



MOTIVATIONAL INTERVIEWING FOR TREATING TOBACCO



Overview of Core Skills

TRESZA HUTCHESON, PHD, NCTTP

Introductions



Welcome everyone!

Please introduce yourself by:

- renaming your login to your preferred name + where you are from (organization) + one thing that you love
- example: Tresza “KU” Cats

Disclosures

- Dr. Hutcheson does not have conflicts of interest to report.
- Some materials were derived from the University of Kansas School of Medicine Tobacco Treatment Specialist Training, which was developed with funding provided by the Kansas Health Foundation

Housekeeping and Reminders

- For best experience for all
 - Use your camera
 - Please remain muted unless you are talking
 - Avoid background noise when unmuted
 - Minimize distractions/multi-tasking
 - Allow and encourage fellow trainees to participate
 - Don't be shy! We want to hear from you all
 - Feel free to chat responses and questions – they will be monitored throughout training
 - Use the “raise hand” feature, too
 - You may want to toggle between gallery and speaker view
- Do not share HIPAA-protected information





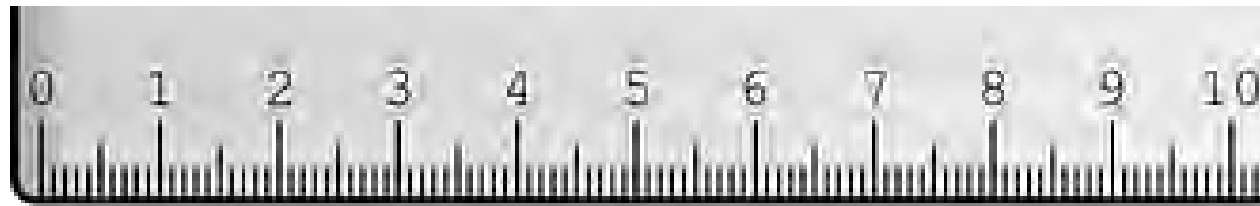
- Icebreaker Activity
- Demonstrate 0-10 Rulers
- What is Motivational Interviewing (MI)?
- Change Talk vs. Sustain Talk
- Overview of Core Skills
- Analyze Video – Discussion
- 0-10 Scale/Reflective Listening Practice
- Debrief

Ready, Set, Go!



Let's take a poll!

On a scale of 0 to 10, where 0 is nothing at all and 10 is "I'm an expert", how much do you know about Motivational Interviewing?



Nothing
at all

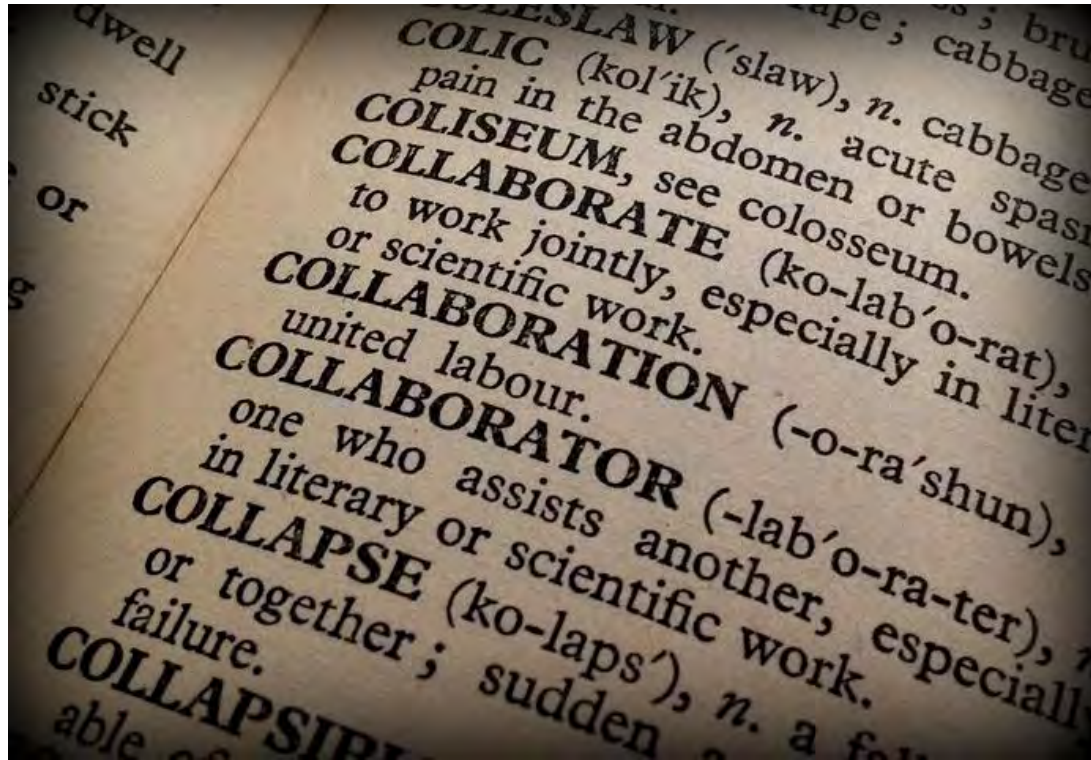
I'm an
expert

VOTE

YES NO



What is Motivational Interviewing?



- MI is an approach and set of techniques used to facilitate collaborative conversations about change.

- MI is “arranging conversations so that people **talk themselves into change**, based on their own values and interests”
 - **Collaborative conversation style** for strengthening a person’s own motivation and commitment to change
- MI is a “person-centered counseling style for **addressing ambivalence** about change”
- MI is both a set of techniques and a way of *being with* people
 - As a counseling style: MI provides guidance on **how to interact** with patients or clients
 - As a set of techniques: MI **provides strategies** for working through ambivalence, increasing intrinsic motivation and commitment for behavior change

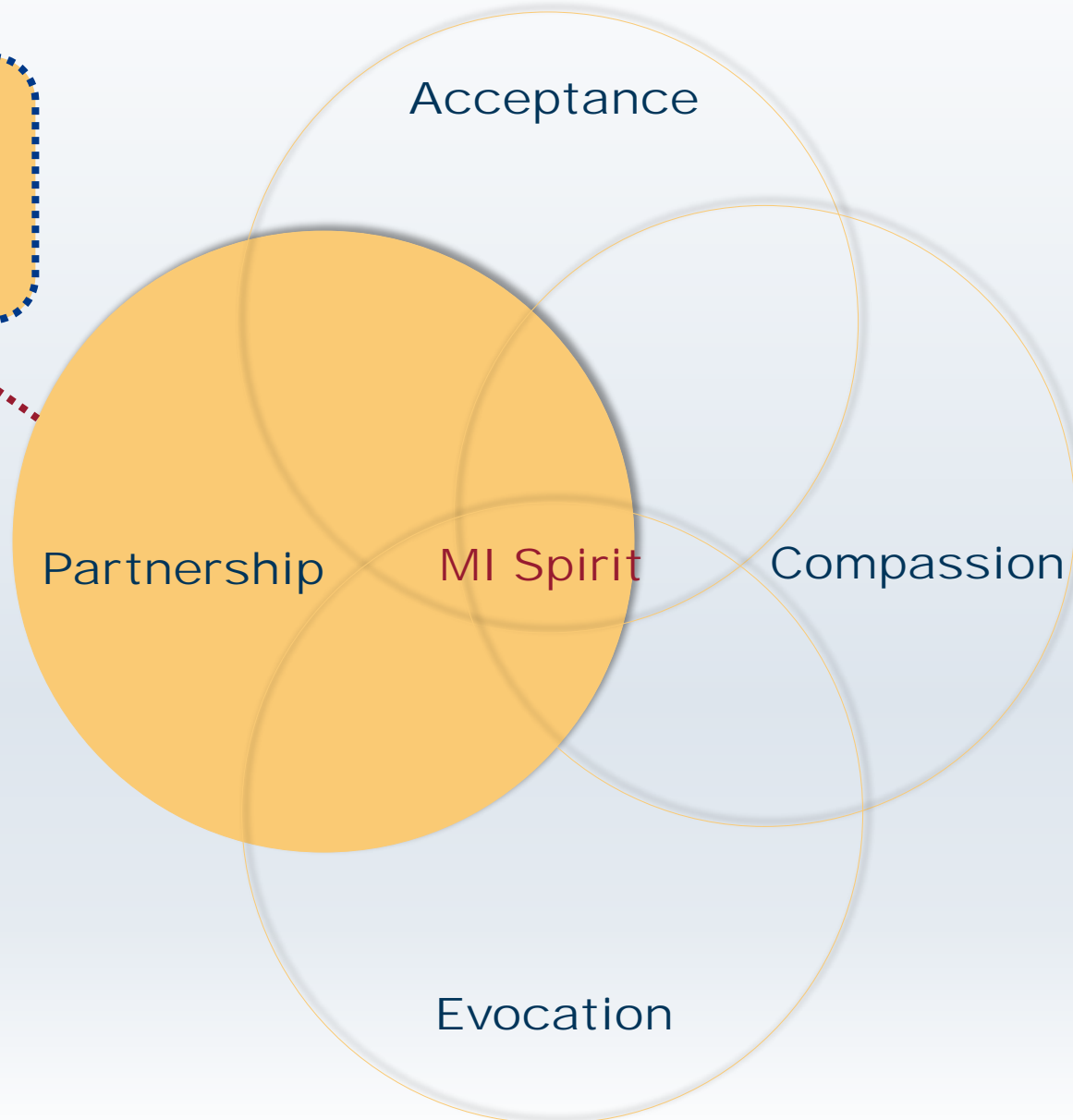
Using
Motivational
Interviewing (MI)
to help people
change

MI as a Way of Being: The “Spirit of MI”



