

Rhode Island Tobacco Cessation: Help Your Patients Take Their Last Smoke Break



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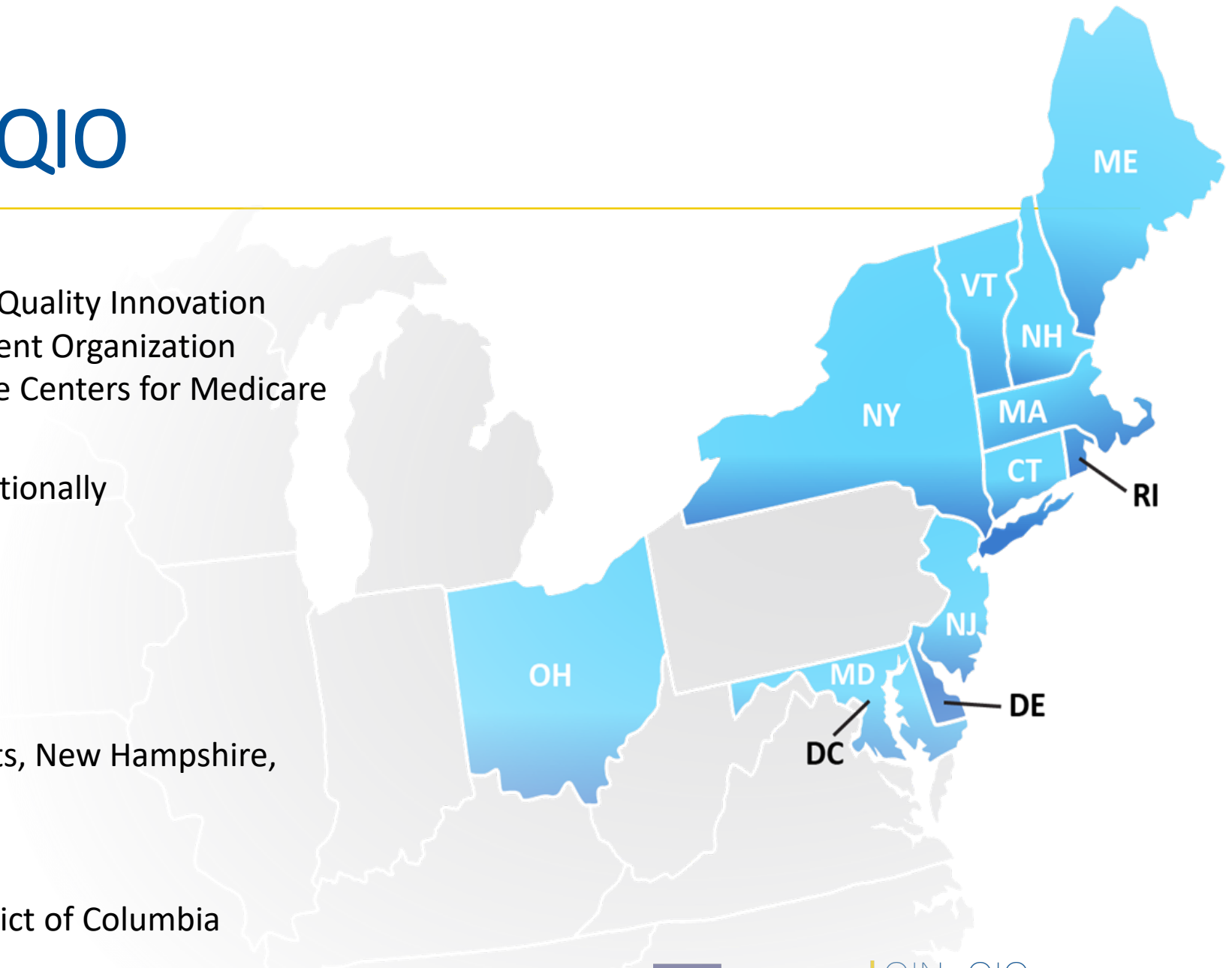
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Setting the Stage

- Please Chat in!
 - Your name, organization, and your role
- Learning Objectives
- The 5 “A”s
- Open Discussion



Today's Speaker



Angela Butler, BIS, RRT-NPS, CPFT, AE-C, NCTTP
Health Advocate RRT

Ambulatory Care Transitions/Clinical Integration,
Lifespan



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Learning Objectives

After the session today:

- Tips and tricks on successful motivational interviewing
- How to further engage your patients
- The 5 “A”s and how to use them



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Motivational Interviewing is....

...a collaboration conversation style for strengthening a person's own motivation and commitment to change.

...a person-centered counseling method for addressing the common problem of ambivalence to change.

