

Using Trauma-Informed Motivational Interviewing to Support Tobacco Cessation



National Behavioral Health Network
For Tobacco & Cancer Control

Monday, September 16, 2019
12:30pm ET



Welcome!



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Housekeeping

- Webinar is being recorded. All participants placed in “listen-only” mode.
 - Recording will be posted on www.BHtheChange.org
- For audio access, participants can either dial into the conference line or listen through your computer speakers.
 - **+1 (415) 655-0052 ; audio access code: 810-734-408**
- Submit questions by typing them into the chatbox.
- PDFs of today's presentation slides and our presenter bios available for download in the handouts pane.



National Behavioral Health Network

For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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Today's Overview

- Background & Context
- Motivational Interviewing Introduction with a Trauma-Informed Perspective
- MI and Trauma-Informed Applications to Smoking Cessation



Laying the Groundwork

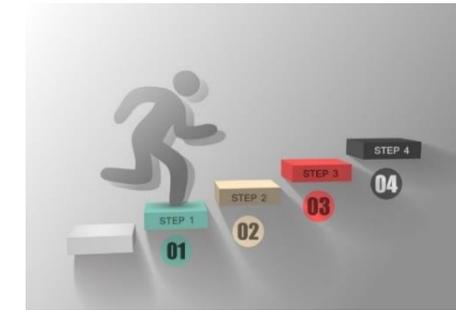
- Individuals who experience trauma in early adulthood are **twice** as likely to start smoking (Roberts, Fuemmeler, McClernon, & Beckham, 2008).
- Individuals who have been exposed to trauma and develop a full diagnosis of PTSD smoke more intensely. Rates of current cigarette smoking and nicotine dependence have been shown to be **three times higher** in individuals with PTSD than those in the general population (Roberts, Fuemmeler, McClernon, & Beckham, 2008).
- The Centers for Disease Control and Prevention (CDC) reports that adults with mental illness or substance use disorders consume almost **40%** of all cigarettes smoked.



Tobacco, Trauma and Motivational Interviewing: Practical Considerations and Applications



Ready... Set... Go?



Intention to quit tobacco among people with a mental illness :

- Within the next 30 days = 20-25%
- In the next 6 months = 40%

“Readiness appears to be unrelated to the psychiatric diagnosis, the severity of symptoms or the coexistence of substance use.”

Prochaska 2011 Smoking and Mental Illness – Breaking the Link



Readiness: Stages of Change

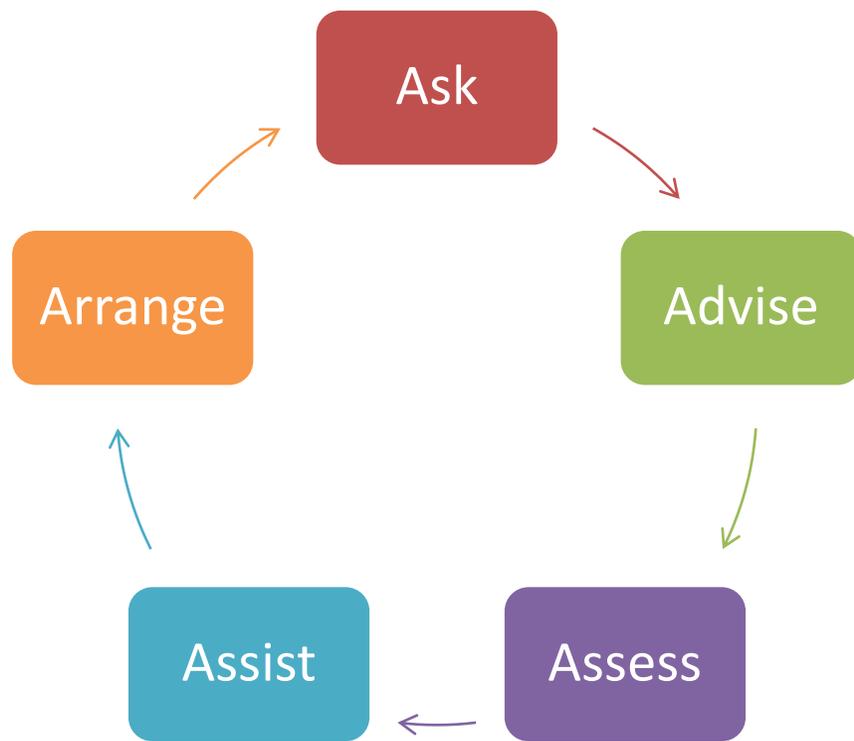
Prochaska
&
DiClemente
1983





Motivational interviewing (MI)
is a collaborative conversation style
for strengthening a person's own
motivation and commitment to change.