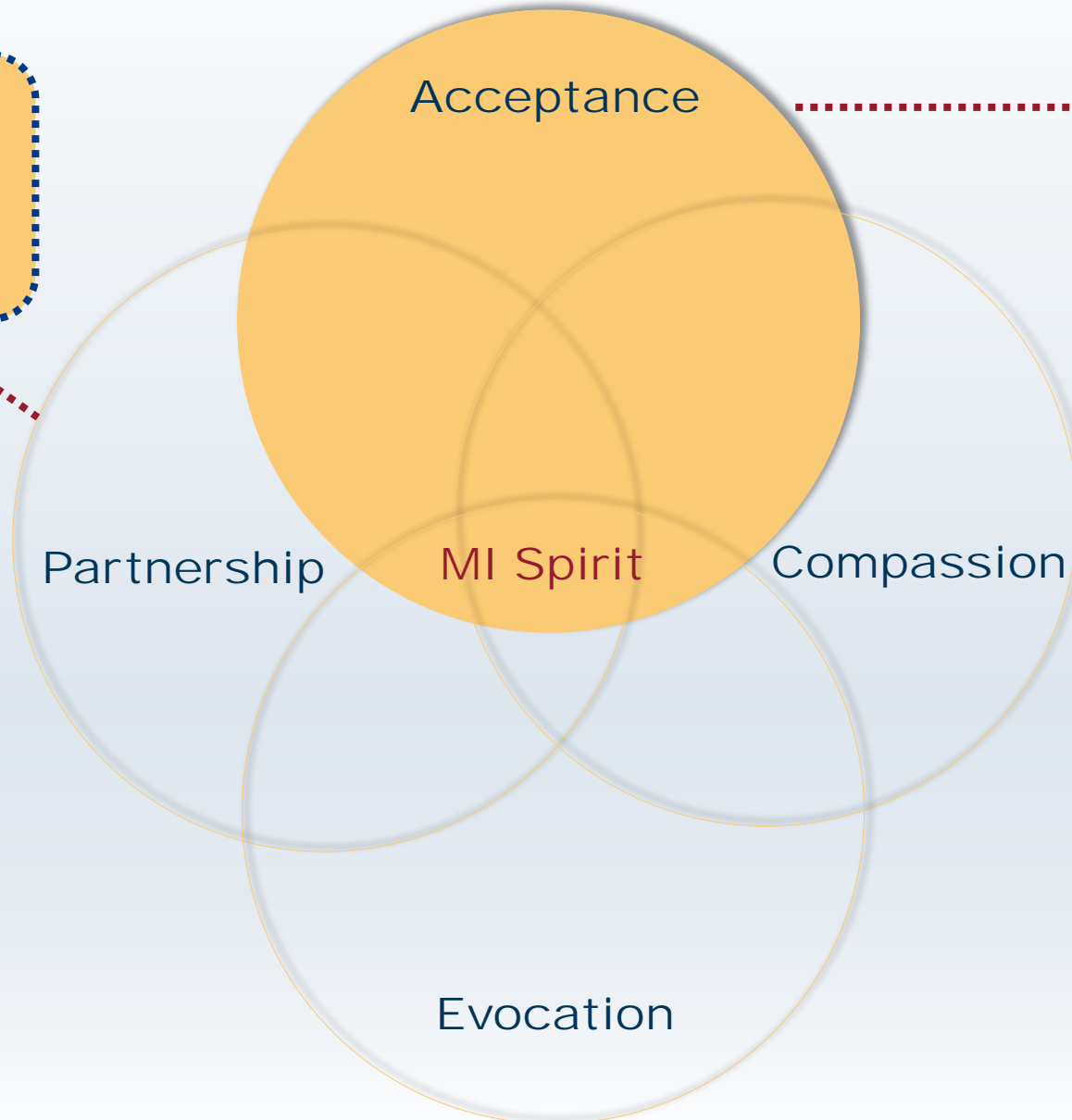
The “Spirit of MI” is Partnership

- Collaboration drawing on expertise of each party
- Client is expert on his/her unique experience



The “Spirit of MI” is Acceptance

- Collaboration drawing on expertise of each party
- Client is expert on his/her unique experience



Placing inherent value on each individual:

- Absolute worth
- Accurate empathy
- Autonomy support
- Affirmation

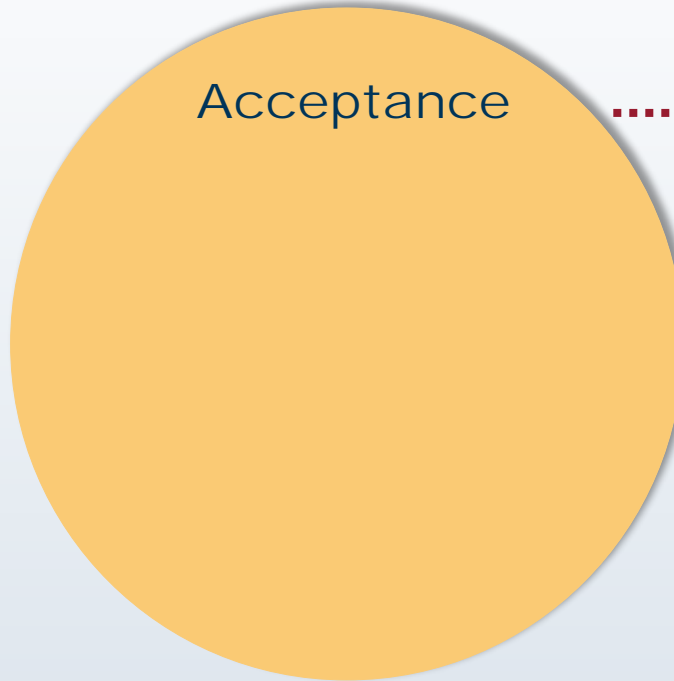
Four A's of Acceptance

Absolute worth:
Belief that everyone has value

Accurate empathy:
Effort to understand the other's perspective

Autonomy support:
Respecting an individual's autonomy/freedom to make choices

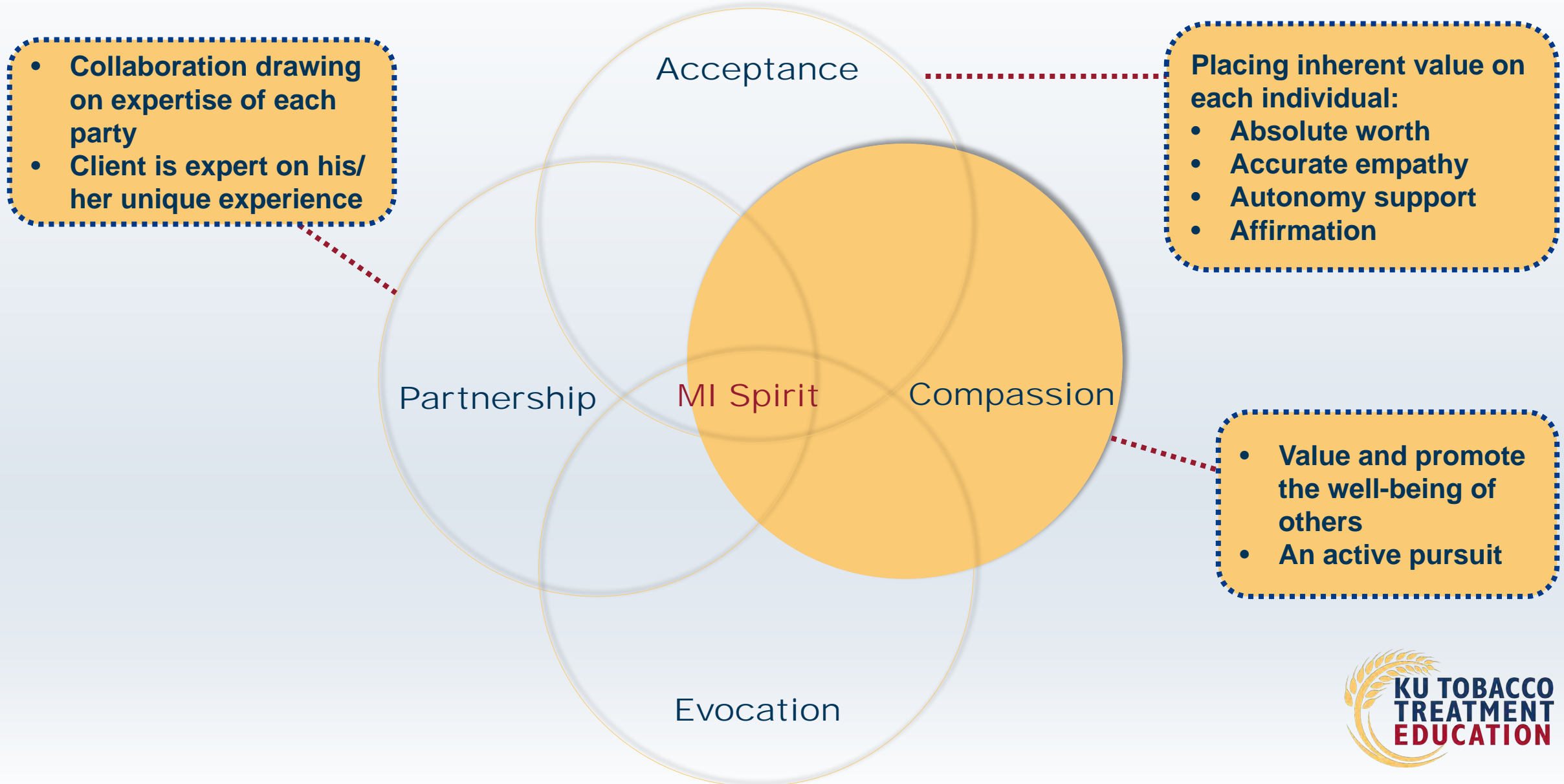
Affirmation:
Highlight and acknowledge and individual's strengths and efforts



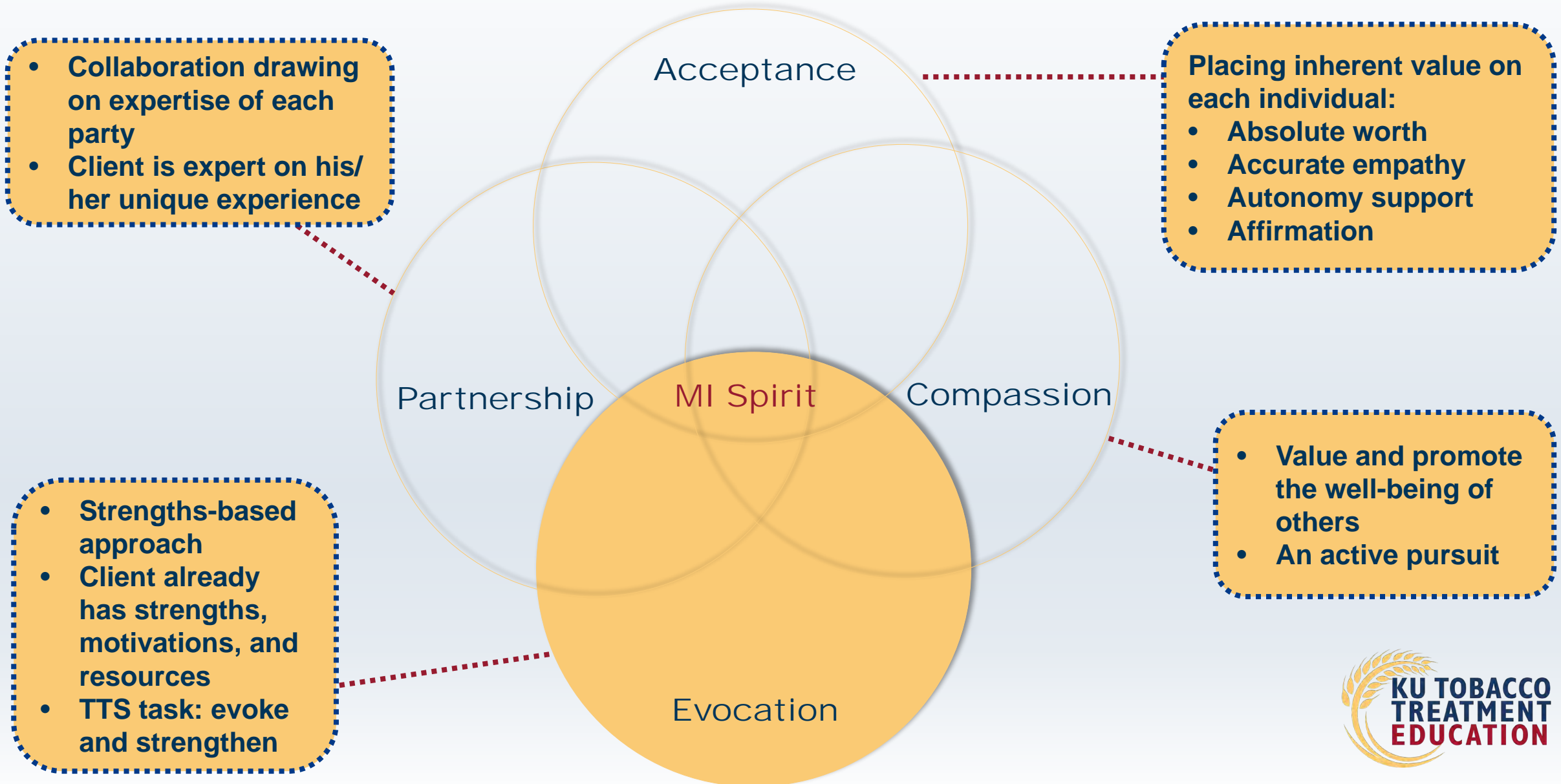
Placing inherent value on each individual:

