Overcoming Resistance to Stopping Tobacco Use: A Motivational Approach

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Outline

- It is Important to Intervene with those who use tobacco
- It is sometimes difficult to intervene effectively
- A patient centered approach like Motivational Interviewing can improve our effectiveness

"Stopping smoking…may have a greater effect on reducing the risk of mortality among patients with CHD who smoke than the effect of any other intervention or treatment."

Critchley JA, Capewell S *JAMA*;2003;290:86-97

A Powerful Intervention…

Intervention	*Reduction in Mortality*
Smoking Cessation	36%
Statin Therapy	29%
Beta-Blockers	23%
ACE Inhibitors	23%
Aspirin	15%

Critchley JA, Capewell S. *JAMA*;2003;290:86-97

Projected Outcomes of Preventive Interventions

Intervention	*Lives Saved*	*NNT*
• **Smoking Cessation**	**328,400**	**9**
• Lipid Lowering	132,777	34
• BP Control	63,282	31
• ACE Inhibitors (CHF)	11,000	N/A
• ß Blockers (MI)	17,023	120
• ASA (MI)	10,365	143
• Coumadin (A.Fib)	3,418	2,014

Woolf AH. *JAMA* 1999;282:2358-65

Cost Effectiveness

per life-year saved:

- *Smoking Cessation* *$ 2,000 – 6,000*
- *R_x of Hypertension* *$ 9,000 – 26,000*
- *R_x of Hyperlipidemia* *$ 50,000 – 196,000*

Benowitz NL *Prog Cardiovasc Dis* 2003;46:91-111

The Patient

- “I am just too stressed right now”
- “I have cut down”
- “I only smoke outside”
- “I enjoy smoking and I am not going to stop”
- “You are always on my case about this”

The Provider

- “If you would just put some more effort into this I know you could stop”.
- “Let’s get you started on the patch today”.
- “Continuing to smoke is the worst thing you could be doing right now”.
- “You know you need to stop smoking, don’t you”?

What is the problem?

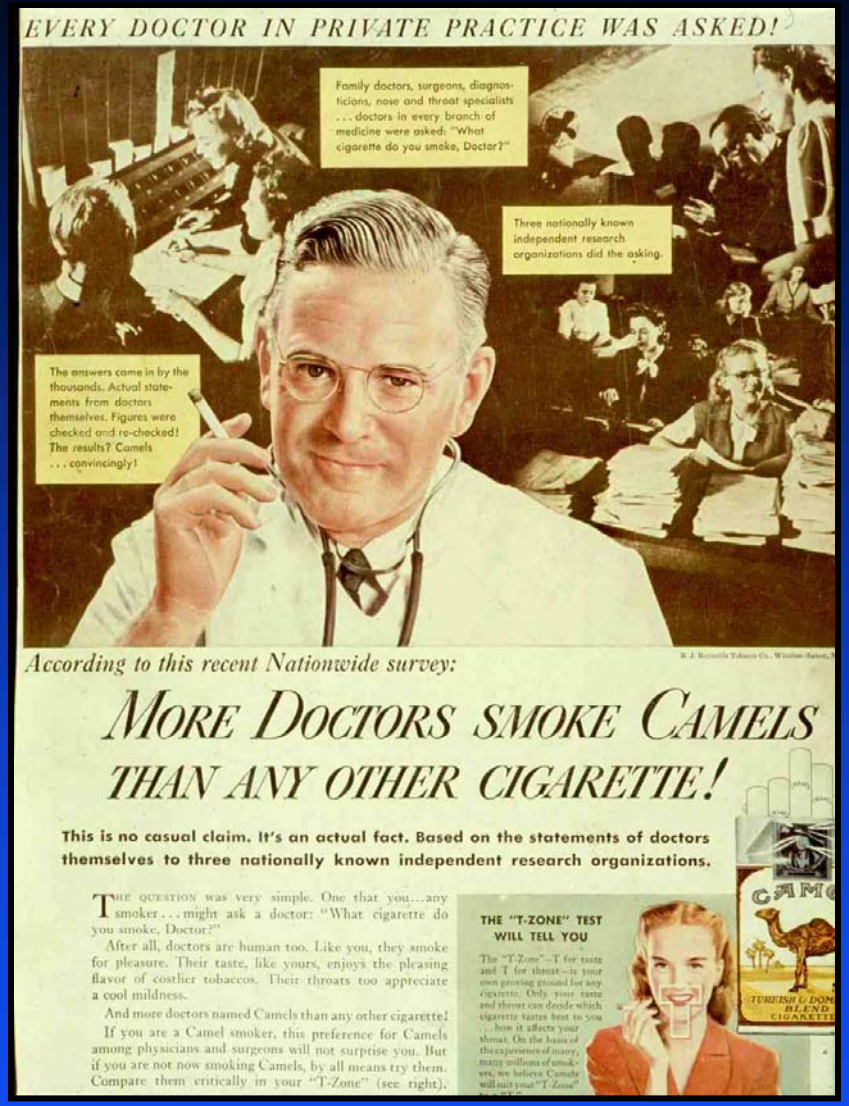
- The provider is trying to help and the patient doesn't seem interested
- The topics seems doomed from the start as the patient seems defensive
- The provider is concerned and the patient isn't listening
- What is the problem?