Miller & Rollnick, 2012



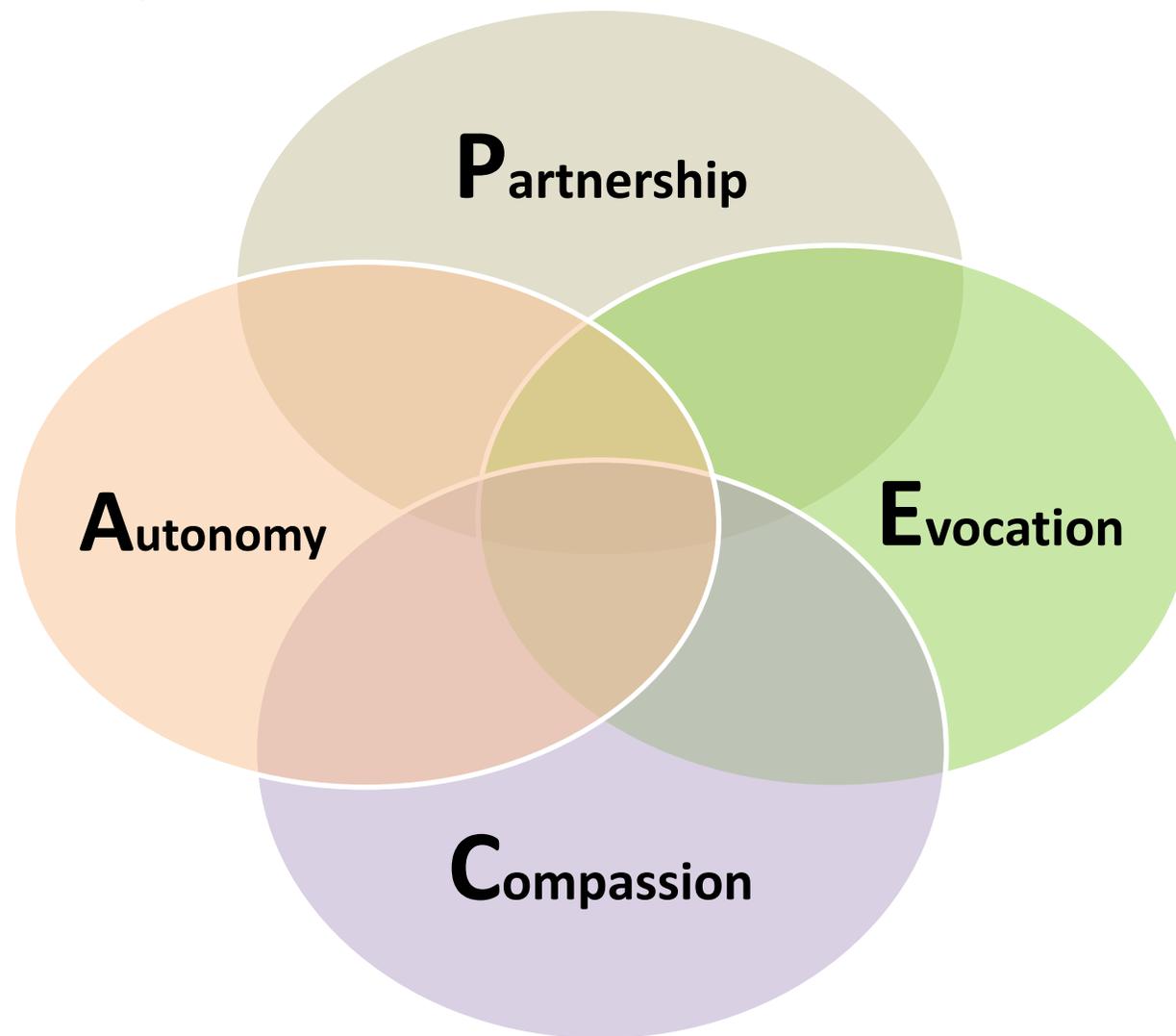
The Five A's Tobacco Cessation

The Four Processes of MI





The Spirit of Motivational Interviewing



Deficit	Competence
<ul style="list-style-type: none"> <input type="checkbox"/> Lacking insight, knowledge <input type="checkbox"/> <u>Fix</u> <input type="checkbox"/> <u>Tell</u> 	<ul style="list-style-type: none"> ✓ Capacity to change is within ✓ <u>Ask</u> ✓ <u>Listen</u>



What is Your View?