- Absolute worth
- Accurate empathy
- Autonomy support
- Affirmation

The “Spirit of MI” is Compassion



The “Spirit of MI” is Evocation



Motivational Interviewing as a Set of Strategies

Core Skills of Motivational Interviewing

- Open questions
- Affirming
- Reflective listening
- Summarizing
- Informing and Advising

4

Overlapping Processes in Motivational Interviewing

Planning

Evoking

Focusing

Engaging

Establishing a
working
relationship

Planning

Evoking

Focusing

Engaging

Developing and maintaining a specific direction in the conversation

Planning

Evoking

Focusing

Engaging

Eliciting the patient's own motivation for change

Planning

Evoking

Focusing

Engaging

Discussing
when and
how to
change

Planning

Evoking

Focusing

Engaging



Engaging: Rapport Building

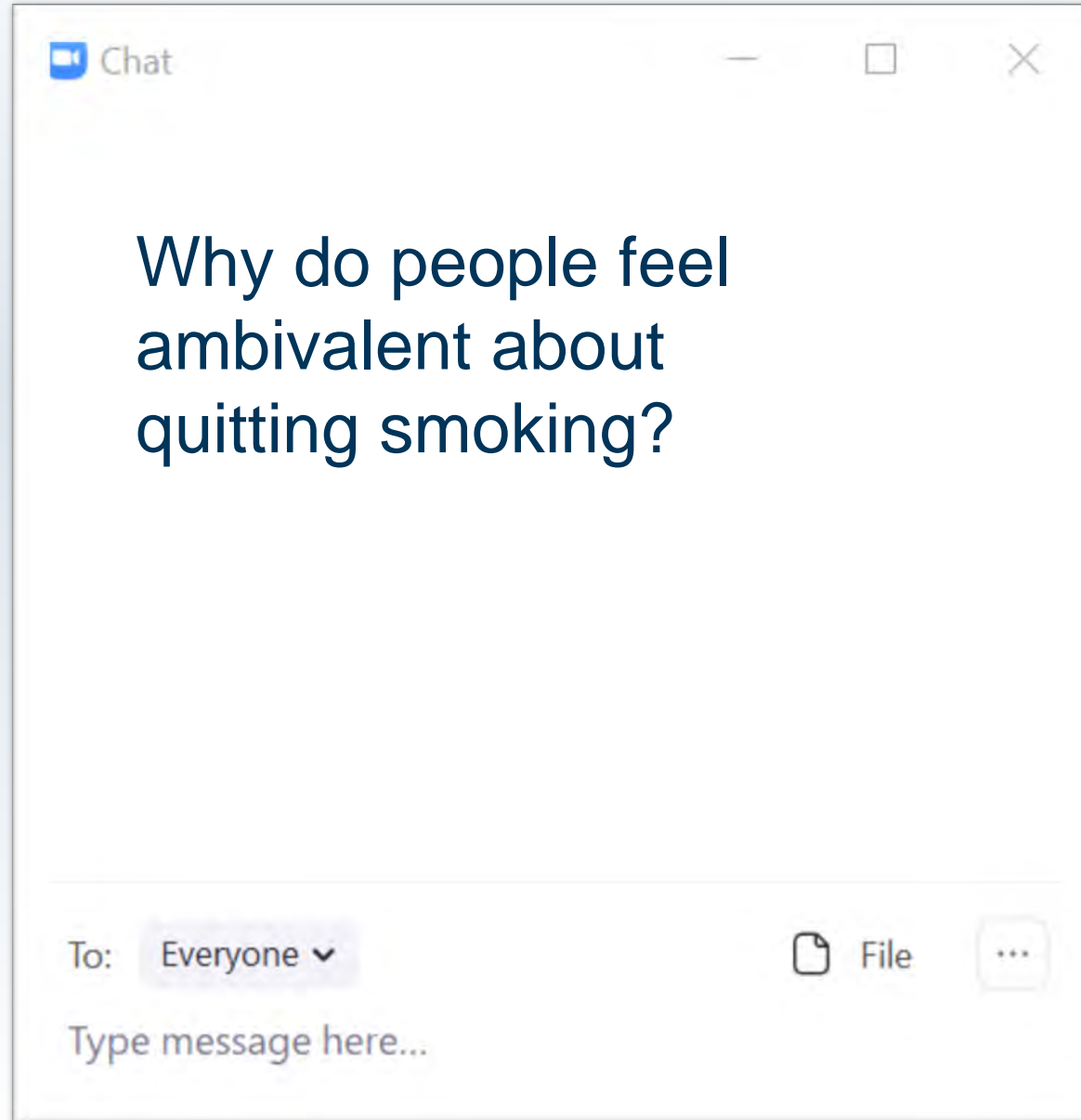
- Much evidence that therapeutic alliance is responsible for a lot of the change that happens in therapeutic encounters
- Good listening (show listening through reflections and body language)
- Non-judgmental
- Express empathy
- Provide sincere affirmations
- Genuineness and compassion
- Client-centered – elicit goals and form mutual collaboration
- Make observations about the process “I noticed your voice got really quiet. What are you feeling right now?”
- Process comments to fix rapport: “I can see you are a little frustrated with me right now. Let’s step back and...”

Affirming

- One of the 4 aspects of 'Acceptance'
- Positive & supportive, conveys respect
- Acknowledge **strengths** and **efforts**:
 - *"You've done this before, so you know you have the strength to do it."*
 - *"You've worked really hard to meet your goal..."*
 - *"You've been doing all the right things..."*
 - *"It's been difficult, but you've stayed strong."*
 - *"You did what you planned and it worked!"*
 - *"Even though the plan didn't go as you wanted, you still kept trying."*

Let's Chat!

MI is a
“person-
centered
counseling
style for
**addressing
ambivalence**
about change”



Smoking after a
meal:
3 times /day

3

Times per year:

1095

20 years:

21,900

40 years:
cigarettes
smoked

43,800

*8 puffs

350,400



It's Normal to Feel Ambivalent!

- Quitting smoking (tobacco) is **HARD!**
- Smoking is a habit
- Smoking is a physical addiction –
 - Smoking feels good and effects brain chemicals (serotonin and dopamine)
 - Not smoking feels bad
 - tobacco users start experiencing withdrawal within an hour from last dose
 - headaches, irritability, insomnia, jitteriness, hunger, craving
- Most who try to quit will relapse (hours, days or weeks after quitting)
 - demoralizing (lose confidence)
- Quitting takes a lot of work
 - Most people have to quit many times to be successful

Ambivalence Can Leave Someone Stuck

Voicing reasons
to NOT
change=
SUSTAIN TALK



Voicing reasons
for positive
change =
CHANGE TALK

***Goal: Client argues for change.*

Tipping the Scales Toward Change Talk

Voicing reasons
to NOT
change=

SUSTAIN TALK

- My best friend
- Helps me cope with stress/ boredom/ depression/ frustration
- Helps me think
- Gives me a break
- My spouse smokes and will never quit



***Goal: Client argues for change.*

Voicing reasons
for positive
change =

CHANGE TALK

- Big accomplishment
- Kids/family would be proud
- Be healthier – I know it's not good for me
- I could save money

Eliciting Change Talk through Open-ended Questions

ENGAGE & EVOKE

- *What makes it important to quit tobacco?*
- *What would you gain by quitting smoking?*
- *What do you fear would happen if you don't quit?*
- *What are the downsides/negatives of smoking?
What don't you like about smoking?*
- *Looking forward 5 years, what do you want your life to look like? Where does tobacco fit in?*
- *Tell me more about how continuing to smoke might interfere with your life goals?*
- *How does your smoking affect your family?*
- *What do you think you might need to do to be successful (if you decide to change)?
(hypothetical)*
- *What do you think you should /will do?*

Voicing
Reasons for
Positive
Change =
CHANGE TALK



Asking Open Questions

- Purpose:
 - Elicit information/history taking; assess knowledge and past experiences
 - Assess feelings and beliefs
 - Build rapport and Engage client
 - Evoke or Elicit CHANGE TALK (motivations for quitting)
 - Allow patient to talk and process
- Tips:
 - Don't ask more than 1 question in a row.
 - Make sure question cannot be answered with 1 word (Yes/No)

Open-ended Starters

- What...
- How...
- When...
- To what extent...
- How often...
- Tell me about...
- Help me understand...
- What, if any...
- What else...
- What led you to...
- What would that look like...
- I wonder why...

**Closed-ended questions can be easily answered with a Yes or a No or a short (1 – 2 word) responses

Open-ended Starters

Assessing Motivation

- What's your top 3 reasons for quitting smoking?
- What would you gain by quitting smoking?
- What's the main reason you've stuck it out even when it's been hard?
- When do you think it will be a good time to quit? (So, if there were a way to address [barrier], you might quit today)
- What is one thing you can do today to get yourself back on track?

Assessing Barriers

- What concerns you the most about quitting?
- Which times are the hardest to not smoke?
- Help me understand why it didn't work for you.
- How does this compare to last time? (link to quit history; use of strategies/meds, e.g.)
- How does this compare to what you thought it would be like?

Looking Ahead

- What [do you think] will happen in 10 years if you don't quit? (link to values)
- Looking forward, where do you want to be in the next week? Where would you like to be when we talk in a couple of weeks?
- How do you move forward from this setback?
- I wonder what it would take to make you try again?

Assessing Smoking/ Pharmacotherapy/Withdrawal

- How much gum are you using a day?
- How many times are you smoking per day? (good follow-up with light smokers – see if they re-light cigs)
- How many times do you think about cigarettes per day?
- What problems are you having with the patch or gum?
- Tell me how you are using the gum.
- How's it going with your smoking?

Summaries or Reactions

- Where do we go from here? What's your next step?
- What do you make of that?
- How do you feel about that?
- What can you add to that? What else? What have I missed?
- What do you think is going on here?

Action Plans/Specific Strategies

- How would you feel about trying one of these strategies we talked about?
- Which of these [goals/solutions] sounds the best to you?
- What do you think about getting rid of those ashtrays and moving your smoking outside?
- What have you done in the past when you were feeling this way (besides smoke?)
- What can you do next time this happens?
- Besides when you're smoking, when do you feel the most relaxed and least stressed?

*Available as a handout in Resources

Recognizing & Reinforcing Change Talk

Preparatory Change Talk

- Desire
- Ability
- Reasons
- Need

“I want to...” “I hope...”

“I can...” “I could”

“If...then...”

“I have to...”

“I need to...”

Mobilizing Change Talk

- Commitment
- Activation
- Taking steps

“I am going to...”