Provider Feelings

FEELINGS	RESPONSES
• Anger	• Argue
• Frustration	• Lecture
• Helpless	• Defensive
• Cynical	• Withdrawal

Physician Demographics

"..most physicians are non-smokers or never-smokers…and have little insight into, or recollections of, the realities of cessation"



Requires an Attitudinal Change by Provider *and* Patient

- *"Lifestyle Decision"*
- *"Habit"*
- *"Behavioral Choice"*
- *"Can change if they want to…"*

"…a fundamental misunderstanding of the nature of the problem…and their role in addressing it…"

Why does it seem so difficult to stop tobacco?

- "The Uncle Charlie Effect" -- overcoming low self-esteem
- The cigarette is the almost perfect drug delivery device
- Structural and Functional Changes occur in the brain
- Treatment planning by provider and patient do not recognize the difficulties

It seems difficult…because it is!

Fundamental Treatment Components

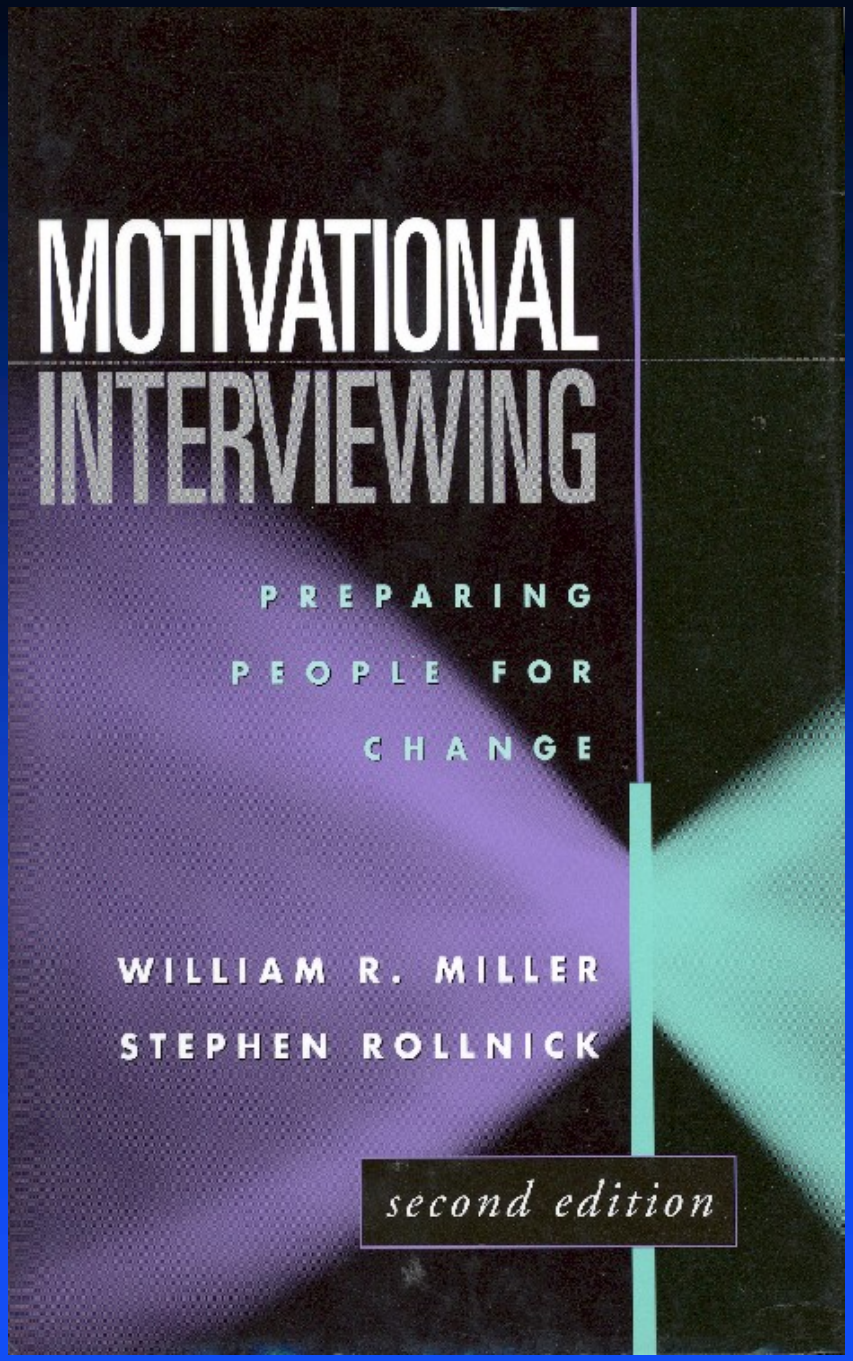
Motivational Interviewing: Preparing People to Change Addictive Behavior