➤ Ambivalence is a conflicted state where opposing attitudes or feelings coexist in an individual; they are stuck between simultaneously wanting to change and not wanting to change.

Myth of the Unmotivated Patient

- Conversations about behavior change arise whenever you or your patients are considering their doing something different in the interest of health.
- When the patient is unmotivated to make change, it is often assumed that there is something the matter with the patient and that there is not much one can do about it.
- The way we present ourselves to the patient will make a difference, no person is completely unmotivated.



Four Guiding Principles

1. Resist the Righting Reflex

- avoid the righting reflex, instead make a reflection or summary what the patient is saying, help the patient produce the solution.

2. Understand Your Patient's Motivations

- be interested in the patient's own concerns, values, and motivations.

3. Listen to Your Patient

- asking questions, keeping quiet long enough to hear patient's replies.

4. Empower Your Patient

- support their hope that such change is possible.



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The “Spirit of MI”

Spirit of MI-PACE

- Partnership
 - Sharing the power and expertise/asking permission, dancing rather wrestling
- Acceptance
 - Autonomy – client makes the decisions
 - Accurate Empathy – understanding
 - Absolute Worth – lack of judgement
 - Affirmation – acknowledging strengths, shining a light on the good things about them
- Compassion - hanging in there with them
- Evocation
 - Inviting the client's views, knowledge, opinions, what's important to them, how would they like their lives to be different



OARS

- Opened Ended Questions
 - Questions are invitations for choice and reflection. They invite people to choose the focus of conversations based on what is most important to them. They provide a doorway to better understand a person's internal frame of reference.
- Affirmations
 - Affirmations are statements that shine a light on what is good about a person. They recognize and acknowledge a person's natural talents, personal virtues and traits, strengths, knowledge, and skills. They also reduce defensiveness and build confidence. Statements of affirmation must be genuine and speak what is true, they are different than praise. When forming affirmations, avoid starting with "I" and instead use "you".
- Reflective Listening
 - The skill of **reflective listening** is one to learn first because it is so basic to all four processes of MI. It takes practice to be skillful, giving a person your full attention, in the moment.
- Summarization
- Feedback communication, reflections

Opened Ended Questions

- How interested are you in quitting?
- Tell me more...
- What are the three best reasons to quit?
- How would you like things to be different?
- If you were to change, what would be your reason and what would that look like?
- What do you think you'll do next?

Affirmations

- Even though it didn't turn out as you hoped, you made a tremendous effort.
- You are a very courageous person.
- You showed a lot of patience in the way you handled the situation.
- I notice that you...
- You are working hard at quitting.
- Thank you for taking the time to talk with me today.

Reflective listening

- Helps you gather important information that you might otherwise missed
- Be silent and take a pause and breathe with no immediate agenda other than to understand what the patient wishes to say (silence your inner chatter and capture change talk)

Summarization

- Let me see if I understand what you've told me so far...
- Ok, this is what I've heard so far...
- Follow up with...
- Ok, how did I do?
- What have I missed?
- Anything you want to correct or add?

Change Talk – A Specific Type of Language that Favors a Patient’s Movement Toward Change

Preparatory Change Talk

DARN

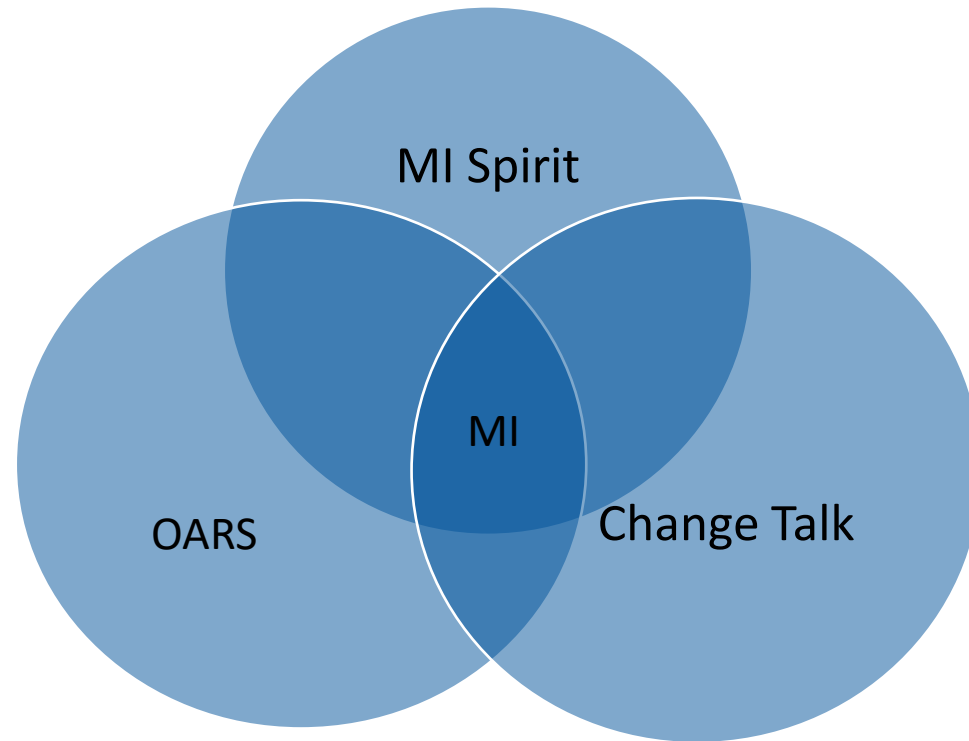
- **D**esire: want, wish, like
- **A**bility: can, could, able
- **R**easons: specific reason for change
- **N**eed: I really need to change, I want to change

