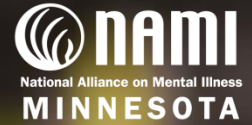


# Motivational Interviewing as a Smoking Cessation Strategy



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## Motivational Interviewing

*“A collaborative person-centered form of guiding to elicit and strengthen motivation to change\*.”*

**Essential elements:** conversation about change, collaborative discussion (person-centered partnership) and evocative questions (questions that call forth an individual’s own motivation and commitment).

### Using OARS

OARS stands for open-ended questions, affirmations, reflective listening, and summaries.

- O: open-ended questions should start with: what, where, how, or tell me.
- A: affirmations should offer the client support and encouragement to increase their self-perception and provide appreciation and understanding.
- R: reflective listening is used to repeat what a client says or provide clarification.
- S: summaries link together ideas and reinforce positive changes. Things to summarize are: reasons for change, confidence in ability to change, values, goals and intrinsic motivation.

### What should you listen for?

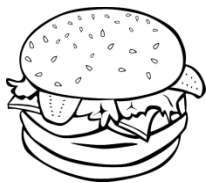
*When your client says the phrases below they’re promoting “change talk”:*

- Desire to change - “I wish,” “I want,” “I like the idea”
- Ability to change - “I could probably practice taking fresh air breaks instead of smoke breaks,” “I think I CAN come next week for group,” “I MIGHT be able to cut out smoking at lunch”
- Reasons for change - “I’m sure I’d feel BETTER if I quit,” “Smoking keeps ME from hiking, which I love”
- Need to change - “I MUST get healthier for my kids,” “I’ve GOT to get back to work”
- Commitment to change - “I WILL try to decrease the number of cigarettes I smoke each day,” “I PROMISED my daughter I would quit,” “I PLAN to try these patches and attend group”

### Strategy 1: Rulers – Assess importance, confidence, or readiness for change

- For example ask, “How important is it to you to quit smoking, on a scale from 1- 10?” Explain that 1 means not important and 10 means extremely important.
- Ask what makes them the number they selected (ex. “Why are you at a 6?”) and why they are not 1-2 numbers lower (ex. “Why are you not a 4 or 5?”).
- Then ask, “What would it take to get you to a higher number?”

## Strategy 2: MI Sandwich



- ← Start with MI (try using OARS) to understand where the client is at
- ← Transition into intake or assessment tools
- ← Re-focus the conversation with brief MI to understand what is important for the client and where to begin

## Strategy 3: Decision Box or Pro/Con List

Helpful to direct an individual who is ambivalent about change towards making a positive decision that has no negative components. Follow the numbers for order (see box below), but if you're short on time focus your time on the bottom two boxes. The goal is to get an individual to move in the direction of making a positive change.

### Ask:

- What are you going to do?
- What is your first step?
- Can I offer you a suggestion?

1.Negative (positives)	3.Positive (negatives)
2. Negative (negatives)	4.Positive (positives)

**Example:** Use a decision box to encourage a client to seek help to quit smoking such as trying nicotine replacement therapy (NRT) verses attempting to quit without assistance.

-(+ ) What are the positives of quitting without NRT? <i>Save money and time</i>	+(-) What are the negatives of trying NRT? <i>Side effects and cost</i>
-(-) What are the negatives of quitting without NRT <i>Dealing with withdrawal symptoms and cravings</i>	+ (+)What are the positives of trying NRT? <i>Reduced withdrawal symptoms and weight gain</i>

\* Miller, W. & Rollnick, S. (2009). Ten things that motivational interviewing is not, *Behavioral and Cognitive Psychotherapy*, 37, 129-140.

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