William R. Miller

Stephen Rollnick

Guilford Press 2002

2nd edition



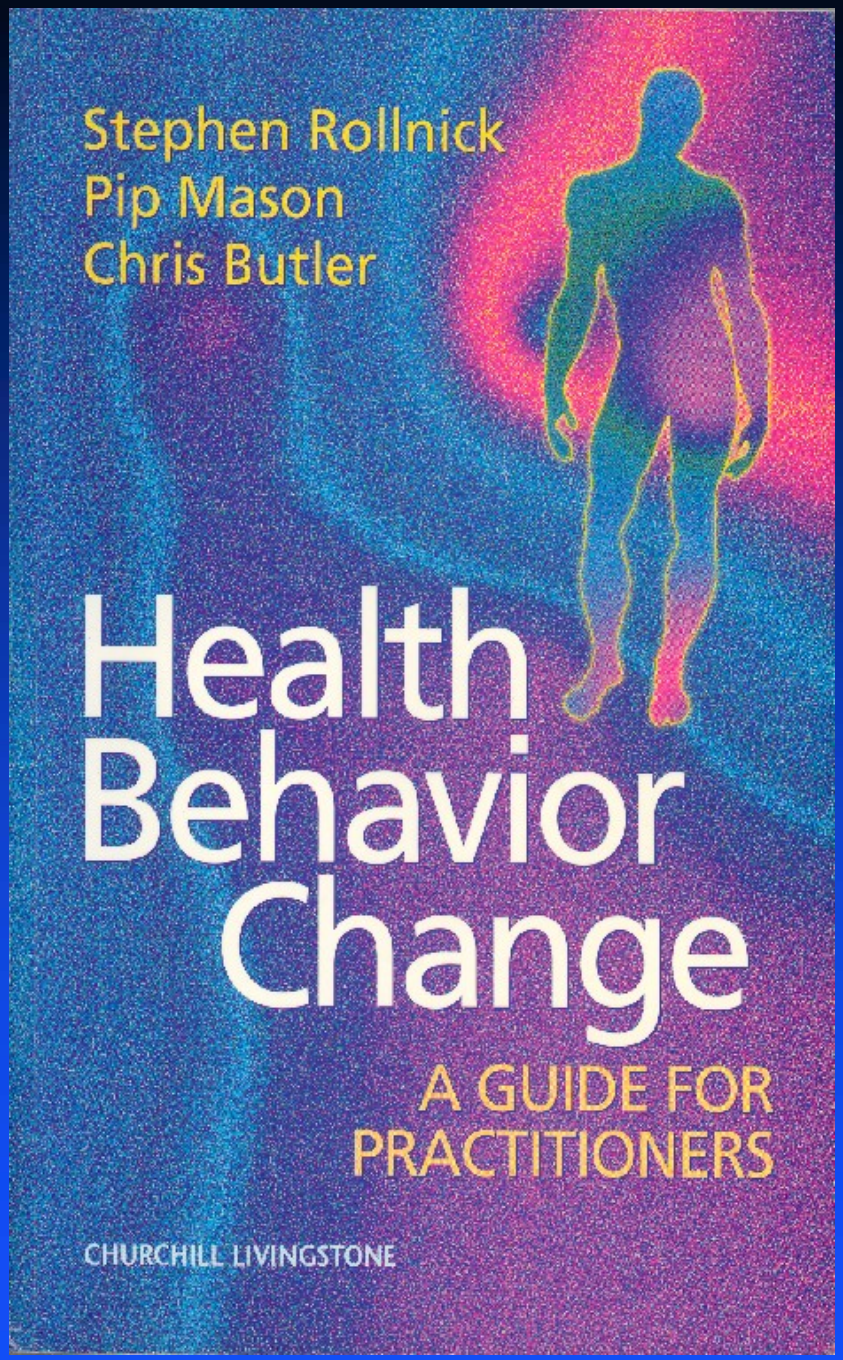
Health Behavior Change: A Guide for Practitioners