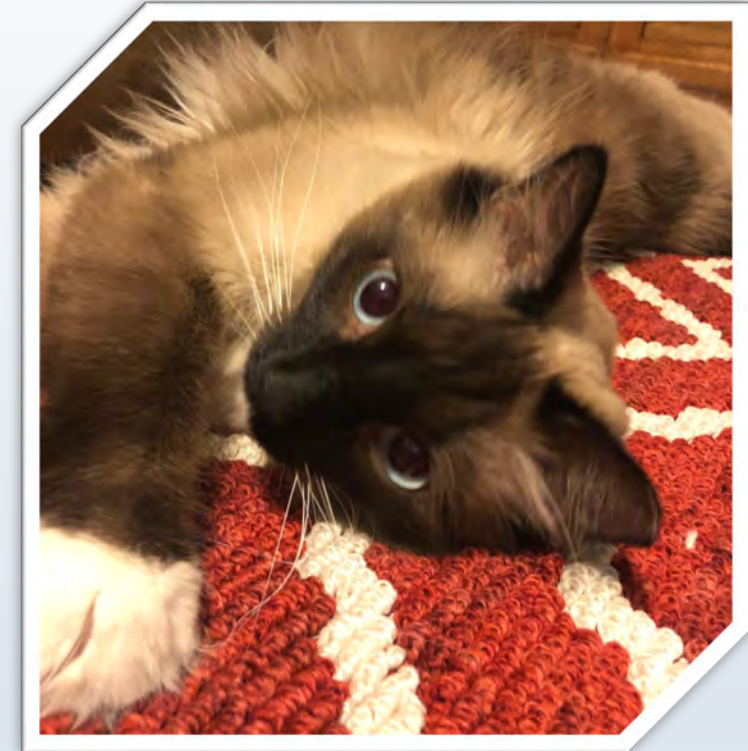
“I’m willing/ready to...”

“I’ve already (insert * action)”

*bought patches

*told everyone I’m quitting

*set a quit date



Tailor Questions to Categories of Change Talk

Preparatory Change Talk

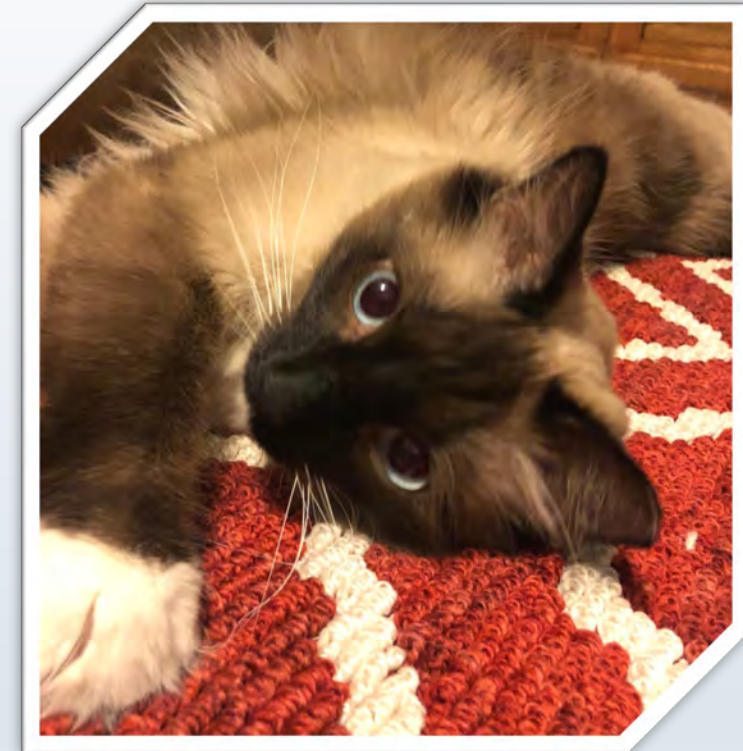
- Desire
- Ability
- Reasons
- Need

“What makes it important to quit tobacco?”
“What would you hope to gain by quitting smoking?”

Mobilizing Change Talk

- Commitment
- Activation
- Taking steps

“What are you willing to do right now?”
“What is the first step you need to take to be successful?”
“Are you ready to give that a try?”



Reflective Listening



Good reflective listening is selective and allows people to hear their own words, possibly with a nuanced interpretation and ponder their own thoughts.

- Statement, not a ?
- Reinforce change talk
- Affirms and validates
- Lets them know you are listening/engaged
- Keeps the client thinking and talking
- Can reflect back with emotion or meaning
- Safe reflections: “It sounds like...”

Levels of Reflective Listening

- **Restate**—same words
- **Rephrase**—slightly different words
- **Paraphrase**—interpret, infer meaning
- **Deduce**—connect the dots
- **Summative**—review & synthesize
- **Process level**—comment on process

Less deep

Content

Affect

Meaning

More deep

Being a good
role model

Independent



Healthy

Spiritual

Respected

Being a good spouse

Being a good parent/ grandparent

Strong/athletic/attractive

Successful

Family

Financially responsible

A good citizen

Focus on
Values

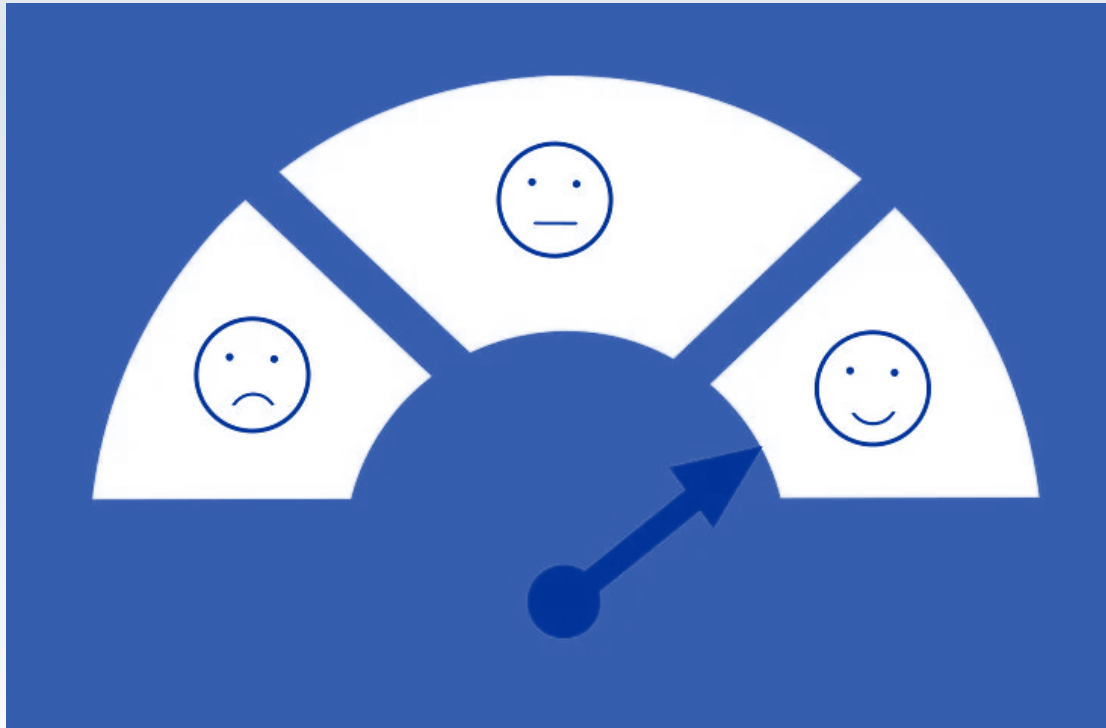
Summarizing

- Summaries can be used in a directive way
 - Choose what parts you highlight
 - May acknowledge some barriers, but focus and end on positives of change
 - Tie parts of the session together
 - Redirect a session that has gotten off topic
- Summaries can be used to
 - Say things you didn't get to say
 - Use their own words to highlight powerful self-talk

How to Summarize

- Ways to start a summary
 - *“Let me see if I understand what you are saying...”*
 - *“Please correct me if I am wrong, but it seems like...”*
 - Global summary: *“If it is all right with you, I’d like to review some of the things we discussed today...”*
- Don’t forget to elicit at the end
 - *“Does that sound right to you?”*
 - *“Did I miss anything?”*
 - *“What do you make of this?”*

- Don't worry!
- Your clients will tell you when you are doing it right.
- Adjust strategies and techniques in real time based on “feedback”.



Recognizing Sustain Talk

Voicing reasons
to NOT
change=
SUSTAIN TALK

- Ignoring
- Arguing
- Passivity
- Overt opposition
- Interrupting
- Rambling/changing the subject
- Yes, but
- Bringing up barrier after barrier or discounting potential strategies for potential barriers “I tried that and it didn’t work” “That wouldn’t work for me”



Handling Sustain Talk

Voicing reasons
to NOT
change=
SUSTAIN TALK

- **Emphasizing personal control**
 - *“You have to make this decision for yourself. No one can quit for you.”*
- **Reframing**
 - *“I wonder how it would feel to take back control by quitting tobacco”*
 - Reframe weaknesses as strengths or vice versa
- **Shift focus (consider hypotheticals)**
 - *“I wonder if we can move away from that and consider how you would feel if your situation were to change in the future.”*
- **Reflect ambivalence**
 - Meaning/Feeling
 - Double-sided reflection (on one hand...)
 - *“Even though you are not sure you are ready, you know it’s something that needs to be done to get your surgery.”*
 - End on the side of change when possible.



**DON'T
ARGUE
BACK**

Act 1: Video Review

<https://www.youtube.com/watch?v=hB-zchaxINc>

Take notes to answer these questions as you watch the Video:

(*See 'Activities' handout, page 1)

1. Complete either #1 or #2
2. Answer #3-5

Debrief

Emotion (affect) level reflection	Summary	Hypothetical Strategy	Values Reflection
Clinicians “softening” intro (similar to ‘it sounds like’)	1 question used to evoke reasons for change	Providing Options (or emphasizing control)	Siding with ‘Sustain talk’
Meaning level reflection	Challenging a cognitive or ‘thinking error’	Open-ended question	Reframe

	Open-ended ?s	Closed-ended questions	Reflections
Tally			
1 example			

1. Tally
2. Strategy ‘BINGO’
3. What was the talk-time ratio?
4. What strategies helped build the relationship and make client feel understood?
5. Anything else?

Time for an Activity!



- Goal: Practicing 0-10 motivation/confidence rulers
 - Asking open-ended questions
 - Reflective listening
 - Summarizing



Instructions

1. We will send you to breakout rooms in groups of 2
2. Pairs will divide into client/counselor
3. Clients—*pretend to be a smoker that you know*
4. Counselor will administer importance ruler to client (5 min.)
5. Switch roles – new counselor will administer the confidence ruler (5 min.)
6. When addressing importance and confidence try to make 1 – 2 reflections and keep the convo going over several volleys (more reflections than questions)
7. Summarizing practice – let each person give a try to make a summary based on the ENTIRE interaction – so pay good attention and jot down notes if needed (2 min-1 each)

Ask permission:

If it's OK with you, I'd like to talk a bit about how you feel about quitting smoking.

0	1	2	3	4	5	6	7	8	9	10
Not at all					Somewhat					Very

ASSESS IMPORTANCE/MOTIVATION:

"On a scale of 0-10, with 0 being not at all *important* and 10 being very *important*, how important is it for you to quit smoking?"

Evoke reasons for change: "What made you choose a '5' and not a '0'?"