Paradigm Shift



We begin to ask,

“What happened to you?”

rather than

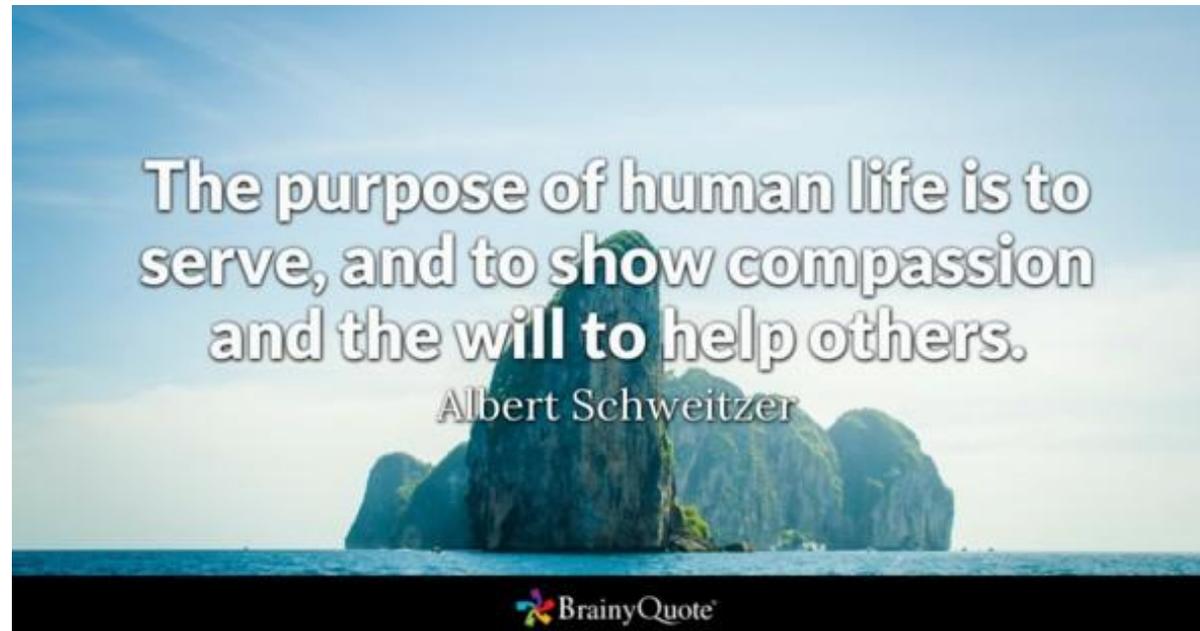
“What is wrong with you?”

We have to ask,

“What’s strong?”

rather than

“What’s wrong?”



Compassion in Our Work and Our World Working through a Trauma-Informed Lens

We need to have...





