The 10 Minute Motivator: Constructive conversations about smoking cessation in clinical practice

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That don’t impress me much!
Educational Objectives

1. Describe current concepts regarding motivation for lifestyle change
2. Outline a 4-step process for engaging patients in constructive discussions about smoking cessation during brief (1-10 minutes) clinical encounters
3. Help clinicians feel more confident about their ability to promote and support patient efforts to change
Interactive Question

On a scale of 1 to 10, where 1 is not motivated at all to intervene with smoking cessation in your practice and 10 is 100% motivated, what number would you give yourself at the moment?

a) 1-2
b) 3-4
c) 5-6
d) 7-8
e) 9-10
Interactive Question

- On a scale of 1 to 10, where 1 is not confident at all in your ability to help patients in your practice with smoking cessation and 10 is 100% confident, what number would you give yourself at the moment?

  a) 1-2
  b) 3-4
  c) 5-6
  d) 7-8
  e) 9-10
### Projected Outcomes of Preventive Interventions

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

The single most powerful preventive intervention in clinical practice.
And how are we feeling today, hmmm...?
Interactive Question

- Which assumption regarding health behaviour change is correct?
  a) All patients want to change
  b) The patient’s health is a the prime motivating factor for him/her
  c) Patients are either motivated to change, or not
  d) Now is the right time to consider change
  e) A tough approach is best
  f) None of the above
Why do people change?

- Change is a natural process that happens all the time
- Motivation is fundamental to change
- Change can be triggered/speeded-up/facilitated using brief interventions under certain conditions
Readiness to Change

- Not Intending (Pre-Contemplative)
- Thinking (Contemplative)
- Deciding (Preparation)
- Action
- Maintenance
- Relapse
- Permanent Exit
Ambivalence & The Tipping Point

• Typically, people have mixed feelings about change
• Ambivalence is the key issue to be resolved to allow change to occur
• The tipping point occurs when the costs of the status quo and the benefits of change outweigh the costs of change and the benefits of the status quo
The 10-Minute Motivator
Motivational Interviewing

“…a directive, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence.”

"I'm afraid you need a bypass... Bypass dinner and go jogging."
The Premise

• Rather than trying to convince patients to change, clinicians can be more effective if they elicit arguments for change from the patients themselves.

• The clinician provides the facts; the client provides the interpretation.
Step 1: Establish Rapport

Step 2: Assess Motivation and Confidence

Step 3: Patient Identifies Problems and Solutions

Step 4: Identify Next Actions and Follow-up
Step 1: Establish Rapport

• “You may be a little fed up with people lecturing you about your smoking. I’m not going to do that, but it would help me if I really understand how you feel about where smoking fits into your life..”
Step 2: Assess Motivation and Confidence

- “If, on a scale of 1 to 10, 1 is not at all motivated to quit smoking and 10 is 100% motivated to change, what number would you give yourself at the moment?”

- “If you were to decide to quit right now, how confident are you that you would succeed? If, on a scale of 1 to 10, 1 means that you are not at all confident and 10 means you are 100% confident, what number would you give yourself now?”
Step 3: Patient Identifies Problems and Solutions

- Build motivation or confidence by encouraging the patient to identify arguments for change (motivation) or practical attainable steps for change (confidence)
- If it’s a problem, always deal with motivation first
Step 3a: Motivation: Useful Questions

- “Why are you at 4 and not at 1?”
- “What would need to happen for you to get from 4 to 8”
Step 3a: Motivation: Useful Strategies

• Pros and Cons. “What do you like about smoking?” Pt responds, then ask “What do you dislike about it?” Summarize both sides; then ask “Where does that leave you now?”

• Non-judgmental information about personal risk. “What up to date information about the risks involved might help you in your decision making about smoking?”
Mellisa Williamson, 35, a Bullitt Avenue resident, worries about the effect on her unborn child from the sound of jackhammers.
Step 3b: Confidence: Useful Questions

- “Why are you at 4 and not at 1?”
- “What would need to happen for you to get from 4 to 8?”
- “How can I help you get from 4 to 8?” If no ideas come from patient, offer range of possibilities
Step 3b: Confidence: Useful Strategies

• Brainstorming solutions.
  – Don’t immediately offer a single simple solution
  – Encourage patient to say what could work (their past successes, experience of others, wild speculation)
  – Supplement with your ideas
  – Patient chooses best option
“Good resolutions are useless attempts to interfere with scientific laws. Their origin is pure vanity. Their result is absolutely nil.”

-- Oscar Wilde, *The Picture of Dorian Gray*
Step 4: Identify Next Actions and Follow-up

• Have the patient specify their intention: “I intend to __________________.”

• If not ready to set any goal, keep communication open: “Things do change... Can we agree to leave the door open on this one?”

• Develop a simple, specific plan for implementation
  – Decide when, where and how the intention (goal) is to be implemented
  – Identify actions that can be taken soon (48-72 hours)

• Follow-up to see if plan implemented.
Examples

- When will you start to cut down your smoking?
- Where will you get your nicotine replacement therapy?
- How will you decide which cigarettes to do without?
- What date seems best to quit for good?
When to follow-up

![Graph showing the success rate over time (days). The graph indicates a decline in success rate as time increases.]
Be ready to help

- Behavioural issues within specific patient populations are usually easily predicted
- Patients will often have similar barriers to change
- Systematically document relevant health behaviours (e.g., smoking) in your population
- Have resources to support next actions accessible and organized
Connect people with resources...

- Hospitals
- Public Health
- Community Agencies
- 1º Care Providers
What next?

• What do you intend to do?
• What actions can you take in the next 48-72 hours that move you closer to your goal?
• When and where will you take these actions?
Summary
Interactive Question

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On a scale of 1 to 10, where 1 is not confident at all in your ability to help patients in your practice with behaviour change and 10 is 100% confident, what number would you give yourself at the moment?

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