- Do reflective listening; listen for/reinforce change talk; emphasize values
- Follow-up open-ended probes as needed: "What makes it that important? What else would you hope to gain?"

Elicit barriers:

If answer is less than 10: "What would need to happen (change) for this to become more important?"

- Do reflective listening; consider action-level responses: "You would need to find some solutions to help manage stress."

ASSESS CONFIDENCE:

On that same scale, with 0 being not at all confident and 10 being very confident, how confident you are that you will be able to quit smoking?

Build confidence: "What made you a '3' and not a '0'?"

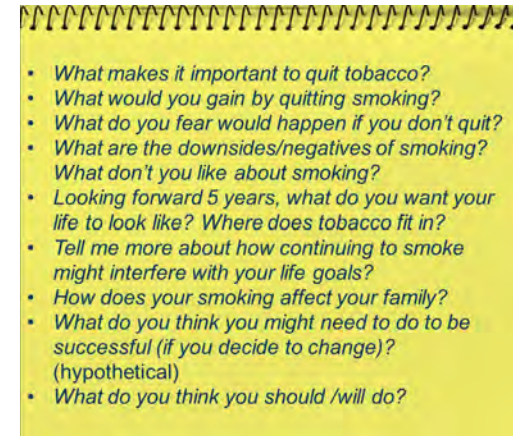
- Do reflective listening; listen for 'DARN-CAT', especially mobilizing talk and reinforce/explore
- "What would help you become more confident – maybe put you at a 6 instead of a 3?"

Summary:

Let me see if I understand where you are. Although you names a few barriers like you smoke to manage stress and are concerned about withdrawal), quitting is still something that is **fairly** important to you because

_____, _____, _____.
You have _____ confidence to quit because _____.
However, your plan will need to include _____ in order to help you be more successful.
How does that sound?

With permission, I would love to discuss next steps... How do you feel about setting some type of goal today, even if it's a small one? What would be one thing you would be willing to try to give yourself a start in the right direction?

- 
- What makes it important to quit tobacco?
 - What would you gain by quitting smoking?
 - What do you fear would happen if you don't quit?
 - What are the downsides/negatives of smoking? What don't you like about smoking?
 - Looking forward 5 years, what do you want your life to look like? Where does tobacco fit in?
 - Tell me more about how continuing to smoke might interfere with your life goals?
 - How does your smoking affect your family?
 - What do you think you might need to do to be successful (if you decide to change)? (hypothetical)
 - What do you think you should /will do?



Breakout Groups

- It's your turn
- Don't be nervous. Have fun!
- Take 1!



Debrief on Activity – Let's Talk

- Everyone – please “raise your hand” to speak and unmute yourself
- Tresza will ask for some participants to share (others can chat, too)
 - How did it go?

Time for a Break!!!!



- Thank you for joining!
- Please email me with any questions that you did not get answered:
 - thutcheson@kumc.edu
- For those who are joining back, Take “15” and meet back at 3:30 PM CST



MOTIVATIONAL INTERVIEWING FOR TREATING TOBACCO



Implementing Skills to Facilitate and Support Change

TRESZA HUTCHESON, PHD, NCTTP

Introductions



Welcome everyone!

Please introduce yourself by:

- renaming your login to your preferred name + where you are from (organization) + one thing that you love
- example: Tresza “KU” Hiking

Disclosures

- Dr. Hutcheson does not have conflicts of interest to report.
- Some materials were derived from the University of Kansas Tobacco Treatment Specialist Training, which was developed with funding provided by the Kansas Health Foundation

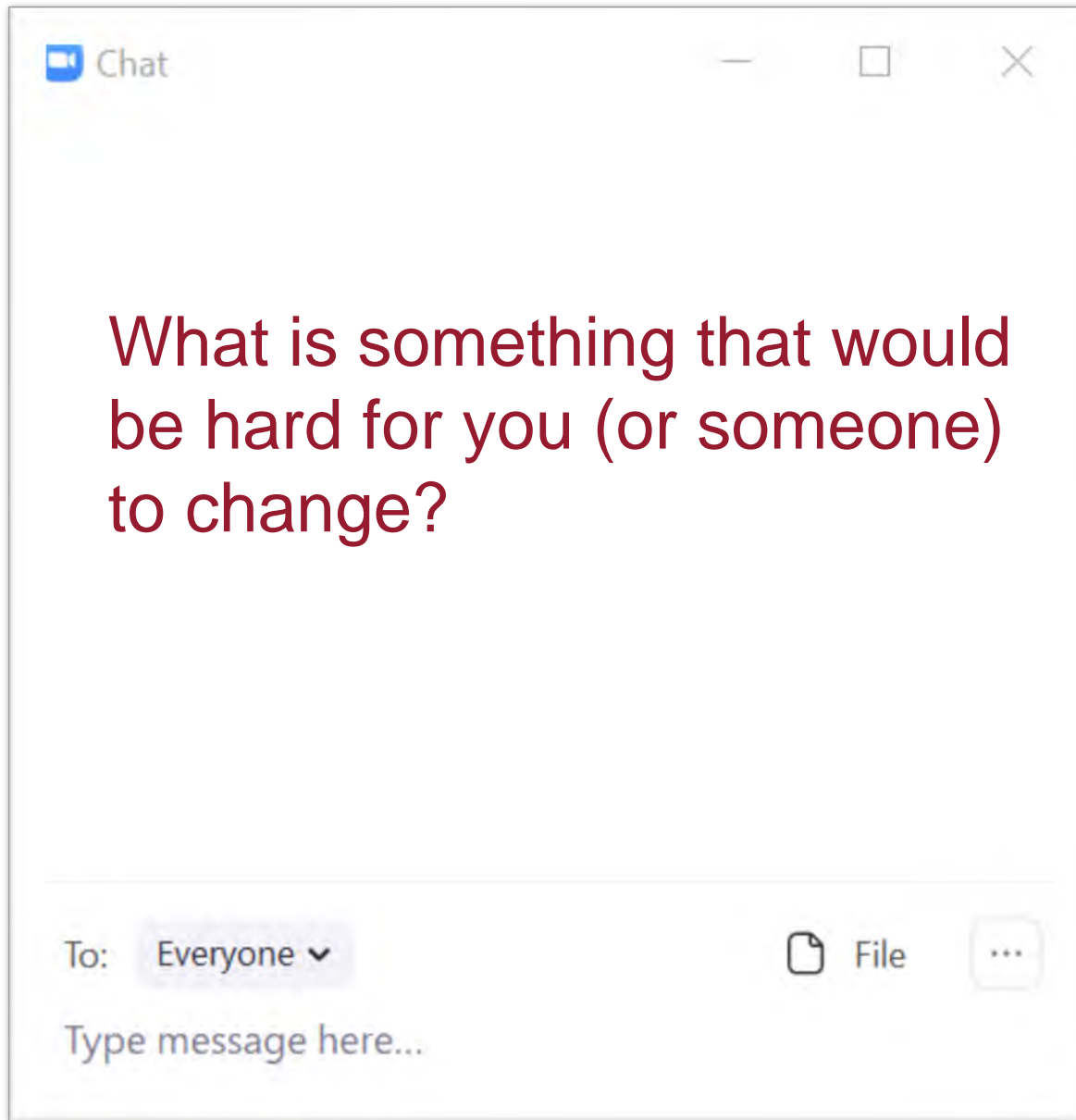
Housekeeping and Reminders

- For best experience for all
 - Use your camera
 - Please remain muted unless you are talking
 - Avoid background noise when unmuted
 - Minimize distractions/multi-tasking
 - Allow and encourage fellow trainees to participate
 - Don't be shy! We want to hear from you all
 - Feel free to chat responses and questions – they will be monitored throughout training
 - Use the “raise hand” feature, too
 - You may want to toggle between gallery and speaker view
- Do not share HIPAA-protected information



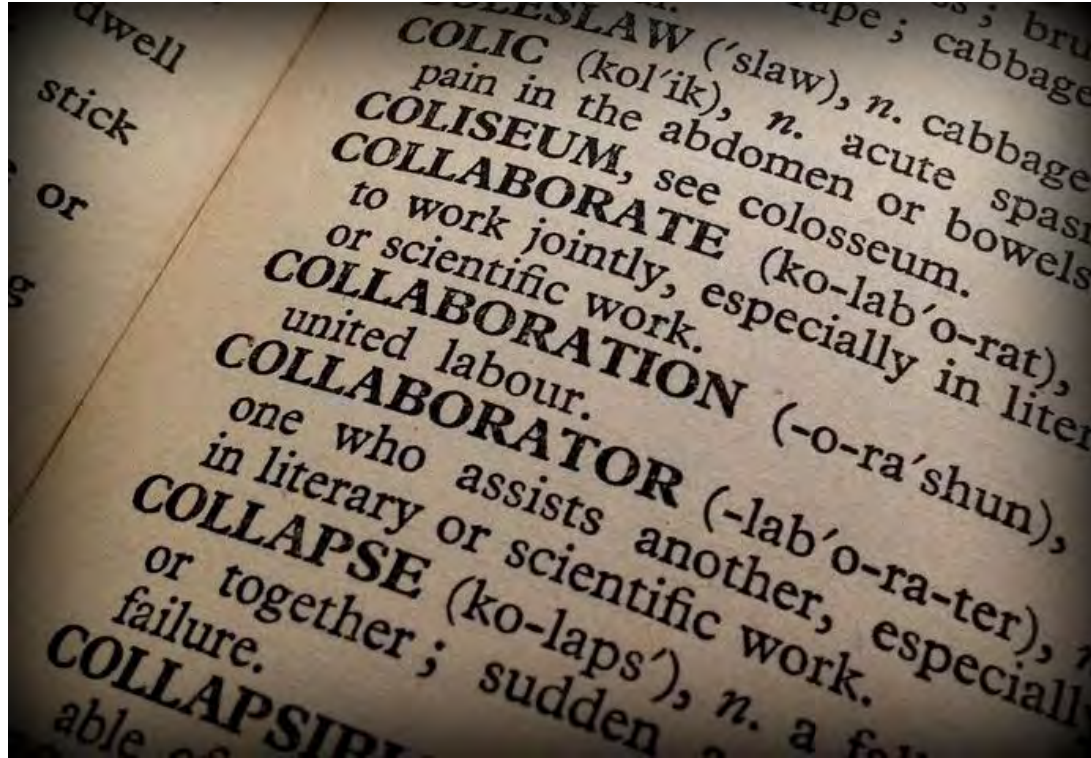


- Icebreaker Activity
- Review MI 'Hour 1'
- Advanced Reflections
- Focusing
- Using Skills to Build Motivation Within the 5 R Framework
- Analyze Video – Discussion
- MI Skills in Treatment Planning
- MI Skills in Follow-up
- Practice Using E-P-E Model/Open ended questions to conduct 5 R's Worksheet
- Debrief



Let's
CHAT!

What is Motivational Interviewing?



- MI is an approach and set of techniques used to facilitate collaborative conversations about change.