Stephen Rollnick

Pip Mason

Chris Butler

Churchill Livingstone
1999

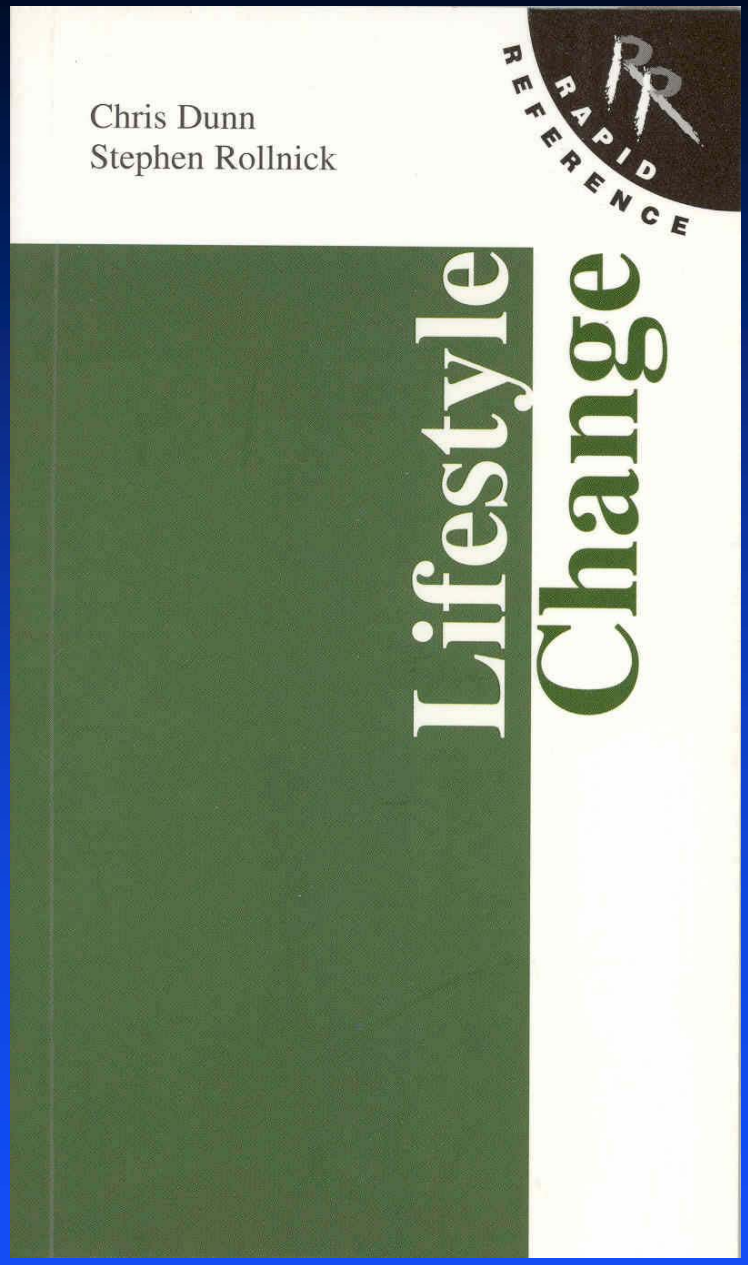


Lifestyle Change

Chris Dunn

Stephen Rollnick

Mosby, 2003



Motivation is Fundamental to Change

= "Ready, Willing and Able"

Priority (Ready)

Important (Willing)

Confident (Able)

Variables Associated with Higher Abstinence Rates

- High motivation
- Ready to Change
- Moderate to High Self-Efficacy
- Supportive Social Network

Motivation to change is an intrapersonal process…

…influenced by interpersonal relationships…

- Positively
  - Expressing empathy
  - Offering encouragement
- Negatively
  - Lecturing
  - Being judgmental