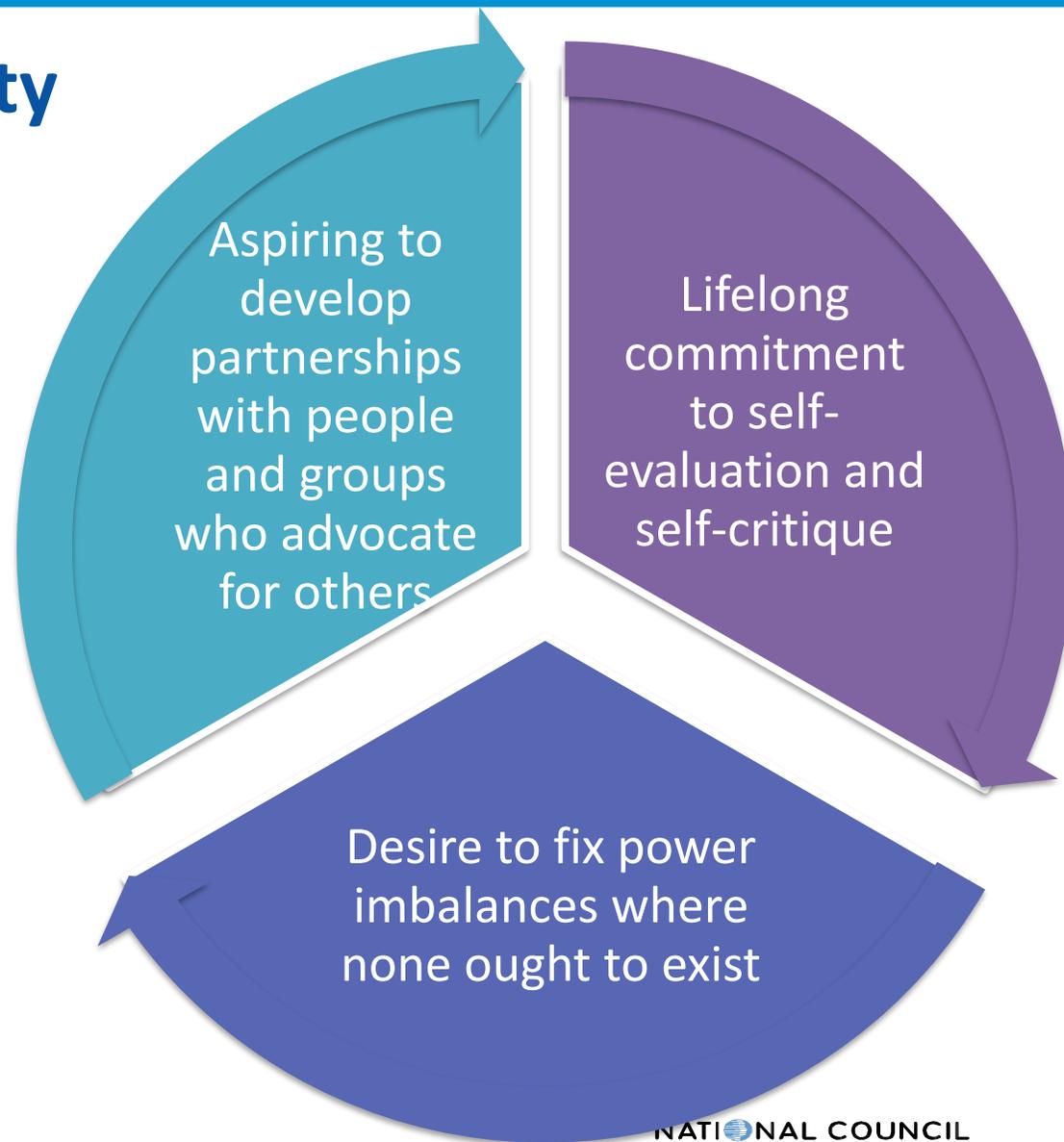
Cultural Humility

Cultural Humility is another way to understand and develop a process-oriented approach to competency.

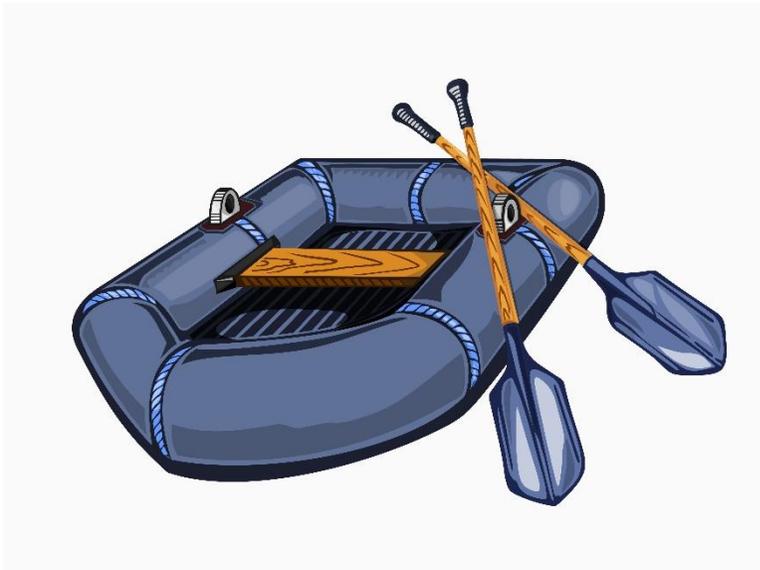
“the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”

Hook et al, 2013

-Tervalon & Murray-Garcia, 1998



MI Strategies/Skills: OARs



- **O**pen-Ended Inquiry
- **A**ffirmations
- **R**eflections



Open-Ended Inquiry

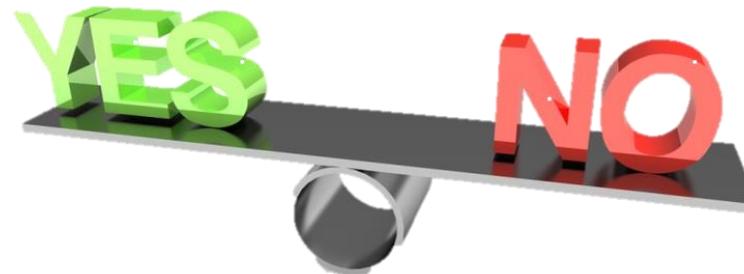
Instead of...	Try...
1. Can you cut back on your smoking?	1. What do you like and dislike about smoking?
2. Do you know about our tobacco cessation group?	2. What do you know about our tobacco cessation group?
3. Why haven't you been able to quit?	3. How have you approached quitting in the past?



Ambivalence is Normal

Change Talk

I want...
I thought about...
Maybe...



Sustain Talk

I won't...
It's too hard...
I don't know...

Readiness Ruler



On a scale of 0 to 10...

how ready...?

how important ...?

how confident...?



Affirmations & Reflections



- Supportive, testaments of character
- Genuine, direct reinforcements of what you are hearing or observing
- Demonstrate understanding



Examples



I've been coming here for 6 months, ever since I got out of the hospital. I'm working really hard to take my meds and show up for therapy so I don't need you taking away the one thing that seems to help the most – my cigarettes.

It feels as though cigarettes help with your symptoms.

You don't want to be in the hospital again.

You've been committed to your treatment plan.