Core Skills of Motivational Interviewing

Opening Strategies O.A.R.S. + Informing/ Advising

- Open questions
- Affirming
- Reflective listening
- Summarizing
- Informing and Advising

Use Rulers to:



- Provide assessment
 - current motivation/stage of change
 - likeliness to make a quit attempt
- Serve as the structure for eliciting change talk:
 - reinforcing values
 - exploring patient's reasons for quitting:
 - *example: "You chose an 8. What makes it that important?"*
- Create space to discuss what is needed to:
 - move patient further along with motivation and readiness
 - address barriers to quitting/staying quit
 - *example: "You rated your (confidence/importance) at a 5. What kept you from choosing a higher number?"*
 - explore and build skills to increase their confidence:
 - *example: "You said your confidence was at a 4. What would it take to move you to a higher number?"*

4

Overlapping Processes in Motivational Interviewing

Planning

Evoking

Focusing

Engaging

When Things are Going Well



- Conversation is not just surface level, but addresses emotions, meaning, values
 - Tone/pace change in voice may infer more feeling, thinking
- Good rhythm; may even finish each other's sentences
- Client says "You're absolutely right!" or "I've never thought about it that way"
- Change talk > Sustain talk
 - "I'm ready to do this" and client solves own barriers
- Counselor should:
 - Allow client to talk more than the counselor
 - Wait out silences or "I don't know" for time to process thoughts
 - Reflect back client's word when powerful change talk is occurring
 - Use more reflections than questions

Make Deeper Reflections

- **Restate**—same words
- **Rephrase**—slightly different words
- **Paraphrase**—interpret, infer meaning
- **Deduce**—connect the dots
- **Summative**—review & synthesize
- **Process level**—comment on process

Less deep

Content



Affect

Meaning

More deep



Handling Discord

- Discord may be result of mismatch in goals, counselor style (being too directive)
- Recognize discord:
 - Patient seems “defensive”; disengages (changes the subject or goes off on a tangent, seems distracted or ignores you; gives 1 word answers); interrupts; becomes aggressive
 - *“Have you ever smoked? You don’t understand what I am going through.”*
 - *“I’ve tried that before and it didn’t work.”*
 - *“I’m not ready to make the changes.”*
- Address discord:
 - Adapt style or focus (more listening)
 - Engagement strategies (affirming, e.g.)
 - Process comment/reflection

Use double-sided reflections to develop discrepancy, identify ambivalence and make process-level reflections

- Highlight discrepancy between current state (status quo) and desired states, goals or values

- *“Columbo approach”*

“Help me understand... On one hand you said you were ready to give this a go, but you’ve pretty much shot down every potential strategy...”

- Process level:

“What do you think is going on here?”

- Possible follow-ups:

“I wonder if talking about the steps is making it more real and that’s a little scary.”

“This is your plan and your decision, but I also want to make sure we have some strategies so that it can be the best plan it can be.”



Use double-sided reflections to develop discrepancy

- Highlight discrepancy between current state (status quo) and desired states, goals or values
 - *Double-sided starters*
 - *“Although...”*
 - *“On one hand...on the other hand...”*
 - *“It seems like x; however, y is also true”*
 - Highlight discrepancy:
 - *“On one hand you feel like there is too much going on with your health to quit. On the other hand, it seems like quitting would help you meet your health goals.”*



Action-level Reflections

- Embed Solutions to Barriers
 - Menu of options
 - General area to consider
- Examples
 - *“You recognize that this is going to take some effort and a little bit of planning.”*
 - *“So the key to your success might be developing a plan that includes alternatives for when you are feeling stressed like getting exercise, talking to someone or practicing some relaxation strategies.”*
 - *“It sounds like a strategy to address that after meal cigarette might be important for you.”*

Focusing: Communication Styles

Directing



Guiding



Following

- Providing information
- Listening
- Asking direct questions

- Providing information with options
- Empathic goal-oriented listening with selective reflections
- Asking open-ended questions

- Answering questions
- Empathic listening



Some Direction is Helpful

Directing



Guiding

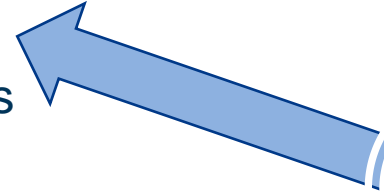


Following

- Providing information
- Listening
- Asking direct questions

- Providing information with options
- Empathic goal-oriented listening with selective reflections
- Asking open-ended questions

- Answering questions
- Empathic listening



Provider serves in an expert role
Example: Give information on how to use the patch.

Follow Client's Lead When Appropriate

Directing



Guiding



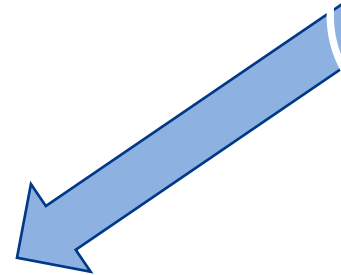
Following

- Providing information
- Listening
- Asking direct questions

- Providing information with options
- Empathic goal-oriented listening with selective reflections
- Asking open-ended questions

- Answering questions
- Empathic listening

Client is setting the agenda.
Client may not be ready for health advice.



Balance Communications

Directing



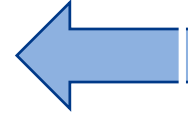
Guiding



Following

- Providing information
- Listening
- Asking direct questions

- Providing information with options
- Empathic goal-oriented listening with selective reflections
- Asking open-ended questions



- Answering questions
- Empathic listening



A balance between directing and following. Still remains 'directive' but emphasizes client autonomy and works collaboratively.


Elicit-Provide-Elicit (EPE):

- **Elicit:** Ask what they know/believe or about their experience regarding the topic
- **Provide:** Provide correct health information or a menu of options for discussion
- **Elicit:** Ask for their reaction to the information you provided; if discussing solutions to barriers, ask which they would choose or be most likely to try
- Ask permission* to emphasize patient choice/autonomy
 - if it's OK
 - if that sounds good to you
 - with your permission
 - if you want
 - if it's all right with you
 - we could discuss x or y--which would you prefer?

*Note: You can ask permission up front or right before the 'Provide' step.

Use Motivational
Interviewing to
Provide Advice or
Health
Information or
Address Barriers

What a Session Might Look Like

- 
1. **Agenda Setting**
 2. Building Motivation
 3. Goal Setting
 4. Action Planning
 - Pharmacotherapy
 - Behavioral support strategies
 5. Arranging Follow-up

Agenda Setting Can Set up Collaboration

- Agenda setting
 - Usually occurs during beginning of each encounter
 - Informs client what to expect
 - Format of the treatment: # of sessions; length of sessions
 - Cost
 - Content/focus/context of sessions
 - Defines the roles of both the counselor and the client
 - This is a collaboration!: *“What’s on your mind today?” “What do you want to make sure we talk about?”*
 - **Ask Permission:** *“It’s OK if you are not sure you want to give up tobacco. I’m just here to talk to you about some of the risks and benefits and see where you land.”*
 - Counselor: *“I’m here to support you reaching your goals – whatever they may be!”*
 - Other housekeeping
 - Limits of confidentiality

What a Session Might Look Like

1. Agenda Setting
- 2. Building Motivation**
3. Goal Setting
4. Action Planning
 - Pharmacotherapy
 - Behavioral support strategies
5. Arranging Follow-up

Building Motivation: Explore & Reinforce Reasons for Quitting!

- Use 0-10 scales
- Assess with open-ended questions – not just 0 – 10 scales
 - What are your two most important reasons for wanting to quit?
 - What would you hope to gain if you did decide to quit?
- Explore Values
- Use Reflective Listening to explore and reinforce reasons for quitting
- May consider Using 5R's Framework
- Incorporate “reasons” into cognitive strategies
- Track the things they say so you can reflect it back in their own words
 - Coping statements:
“I’m stronger than the cigarettes”; “I will not let cigarettes control me”
 - Positive self-talk highlighting benefits of quitting and values:
“Breathing is more important than smoking”; “I’m doing this for my kids. They need me in good health.”
- Summarizing and moving toward next steps

Use EPE to Focus Conversation & Evoke



Example 1: Using EPE to provide health information

- “With your permission, I’d like to discuss some of the risks of continued smoking.”
- **Elicit:** “Tell me what you know or what your doctor has told you about it as it relates to your current condition.”
- **Provide:** “So, I’d like to discuss a few additional risks...”
- **Elicit:** “What do you make of this information?”

What a Session Might Look Like

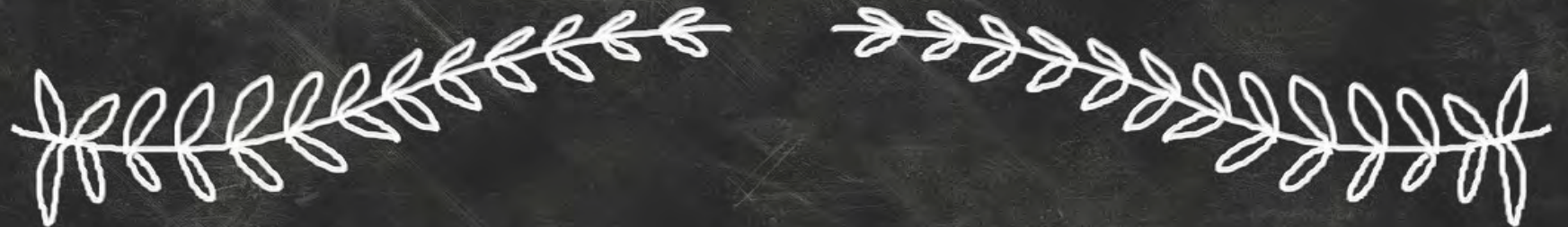
1. Agenda Setting
2. Building Motivation
- 3. Goal Setting**
4. Action Planning
 - Pharmacotherapy
 - Behavioral support strategies
5. Arranging Follow-up

Goal-setting Should Be Collaborative

Example 2: Using EPE to set goals:


1. **Elicit:** *What do you think a good goal would be at this point?*
 - Patient: *I'm not sure.*
2. **Provide:** *If it's OK with you, I can provide some suggestions. (GIVE MENU OF OPTIONS). You could talk to your doctor about your concerns regarding varenicline at your visit tomorrow and try to get a script or you could start practicing some of those relaxation strategies we discussed.*
3. **Elicit:** *Which of those do you think you could accomplish before our check-in next week?*
 - Patient: *I could probably do both.*
4. **GET COMMITMENT:** *All-right. Let's discuss some specifics...*

Menu



- Choosing and obtaining pharmacotherapy
- Practice quitting or make reduction goal
 - 24-hour quit challenge
 - Delay 1st cigarette
 - Practice coping strategies for certain cigs.
 - Use a piece of NRT gum instead of smoke
- Self-monitoring
- Review health education materials
- Calculate how much \$ is being spent on tobacco
- Making supportive environmental changes
 - no smoking rules in the home/car
 - clean car
- Switch cigarette brands

What a Session Might Look Like

- 
1. Agenda Setting
 2. Building Motivation
 3. Goal Setting
 - 4. Action Planning**
 - Pharmacotherapy
 - Behavioral support strategies
 5. Arranging Follow-up

Good Treatment Plans...

- Are collaborative
- Involve a specific goal
- Are individualized/patient-centered
- Include evidence-based strategies
 - Medication
 - Behavioral support strategies

Use EPE to Focus and Facilitate Planning

Example 3: Using EPE to address barriers - select topic

“If it’s all right with you, we could talk about some more specific strategies to handle those cravings.”