What Each Brings

PROVIDER

- Medical Information
- Statistics
- Research Results
- Experience

PATIENT

- Unique Circumstances
- Values
- Life priorities

Decision-Making

Paternalistic

Physician-as-agent

Shared decision making

Informed decision making

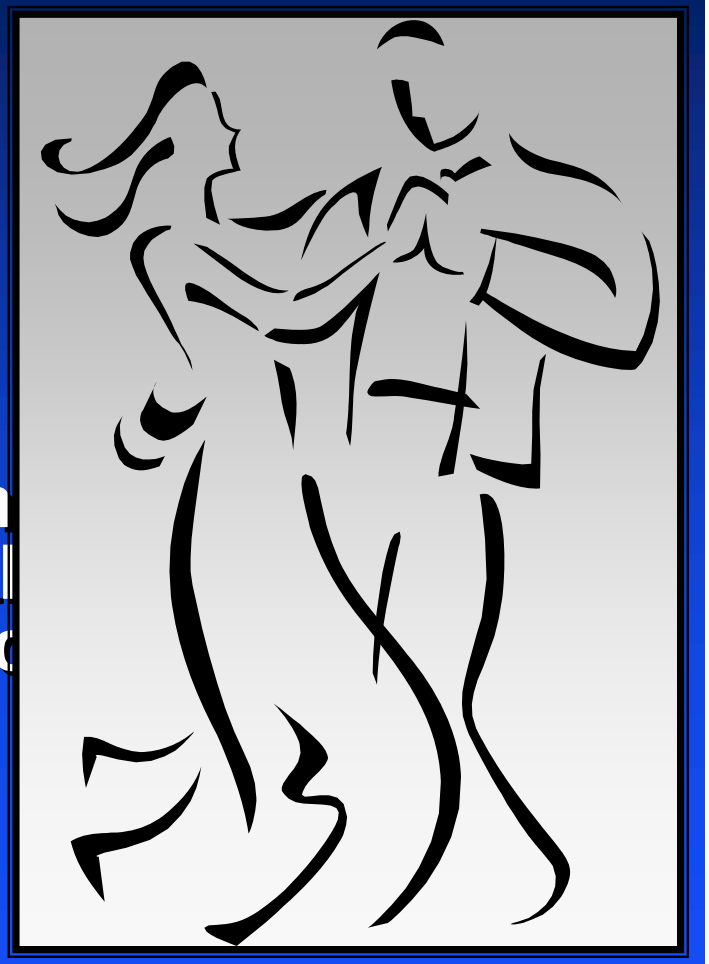
Consumerism

It's HOW we approach patients about their tobacco use

In the "Spirit" of gentle guidance

"Spirit" of Motivational Interviewing

- **Collaboration**
  - The patient is the expert on the patient
  - Honor their perspective
- **Evocation**
  - Patient has the resources an motivation within them to mal change. We build self-efficac
- **Autonomy**
  - Patient has right to choose, and the capacity to decide



Four Guiding Principles of Motivational Interviewing (MI)

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self- efficacy

A Patient-Centered Approach

- To sense that what the patient thinks and feels about their behavior is being heard
- To receive affirmation for where the patient is at with making a change
- To be engaged in a collaborative effort with their provider that maximizes personal choice and control

ASK

Every patient

Every visit

“Vital Sign”

Establish the Visit’s Agenda

“We will be sure to address the things that are on your list today, and I want to spend a couple of minutes talking about your tobacco use, too, if that is OK with you”.

“Are you ready to stop smoking?”

“AMBIVALENCE”

Discrepancy/Ambivalence make change possible

- When a behavior comes into conflict with a deeply held value, it is usually the behavior that changes
  - without some discrepancy, there is no ambivalence
  - the first step towards change is to become ambivalent
  - explore ambivalence, resolve in direction of change

Ready: Resolving Ambivalence

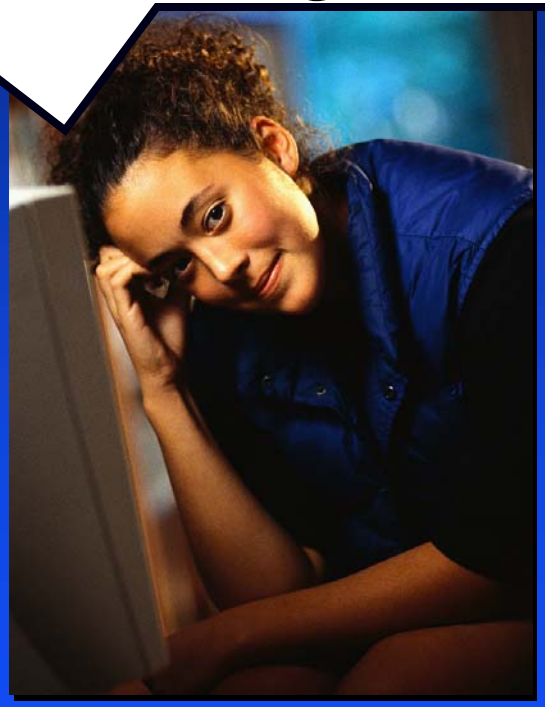
- Ambivalence refers to feeling two ways about a behavior
- This is common and where many patients get stuck
- Ambivalence is normal

"The Candy Store"
"The Rock and the Hard Place"
"The Fatal Attraction"

Ambivalence

- Ambivalence refers to feeling two ways about a behavior
- Normalize ambivalence
- Help explore and resolve ambivalence towards change
  - "You realize the health consequences, it's quitting that troubles you"

"Smoking calms me and yet, I know it is bad for my health. I just can't imagine life without cigarettes"