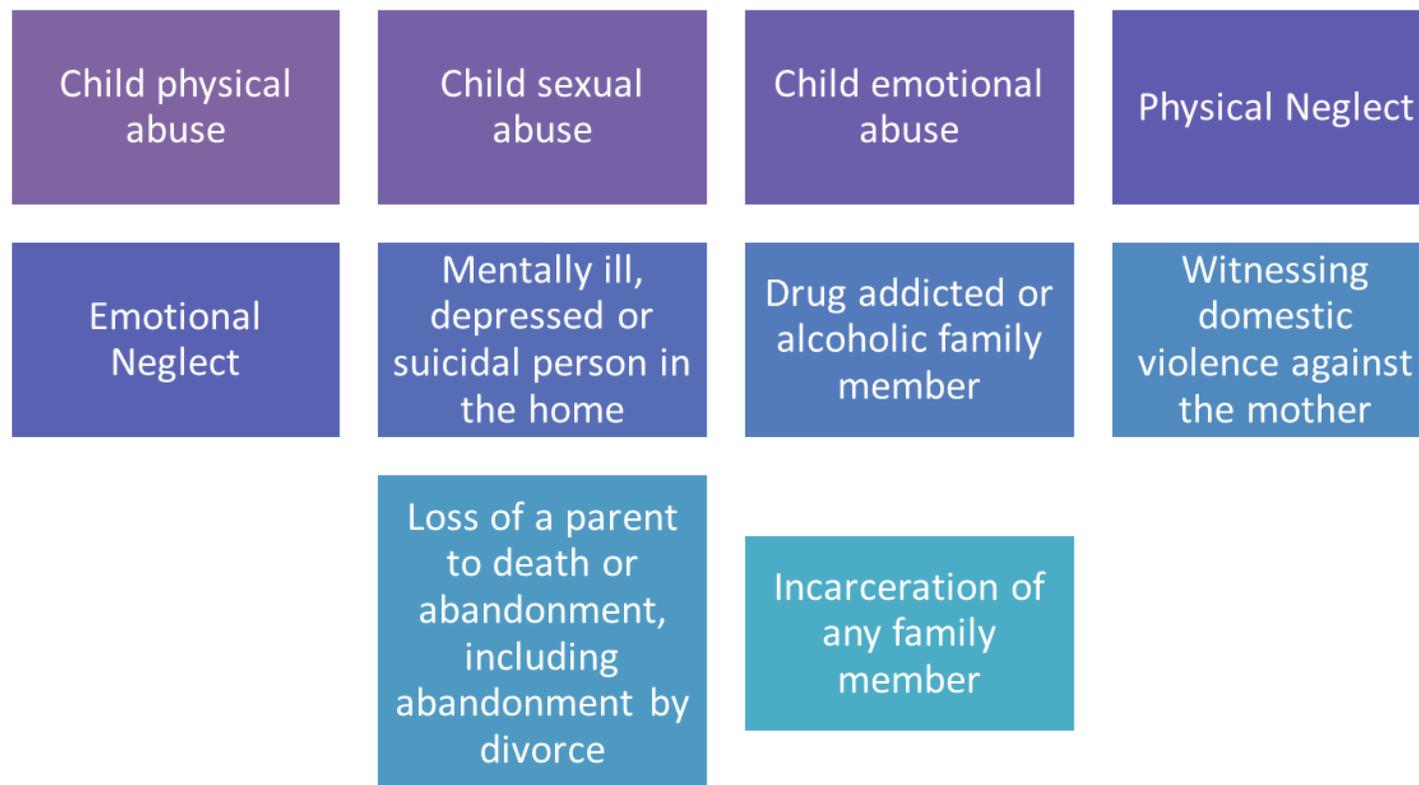


Survival Mode Response





Adverse Childhood Experiences (ACEs) Study



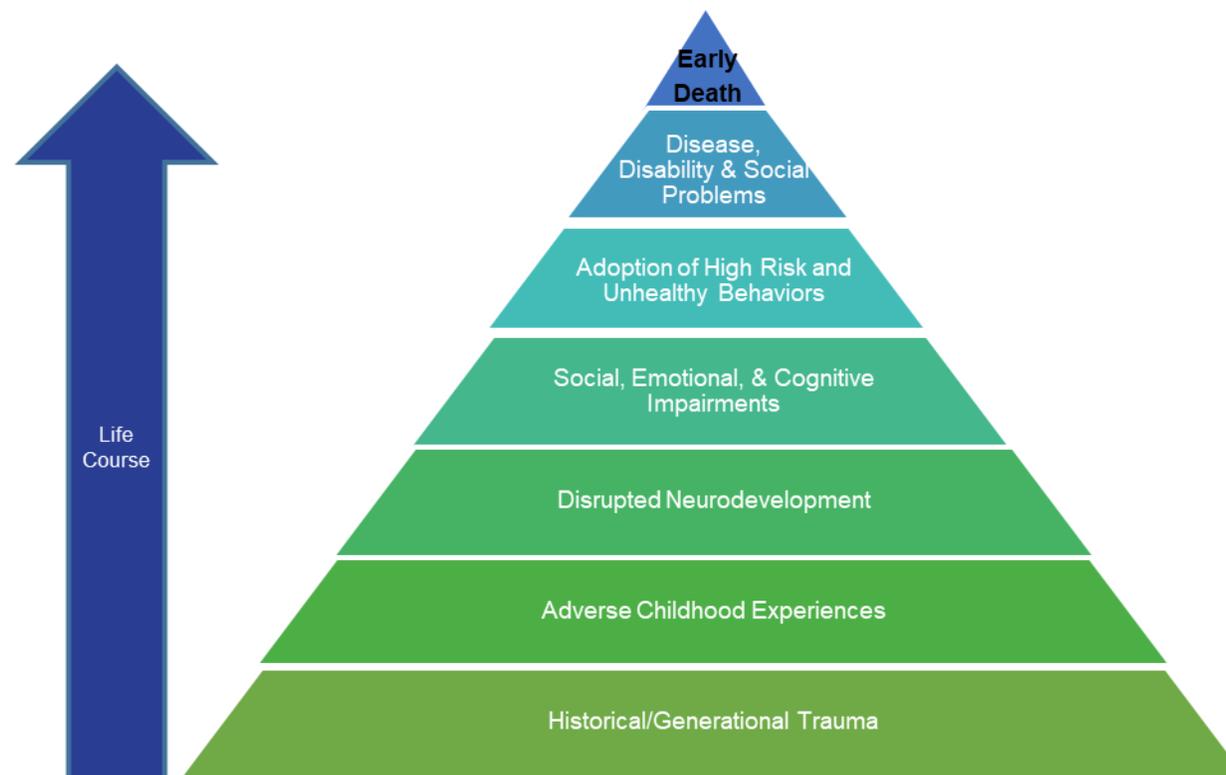
The Adverse Childhood Experience Study

Behavioral Health at the Foundation of all Health

- Over 17,000 adults studied from 1995-1997
- Almost 2/3 of participants reported at least one ACE
- Over 1/5 reported three or more ACEs, including abuse, neglect, and other types of childhood trauma
- Major links identified between early childhood trauma and long term health outcomes, including increased risk of many chronic illnesses and [early death](#)



Adverse Childhood Experiences (ACEs) Affect on Health and Well-being



Adverse Childhood Experiences (ACE) and adolescent health. Retrieved from <https://www.cdc.gov/violenceprevention/cestudy/>