Elicit: *“Tell me a little bit about your smoking. When do you find yourself reaching for a cigarette?”*

Provide: *“So, it sounds like (___) and (___) are going to be barriers to your quitting. If you want, we could discuss stress management for a bit or we could talk about more general strategies to address cravings throughout the day.”*

Elicit: *“Which would be the most helpful to discuss at this point?”*

Example 4: Using EPE to address barriers - select solution

Elicit: *“What has worked for you in the past?” - or – “What kinds of things have you tried? How did that work?” (probe if needed: “How do you think non-smokers would handle it?”)*

Provide: *(If it’s OK, I can provide some ideas that some of my patients have found helpful)... Some people find that...(provide menu of options)*

Elicit: *“Which of these do you think would work for you?”*

My Tobacco Treatment Plan

Quit date/timeframe: I want to quit on/by

Quitting tobacco is the best thing you can do to improve/protect your health.

There are many reasons to quit tobacco. What are your main reasons?

What are my top 2 reasons for quitting?

1.

Make the most out of medication

- Medications curb craving and withdrawal
- Using medication doubles chances of staying quit
- Most effective: use all meds at least 12 weeks
- Use short-acting nicotine replacement every hour

2.

My medications*

- Varenicline/Chantix
- Bupropion Hcl/Zyban/Wellbutrin**
- Nicotine patch***
- Nicotine gum
- Nicotine lozenge
- Nicotine inhaler
- Nicotine nasal spray

* over-the-counter medications (patch, gum and lozenge) need a prescription if using insurance

**bupropion can be paired with nicotine replacement (NRT)

***patch most effective if paired with a short-acting NRT (gum, lozenge, inhaler or nasal spray) in combination

Choose extra supports: Support/counseling doubles chances of quitting

- Tobacco quitline (free state quitline; call 800-QUIT-NOW or 800-784-8669)
- Texting program (SmokefreeTXT): text 'QUIT' to 47848 or text 'GO' to practice quitting
- Other sources of support I will use:

Change my environment

- Get rid of cigarettes, ashtrays and lighters
- Clean my home, car and clothes
- Discuss goals with family and friends

Other changes I will make

-
-
-

Deal with difficult situations and urges

- Think about what worked in the past
- Try new ways to handle stress
- Change routines to break old habits
- Find distractions; take deep breathes
- Avoid alcohol, coffee or other triggers

Other ways I will prepare for urges

-
-
-
-
-

Make a plan to deal with slips

- Forgive myself
- Learn from mistakes and keep trying
- Keep taking tobacco medications
- Remind myself why it's important to quit

Other ways I will recover if I slip

-
-
-
-

Reward myself

- Plan small rewards often
- Spend money I save on something special

How will I reward myself

Choosing additional behavioral support

My Tobacco Treatment Plan

Quit date/timeframe: I want to quit on/by

Quitting tobacco is the best thing you can do to improve/protect your health.
There are many reasons to quit tobacco. What are your main reasons?

What are my top 2 reasons for quitting?

1.	2.
Make the most out of medication Medications curb craving and withdrawal Using medication doubles chances of staying quit Most effective: use all meds at least 12 weeks Use short-acting nicotine replacement every hour	My medications* <input type="checkbox"/> Varenicline/Chantix <input type="checkbox"/> Bupropion Hcl/Zyban/Wellbutrin** <input type="checkbox"/> Nicotine patch*** <input type="checkbox"/> Nicotine gum <input type="checkbox"/> Nicotine lozenge <input type="checkbox"/> Nicotine inhaler <input type="checkbox"/> Nicotine nasal spray

* over-the-counter medications (patch, gum and lozenge) need a prescription if using insurance

**bupropion can be paired with nicotine replacement (NRT)

***patch most effective if paired with a short-acting NRT (gum, lozenge, inhaler or nasal spray) in combination

Choose extra supports: Support/counseling doubles chances of quitting

- Tobacco quitline (free state quitline; call 800-QUIT-NOW or 800-784-8669)
- Texting program (SmokefreeTXT): text 'QUIT' to 47848 or text 'GO' to practice quitting
- Other sources of support I will use:

Change my environment

- Get rid of cigarettes, ashtrays and lighters
- Clean my home, car and clothes
- Discuss goals with family and friends

Deal with difficult situations and urges

- Think about what worked in the past
- Try new ways to handle stress
- Change routines to break old habits
- Find distractions; take deep breathes
- Avoid alcohol, coffee or other triggers

Make a plan to deal with slips

- Forgive myself
- Learn from mistakes and keep trying
- Keep taking tobacco medications
- Remind myself why it's important to quit

Reward myself

- Plan small rewards often
- Spend money I save on something special

Other changes I will make

-
-
-

Other ways I will prepare for urges

-
-
-
-
-

Other ways I will recover if I slip

-
-
-
-

How will I reward myself

Choosing additional behavioral support

Ask: "Which are you more likely to use?"

Environmental changes and enlisting social support

Ask: "What are you willing to change?"

General coping strategies and Dealing with specific triggers/barriers/situations

Ask: "What situations/triggers concern *you* the most?"

*Available as a handout in Resource folder

Choosing Supports

Talking Points for Your Patients...

- There are a lot of options for free support to help you work toward quitting
- Getting extra support could double your chances of success
- Let's pick out at least one extra support to help you with your tobacco use. Which would you like to try first?
- I understand you are not quite ready to quit. There are some programs that allow you to practice quitting strategies so you are more prepared when you are ready to give it a try
- Do you have your phone on you? We can sign you up right now!



What a Session Might Look Like

1. Agenda Setting
2. Building Motivation
3. Goal Setting
4. Action Planning
 - Pharmacotherapy
 - Behavioral support strategies
- 5. Arranging Follow-up**

What Comes After? Arranging Follow-up

- Summarize treatment plan
- Arrange/schedule follow-up
 - Identify and communicate to patient: what person/service is providing follow-up
 - Consider timing of quit date and initiation of new medications (~ 1 week)
 - Inform patient how to reach out if there are problems *before* next follow-up
- Make needed referrals
 - Provider for pharmacotherapy (if TTS is not a prescriber, e.g.)
 - Provider for behavioral health
 - Additional tobacco treatment
 - Quitline
 - Texting
 - Apps



- Ask about tobacco use status every visit
 - Open-ended starter: How has it been going since we last talked?
- Follow-up on goals: I know you said you were going to try to quit on the 3rd. How did that work out for you?
- Follow-up on behavioral support referrals:
 - Last time, we'd sent a referral to the tobacco Quitline. How did that go?

**Don't
forget the
follow-up!**

- Follow-up on medications:
 - Were you able to fill the script for (varenicline)?
 - How is (the patch) working for you?
 - What questions do you still have about it?
 - Use elicit-provide elicit to optimize meds
 - Tell me how you're using your medication
 - If it's OK with you, I'd like to mention strategies others sometimes use to make their meds work better
 - How do you think that would work for you?
- Build motivation!!!!
- Make adjustments to medications and behavioral support as needed



How to Handle Goals that Fail

- Affirm; build self-efficacy; re-motivate; & increase commitment
- Affirm strategies used or progress made:
 - *“You sound disappointed, but think about all of the cigarettes that you haven’t smoked since we talked last. You’ve really made a lot of progress.”*
 - *“I know you didn’t quite meet your goal, but you’ve really made a lot of changes. Not smoking in the home is healthier for everyone!”*



How to Handle Goals that Fail

- Normalize failure as part of success:
 - *“Remember how we discussed it takes most people several time trying to quit to be successful. Don’t give up. How can you get started again?”*
- Address negative feelings (“failure”)/lack of commitment:
 - *“The fact that you are feeling so bad about this setback let’s me know that quitting is still something that is still really important to you. If I remember correctly, your top two reasons for wanting to quit are...”*



Talking Points to Address Relapse Prevention



- Remember, we talked about how this happens to a lot of people trying to quit.
- Don't beat yourself up!
- Let's talk about the progress you *have* made.
- What can you do differently next time?
- So, it sounds like avoiding that situation for awhile might be helpful.
- What changes do you think we need to make to your plan? With your permission, I can offer some suggestions...Which would you try?
- Let's try adding a piece of nicotine gum when you first put on your patch.
- Remember your reasons for quitting.

Relapse Prevention: Using E-P-E Model



- Remember, we talked about how this happens to a lot of people trying to quit.
- Don't beat yourself up!
- Let's talk about the progress you *have* made.
- What can you do differently next time?
- So, it sounds like avoiding that situation for awhile might be helpful.
- **What changes do you think we need to make to your plan? With your permission, I can offer some suggestions...Which would you try?**
- Let's try adding a piece of nicotine gum when you first put on your patch.
- Remember your reasons for quitting.

Relapse Prevention: How Can You Facilitate Opportunities to Provide Affirmations?



- Remember, we talked about how this happens to a lot of people trying to quit.
- Don't beat yourself up!
- Let's talk about the progress you *have* made.
- What can you do differently next time?
- So, it sounds like avoiding that situation for awhile might be helpful.
- What changes do you think we need to make to your plan? With your permission, I can offer some suggestions...Which would you try?
- Let's try adding a piece of nicotine gum when you first put on your patch.
- Remember your reasons for quitting.

Relapse Prevention: Affirm Progress



- Remember, we talked about how this happens to a lot of people trying to quit.
- Don't beat yourself up!
- **Let's talk about the progress you *have* made.**
- What can you do differently next time?
- So, it sounds like avoiding that situation for awhile might be helpful.
- What changes do you think we need to make to your plan? With your permission, I can offer some suggestions...Which would you try?
- Let's try adding a piece of nicotine gum when you first put on your patch.
- Remember your reasons for quitting.

Act 1: Video Review

<https://www.youtube.com/watch?v=NlnkvHo6uj0>

Take notes to answer these questions as you watch the Video:

1. What question does the clinician use to elicit “planning steps”?
2. How does the clinician use the Elicit Provide Elicit model (what information is provided) and how does this lead to commitment language?
3. Notice how the clinician arranges follow-up.



Debrief

Take notes to answer these questions as you watch the Video:

1. What question does the clinician use to elicit “planning steps”?
2. How does the clinician use the Elicit Provide Elicit model (what information is provided) and how does this lead to commitment language?
3. Notice how the clinician arranges follow-up.

Time for an Activity!



- Goal: Practice using MI based technique within a treatment framework of the 5 R's to build motivation
 - Asking open-ended questions
 - Reflective listening
 - Bonus points for a “double-sided reflection”
 - Summarizing
 - Use Elicit-Provide-Elicit (e.g., roadblocks)

Part II: Building Motivation Using the 5R's
Relevance Risks Rewards Roadblocks (Repeat)

Potential openers:

- "I'd like to discuss the risks of continuing to smoke and the roadblocks to trying to quit."
- "If it's all right with you, I'd like to talk with you about your continuing to use tobacco."
- "I know you said you weren't ready to quit, but I'd like you to consider some benefits to you were you to decide to quit down the road."

Relevance: Establish personal relevance during conversation or during summary

- May elicit relevance from patient or reflect/provide as part of health education under rewards, risks or roadblocks or summary

Risk: Elicit or provide at least 1 – 2 negative consequences, especially *personal* risk factors of continued use of *any* tobacco. General risks may also be provided.

- "Everyone's heard smoking is bad for your health, but what does that mean to you? What worries you the most?"
- "What concerns do you have if you continue to smoke/use tobacco?"
- "Ten years down the road-- if you continue to use tobacco, what do you think your health will look like?"
- "Tobacco has already taken a lot from you. What else will it take if you continue to use it?"

Rewards: Elicit or provide at least 2 benefits of tobacco cessation, especially those most relevant.