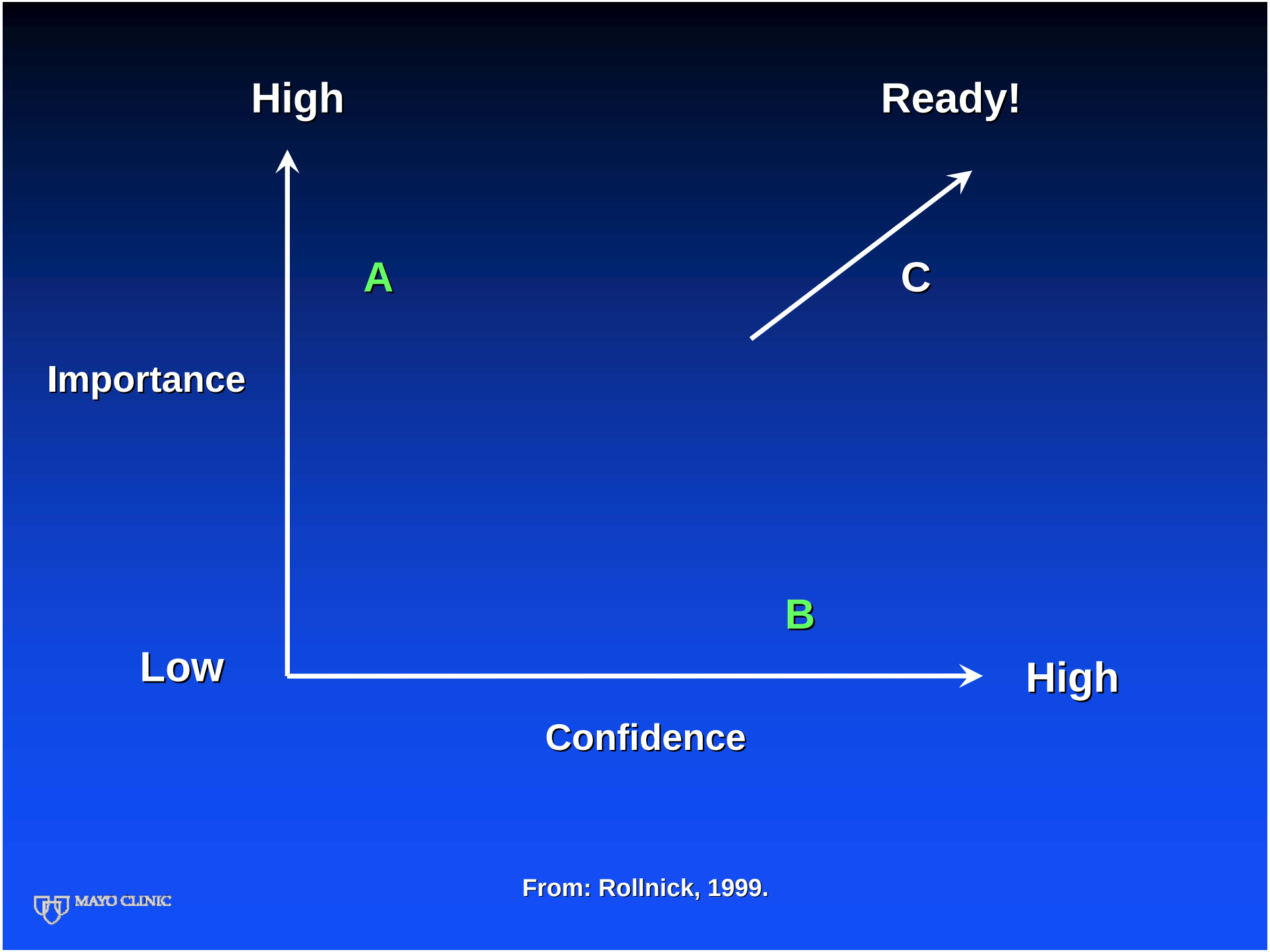
Why Do People Change?

- The process of change is unique to the individual
  - It begins with experiencing a discrepancy in one's behavior and one's goals/values
  - Intrinsic motivation, Perceived self
- The process leads to ambivalence (feeling two ways about a behavior)
  - Looking at the cost - benefits of the behavior
  - This makes change possible

