfaction and clinical outcomes

To address this question in more detail, you can download the chapters in Section V (The Challenge of Implementing Comprehensive Behavior Change Programs) in *Beyond Advice: Becoming a Motivational Practitioner* from www.MotivateHealthyHabits.com:

Chapter 15: Exploring How Worldviews Affect Our Approaches to Health Behavior Change

Chapter 16: Exploring Different Kinds of Evidence