Consider providing if client cannot/will not identify any: improved health; feeling better physically (e.g., increased stamina; increased strength; better breathing; able to exercise); saving money; healthier family; being a good role model; improved sense of smell and taste; more attractive; environment will be cleaner and smell better; sense of accomplishment

- "What would you hope to gain if you decided to quit smoking?"
- "What would you look forward to the most if you were able to be tobacco-free?"
- "Quitting tobacco has many benefits: saving money, protecting your health from heart and lung disease, reducing the risk of developing 12 different types of cancer, and making a healthier environment for you and everyone around you. What benefits would mean the most to you?"

Roadblocks: Identify at least 1-2 **personal roadblocks** or barriers to quit **AND elicit/provide potential solutions** to address these barriers.

- "When you think about quitting smoking, what is getting in the way/stopping you?"
- "What challenges would you face if you were thinking about quitting tobacco?"
- "So your greatest challenge will be _____. What do you think you could do to manage _____?"
- "I hear your concerns... Many of my clients find it helpful to _____."

Summarize/next steps: Summarize risks/rewards/roadblocks. Try to end on 'positives to change.'

- **Ask for NEXT STEPS:**
- "Where does that leave us?"
- "In light of all of that, what would you be willing to try?"
- "With that in mind, what changes would you be willing to make at this point?"

Repeat/Follow-up:

- Treatment plan if indicated.
- Consider linking to medications and behavioral support if applicable and appropriate.
- Arrange Follow-up if possible.
- Otherwise, repeat intervention at next clinical visit.

Guide to Providing the Five R's

- 2 versions in resource folder**
- 1 page version shown here
- Either version could be modified
 - More space to take notes
 - Less instructions

** Accessible in resources



The Five R's

Relevance

Risks

Rewards

Roadblocks

Repetition

Potential openers:

- "I'd like to discuss the risks of continuing to smoke and the roadblocks to trying to quit."
- "If it's all right with you, I'd like to talk with you about your continuing to use tobacco."
- "I know you said you weren't ready to quit, but I'd like you to consider some benefits to you were you to decide to quit down the road."

The Five R's: Establish Relevance

Relevance

Risks

Rewards

Roadblocks

Repetition

Relevance: Establish personal relevance during conversation or during summary

- May elicit relevance from patient or reflect/provide as part of health education under rewards, risks or roadblocks or summary

The Five R's: Identify Risks

Relevance

Risks

Rewards

Roadblocks

Repetition

Risk: Elicit or provide at least 1 – 2 negative consequences, especially personal risk factors of continued use of any tobacco. General risks may also be provided.

Elicit examples:

- “Everyone’s heard smoking is bad for your health, but what does that mean to you? What worries you the most?”
- “What concerns do you have if you continue to smoke/use tobacco?”
- “Ten years down the road-- if you continue to use tobacco, what do you think your health will look like?”
- “Tobacco has already taken a lot from you. What else will it take if you continue to use it?”

The Five R's: Identify Risks

Relevance

Risks

Rewards

Roadblocks

Repetition

Risk: Elicit or provide at least 1 – 2 negative consequences, especially personal risk factors of continued use of any tobacco. General risks may also be provided.

Provide examples:

- “With your current family history of COPD, continuing to smoke puts you at an even greater risk of developing emphysema.”
- “Continuing to use tobacco is risky. Not only is it potentially harmful to your current pregnancy, smoking around infants and young children has been linked to asthma, ear infections and respiratory infections and even increases the risk of sudden infant death syndrome.
- What do you make of that?”

(Tip: Diffuse judgment/blame)

The Five R's: Highlight Benefits

Relevance

Risks

Rewards

Roadblocks

Repetition

Rewards: Elicit or provide at least 2 benefits of tobacco cessation, especially those most relevant. Consider providing if client cannot/will not identify any

Elicit examples:

- “What would you hope to gain if you decided to quit smoking?”
- “What would you look forward to the most if you were able to be tobacco-free?”

The Five R's: Highlight Benefits

Relevance

Risks

Rewards

Roadblocks

Repetition

Rewards: Elicit or provide at least 2 benefits of tobacco cessation, especially those most relevant. Consider providing if client cannot/will not identify any

Provide example:

- “Quitting tobacco has many benefits: saving money, protecting your health from heart and lung disease, reducing the risk of developing 12 different types of cancer, and making a healthier environment for you and everyone around you. What benefits would mean the most to you?”

The Five R's: Troubleshoot Roadblocks

Relevance

Risks

Rewards

Roadblocks

Repetition

Roadblocks: Identify at least 1-2 personal roadblocks or barriers to quit AND elicit/provide potential solutions to address these barriers.

Elicit examples:

- “When you think about quitting smoking, what is getting in the way/stopping you?”
- “What challenges would you face if you were thinking about quitting tobacco?”
- “So your greatest challenge will be to handle day-to-day stress. What do you think you could do to manage stress besides smoke?”

The Five R's: Troubleshoot Roadblocks

Relevance

Risks

Rewards

Roadblocks

Repetition

Roadblocks: Identify at least 1-2 personal roadblocks or barriers to quit AND elicit/provide potential solutions to address these barriers.

Provide example:

- “I hear your concerns. It is difficult being around other smokers. Many of my clients find it helpful to eliminate smoking in the home in order to remove some of those triggers-even enforcing those rules when company comes over. In addition, a lot of smokers will avoid places where people smoke for awhile until they are ready to be around it. It also sounds like having a candid conversation with your brother while he is living with you about these rules and to ask him to not have his cigarettes lying around would be an important first step *were you decide to give quitting smoking a go.*”

The Five R's: Summarize

Relevance

Risks

Rewards

Roadblocks

Repetition

Summarize/next steps: Summarize risks/rewards/roadblocks. Try to end on 'positives to change.'

- “You realize that smoking puts you at an increased risk of another heart attack and could potentially come between you getting to spend a quality life with the people you love the most. You know there will be challenges and changing your lifestyle to support not smoking will be tough, but there are some treatment options and you are needing to make life changes for your heart health anyway-so it could be good timing. Ultimately, you would like to save money, but more importantly save your health and protect those around you.”

The Five R's: Next Steps

Relevance

Risks

Rewards

Roadblocks

Repetition

Summarize/next steps: Summarize risks/rewards/roadblocks. Try to end on 'positives to change.'

Ask for NEXT STEPS:

- “Where does that leave us?”
- “In light of all of that, what would you be willing to try?”
- “With that in mind, what changes would you be willing to make at this point”



Instructions

1. We will send you to breakout rooms in groups of 2
2. Pairs will divide into client/counselor
3. Clients—*pretend to be a smoker that you know*
4. Counselor will go through assessing “Risks, Rewards, Roadblocks & Summarize” (5 min.)
5. Switch roles – new counselor will do the same (5 min.)
6. GOAL: Ask open-ended questions, make 1 – 2 reflections and keep the convo going over several volleys (more reflections than questions)
7. GOAL 2: Try out some advanced reflections, like double-sided reflections, meaning level, etc.
8. GOAL 3: Use Elicit-Provide-Elicit at least once (e.g., roadblocks)



Instructions (Option 2 if low on time)

1. We will send you to breakout rooms in groups of 2
2. Pairs will divide into client/counselor
3. Clients—*pretend to be a smoker that you know*
4. Counselor will go through assessing “Risks & Rewards” (3 min.)
5. Switch roles – new counselor will assess “Roadblocks and summarize” (3 min.)
6. GOAL: Ask open-ended questions, make 1 – 2 reflections and keep the convo going over several volleys (more reflections than questions)
7. GOAL 2: Try out some advanced reflections, like double-sided reflections, meaning level, etc.
8. GOAL 3: Use Elicit-Provide-Elicit at least once (e.g., roadblocks)



Breakout Groups

- It's your turn
- Don't be nervous. Have fun!
- Take 1!

Providing the 5 R's “Quick Guide”

Potential openers:

- "I'd like to discuss the risks of continuing to smoke and the roadblocks to trying to quit."
- "If it's all right with you, I'd like to talk with you about your continuing to use tobacco."
- "I know you said you weren't ready to quit, but I'd like you to consider some benefits to you were you to decide to quit down the road."

Relevance: Establish personal relevance during conversation or during summary

Risk: Elicit or provide at least 1 – 2 negative consequences, especially *personal* risk factors.

- "Everyone's heard smoking is bad for your health, but what does that mean to you? What worries you the most?"
- "What concerns do you have if you continue to smoke/use tobacco?"
- "Ten years down the road-- if you continue to use tobacco, what do you think your health will look like?"
- "Tobacco has already taken a lot from you. What else will it take if you continue to use it?"

Rewards: Elicit or provide at least 2 benefits of tobacco cessation, especially those most relevant.

- "What would you hope to gain if you decided to quit smoking?"
- "What would you look forward to the most if you were able to be tobacco-free?"
- "Quitting tobacco has many benefits: saving money, protecting your health from heart and lung disease, reducing the risk of developing 12 different types of cancer, and making a healthier environment for you and everyone around you. What benefits would mean the most to you?"

Roadblocks: Identify at least 1-2 roadblocks or barriers to quit AND elicit/provide potential solutions

- "When you think about quitting smoking, what is getting in the way/stopping you?"
- "What challenges would you face if you were thinking about quitting tobacco?"
- "So your greatest challenge will be _____. What do you think you could do to manage _____?"
- "I hear your concerns... Many of my clients find it helpful to _____."

Summarize/next steps: Summarize risks/rewards/roadblocks. Try to end on 'positives to change.'

- "Where does that leave us?"
- "In light of all of that, what would you be willing to try?"
- "With that in mind, what changes would you be willing to make at this point?"



Debrief on Activity – Let's Talk

- Everyone – please “raise your hand” to speak and unmute yourself
- Tresza will ask for some participants to share (others can chat, too)
 - How did it go?

References

- Boudreaux ED, Sullivan A, Abar B, Bernstein SL, Ginde AA, Camargo CA Jr. (2012). Motivation rulers for smoking cessation: A prospective observational examination of construct and predictive validity. *Addict Sci Clin Pract.* 2012 Jun 8;7:8. doi: 10.1186/1940-0640-7-8.
- Catley D, Goggin K, Harris KJ, et al. A Randomized Trial of Motivational Interviewing: Cessation Induction Among Smokers With Low Desire to Quit. *Am J Prev Med.* 2016;50(5):573-583. doi:10.1016/j.amepre.2015.10.013
- Dewald, P. A. (1994). "Principles of supportive psychotherapy". *American Journal of Psychotherapy.* 48 (4): 505–518. doi:10.1176/appi.psychotherapy.1994.48.4.505.
- Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: DHHS. Public Health Service; 2008.
- Helsel DL, Jakicic JM, Otto AD. Comparison of techniques for self-monitoring eating and exercise behaviors on weight loss in a correspondence-based intervention. *J Am Diet Assoc.* 2007;107(10):1807-1810. doi:10.1016/j.jada.2007.07.014
- Patrick H, Fujii CA, Glaser DB, Utley DS, Marler JD. A Comprehensive Digital Program for Smoking Cessation: Assessing Feasibility in a Single-Group Cohort Study. *JMIR Mhealth Uhealth* 2018;6(12):e11708
- Miller WR, Rollnick S. *Motivational Interviewing: Preparing People to Change Addictive Behavior.* Guilford Press, New York; 1991
- Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change.* 3rd Edition. New York: Guilford Press; 2013.