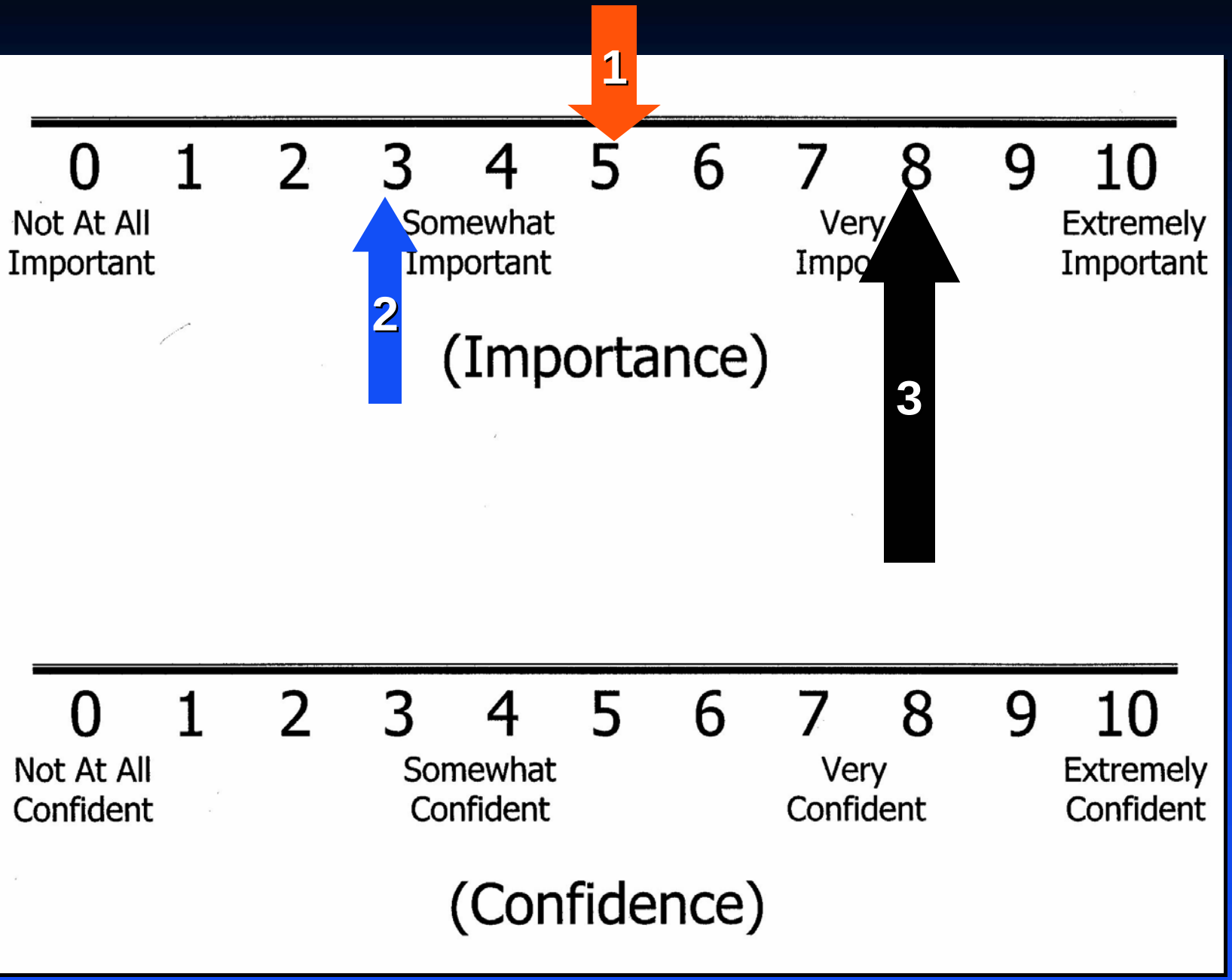
Intrinsic motivation (discrepancy)

- Patient “I smoke outside, I don’t ever want my kids to smoke”
- *Does the smoking behavior match the patient’s goals or values (to be a positive role model for her children)?*
- Provider: “It sounds like being a good role model for your children and smoking don’t go together, tell me more about that…” (develop discrepancy)

This discrepancy underlies the perceived importance of change



From: Rollnick, 1999.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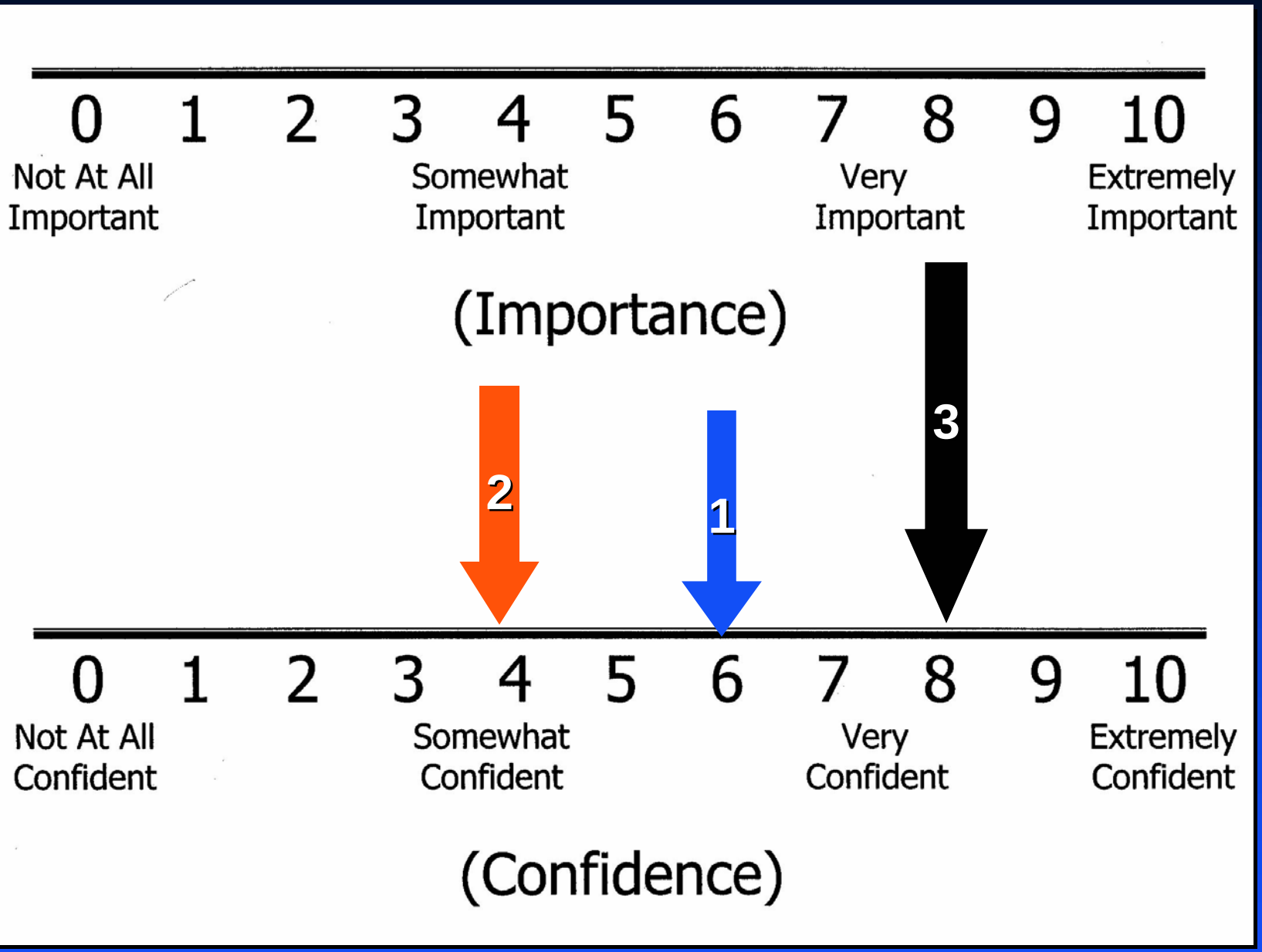
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Resistive Statements