Mobilizing Change Talk

CAT

- Evoking Commitment to change
 - Activation
 - Taking steps to sustain the change

How does this work?



Transtheoretical Model (TTM)/Five Stages of Change: Tobacco Use

1. Precontemplation - no intentions of quitting
 - “I’m not really interested in quitting.”
2. Contemplation - aware of the problem exist and is seriously considering a change
 - “I know if I should quit, but I really do enjoy smoking. I’ve got to quit, but with all the stresses in my life right now, I don’t know if I can.”
3. Preparation – ready to take action within the next 30 days towards behavior change
 - “I have to stop and I’m planning how to do that.”

Transtheoretical Model/Stages of Change: Tobacco Use

4. Action – individual has quit less than six months
 - “I’m doing my best. It’s tough.”

5. Maintenance – remain tobacco-free for six months or longer
 - “ I’ve learned a lot through this process.”
 - Relapse – a single slipup may result in negative feelings, depression, and loss of self worth
 - “I Blew it”

Importance/Confidence Scale

How important/confident is it for you right now to change? On a scale of 0 to 10, what number would you give yourself?

0.....10	
not at all important	extremely important

A. Why are you there and not at 0?

B. What would need to happen for you to raise your score a couple of points?

Smoking Cessation

5 A's Tobacco Intervention

1. Ask about tobacco use

Ask permission, history, what are the good things/bad things.

2. Advise to quit

Urge all tobacco users to quit, benefits of quitting, concerns about continuing to smoke

3. Assess readiness to quit

Determine motivation, confidence, and readiness to make a quit attempt

4. Assist tobacco users in quitting

Review past quitting experience, medications along with barriers; set a quit date, if ready and enlist social support; be aware of medical coverage for NRT's and provide supplemental educational materials; "can we discuss how you might go about quitting?"

5. Arrange referrals /follow-up

Refer to QuitWorks-RI/follow-up calls



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Summary

- Understanding and integrating the MI principles will enhance the health connection and improve the quality of life for patients of all ages.
- Smoking cessation can be very difficult and challenging for our patients, by following the guiding principles and spirit of MI we can collaborate a conversation style for strengthening a patient's own motivation and commitment to change.
- A patient's journey is unique and personal on many levels, how one thinks about something becomes what one believes.

References

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- Rollnick, S., Miller, W. R., & Butler, C. (2008). *Motivational Interviewing in Health Care*. Guilford Publications.
- Fiore, M. (2008). Treating tobacco use and dependence; 2008 guideline.
- W. Levison and M Cohen. Medical Writing https: To Change or Not to Change, *Ann Int Med.* 4 Sept 2001; 135(5): p386-391 https://www.umassmed.edu/globalassets/center-for-tobacco-cttrt/tts-part-1/module-6/soc_sample_words.pdf

Open Forum

- What do you find is the biggest barrier when discussing tobacco cessation with your patients?



Upcoming Events

- Rhode Island Tobacco Cessation Series Continuation:
 - The Ins-and-Outs of Rhode Island QuitWorks: [April 20th, from 1:00 pm – 1:30 pm](#)
 - Engage Community Pharmacy: [May 11th from 1:00 pm – 1:30 pm](#)
- Leaders Forum: Partnership for Community Health Q2 – Medication Management During Transitions
 - [May 4th, 2023 from 3:00 – 4:00 pm](#)
 - [May 10th, 2023 from 11:00 am – 12:00 pm](#)
- Partnering Beyond COVID-19: Managing Patients with Chronic Conditions: Heart Health – Cardiac Rehab
 - [May 10th, 2023 from 12:00 pm – 1:00 pm](#)

[To view all upcoming events!](#)



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