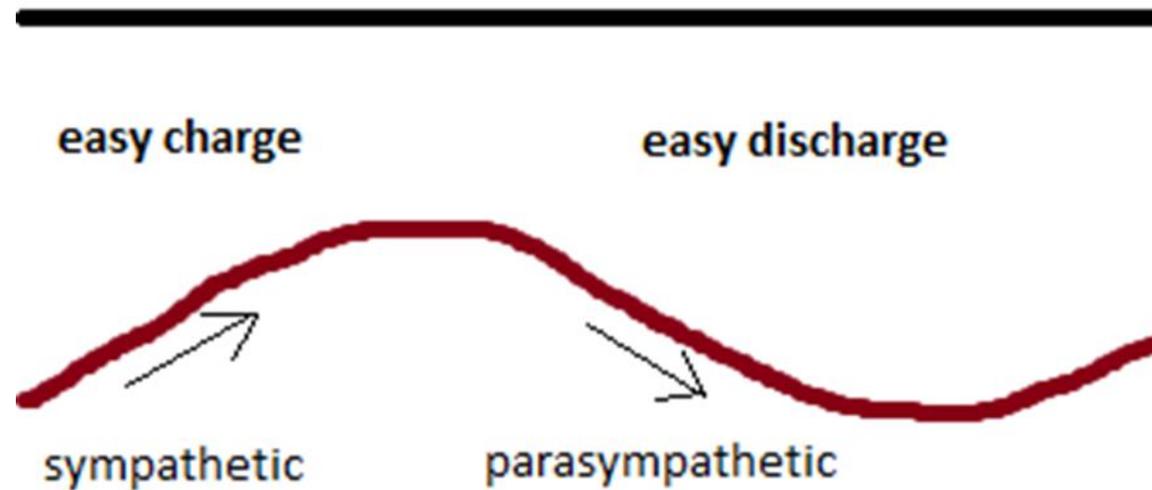


Life-Long Physical, Mental & Behavioral Health Outcomes Linked to ACEs

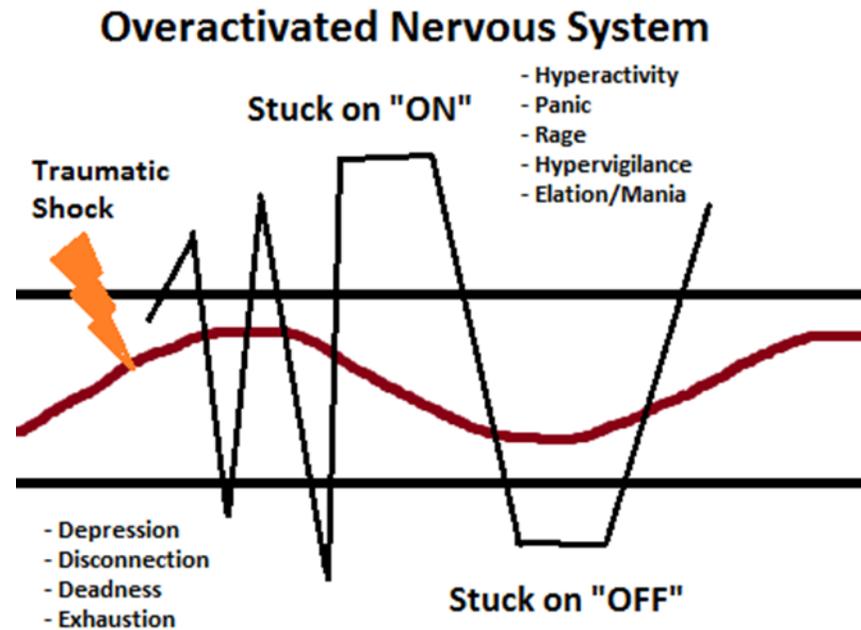
- Alcohol, tobacco & other drug addiction
- Auto-immune disease
- Chronic obstructive pulmonary disease & ischemic heart disease
- Depression, anxiety & other mental illness
- Diabetes
- Multiple divorces
- Fetal death
- High risk sexual activity, STDs & unintended pregnancy
- Intimate partner violence—perpetration & victimization
- Liver disease
- Lung cancer
- Obesity
- Self-regulation & anger management problems
- Skeletal fractures
- Suicide attempts
- Work problems—including absenteeism, productivity & on-the-job injury

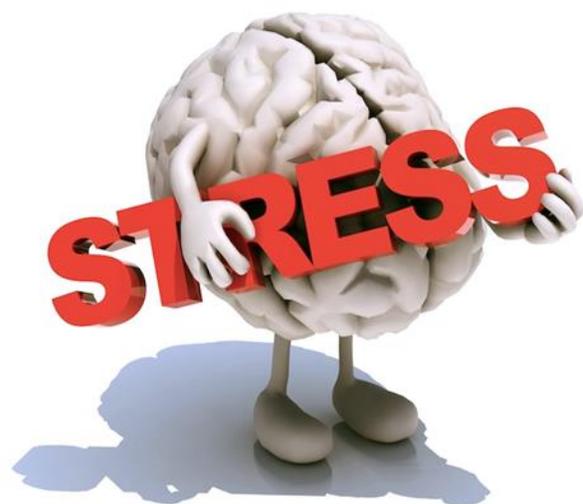


Discharge of Trauma



When trauma is not discharged





=

Inability to

- Respond
- Learn
- Process



Physical Impact of Trauma

Brain Architecture
Shrinkage in prefrontal cortex, corpus callosum, and hippocampus. Enlarged and more reactive amygdala. **Resolution:** safe and stable nurturing relationships, walk in nature, touch, exercise



Neural Pathways
Need to 'rewire' our brain from old thought patterns and habits of mind, conscious, and unconscious. **Resolution:** neurofeedback, meditation/ mindful action, positive self-talk



Hormones
Prolonged high cortisol and ghrelin creates greater reactivity to stress. Long term damage to cells, structures of the body, and other hormone glands (thyroid). **Resolution:** oxytocin ("the love hormone")



Toxin Elimination
Intestines and kidneys less able to eliminate toxins (slow gut or unbalanced flora). **Resolution:** salt baths, sauna



Nervous System
Supercharged sympathetic nervous system. Parasympathetic nervous system not engaged to bring back into balance. **Resolution:** yoga, breathing, or other physical/emotional regulation



Immune System
Resistance to cortisol or lower cortisol creates unchecked inflammation. Cause of many diseases: asthma, arthritis, etc.) **Resolution:** meditation/mindful action, walking in nature, diet, rest



Brain Waves
Predomination of wrong brain waves in wrong part of the brain leads to anxiety, unable to concentrate, and seizures. **Resolution:** neurofeedback



Neurotransmitters
Vulnerable to addiction because dopamine transmitters/receptors not developed or damaged. Reduces motivation & focus, creates fatigue. Low serotonin causes depression.