- "I have tried everything, Doc."
- "It's the only thing I enjoy."
- "I have heard all of this a million times."
- "What's the point. It looks like its too late now anyway."

Rolling with Resistance

- **Minimize Resistance (Reactance Theory)**

  "People resist suggestions not because of the rational content of your suggestions but because their freedom to make decisions is being taken away."

- **Use of Counseling Skills to:**
  - **Elicit from the patient the argument in favor of change**
  - **Place greater emphasis on exploring the WHY of change to change ATTITUDE and MOTIVATION**

We Often Make Assumptions

- The patient wants to change
- The patient ought to change
- Health is the prime motivating factor
- If the patient doesn't decide to change during this visit, I have failed

Resistance: Interpersonal Phenomenon

Causes

- Take control away
- Misjudge importance, confidence or readiness
- Meet force with force, lecturing

Strategies

- Emphasize personal choice and control
- Reassess readiness, importance and confidence
- Avoid arguing, use reflective listening

Listen

- **L**imit your talking, use open-ended questions
- **I**nterest in what the patient says
- **S**tatements of understanding
- **T**est your hypothesis of what you think the patient means
- **E**ncourage self-exploration, elaboration
- **N**avigate towards change

Affirm

- "It sounds like you have been trying for a long time to stop."
- "I appreciate your honesty"
- "You have been working hard on this"
- "I appreciate your willingness to talk about your tobacco use today."

Exchange Information

E-P-E

Elicit from the patient what they know about the condition or test result

Provide information that clarifies misconceptions or provides new, additional knowledge

Elicit from the patient what this means to them in light of new knowledge.

Exchange Information

"What do you know about COPD? About smoking and COPD?"

"If it is OK with you, I would like to share some other information that you might find helpful…"

- "Many people with these findings…"
- "One of my patients with similar problems…"

"What do you think about this?"

Responding to Resistance

- **Personal Choice**
- **Control**
- **Avoid Arguing**

"I am just too stressed right now"

"I have cut down"

"I only smoke outside"

"I enjoy smoking and I am not going to stop"

- **Reflect**
- **Affirm**
- **Elicit More from the Patient**
- **Provide Information**
- **Elicit the Patient's Interpretation**

Summary

- It is Important to Intervene with those who use tobacco
- It is sometimes difficult to intervene effectively
- A patient centered approach like Motivational Interviewing can improve our effectiveness

Managing Tobacco Dependence Effectively in 2006

- Treat it as a Chronic Disease
- Use the USPHS 2000 Guideline & "5 A's" Model
- Facilitating Behavior Change
  - Resolving Ambivalence
  - Increasing Importance
  - Building Confidence
- Optimize Medication Use
  - Enough of it
  - For long enough
  - Often in combination
- Know, Support, Utilize Available Resources
  - Telephone Quitlines
  - Worksite and community group intervention programs
  - Individual counseling programs
  - Websites