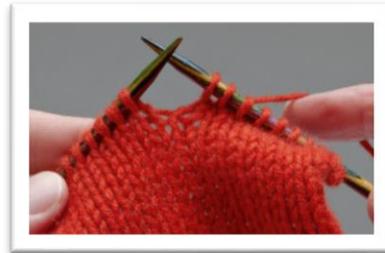
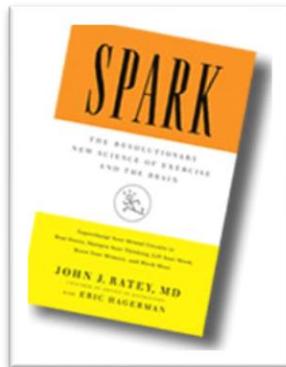


Cellular Change
Shortens telomeres which prematurely ages and reduces reproduction of cells & can cause cancer. **Resolution:** social support
Epigenetics turns genes on or off in adaptation to dangerous environments. Effect can last generations. **Resolution:** Safer environment (perception of)

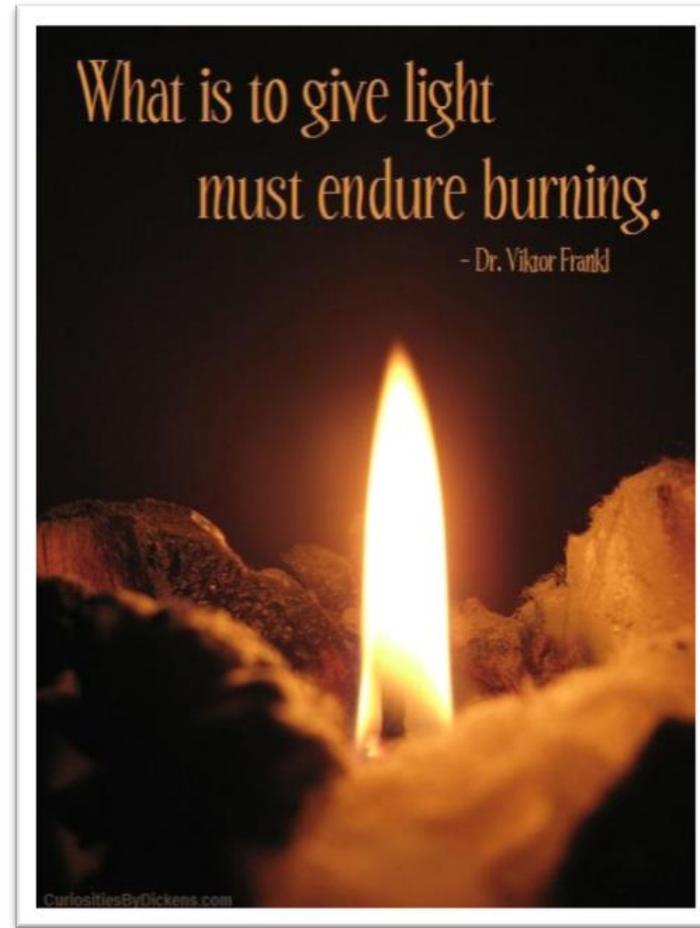
echo ©2018



Understand the Mind/Body Connection



What Inhibits Caregivers from being Trauma Responsive?



Resilience: *Ability to adapt well to stress, adversity, trauma or tragedy*

Reaching out: The continued drive to take on more challenges and opportunities

Empathy: Able to read others behavior, to understand their states, and build relationship

Realistic optimism: Being positive about the future *and* realistic

Emotional regulation: The ability to control our emotions, attention, and thus our behavior



Impulse control: The ability to manage expression of our feelings.

Accurate identification of the cause of adversity

Self-efficacy: The sense that we can solve problems and succeed



Culture is...the shared values, traditions, arts, history, folklore, and institutions of a group of people that are *unified by* race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any *other cohesive group variable*.
Singh, 1998

Culture is...the *communication and interaction guide* of any cohesive group of people
Sockalingam, 2019



MI Applications for People with Dual Diagnosis

Skill	Considerations	Example
Open-Ended Inquiry	Avoid compound questions. Person may have difficulty tracking or organizing response.	<i>What is most important to you? If you decided to quit, how would you do it?</i>
Affirmation	Use often to counter social stigma, feeling invalidated and incapable.	<i>You're not someone who gives up easily.</i>
Reflections	Use often, with simple terms, allow time to process and respond.	<i>Quitting smoking is not something you want to do right now - and yet you've thought about whether it's actually making things worse.</i>



Case Example #1

I'm taking the meds but I don't like them. They make me groggy and numb. I think smoking actually perks me up and helps me get through the day. I know you want me to quit and I don't want lung cancer but it's probably too late anyway.



Case Example #2

I've tried treatment and it doesn't help – whenever I see a psychiatrist, I end up in a mental hospital. I haven't seen a doctor in a long time. I know my health is bad but I don't need a lecture about cigarettes right now.



Success Factors



- ✓ **Trusting relationship:** Empathy, acceptance and understanding. Person is allowed to tell their story and express their ambivalence.
- ✓ **Ability to adapt:** Open ended questions & reflections rather than forcing facts and ignoring the other person's perception. Express both sides of ambivalence.
- ✓ **Link goals with change:** Reflect stated goals & values AND the person's willingness/ability to change for them (change talk).

Dobber 2018 BMC Psychiatry

Contact Us!



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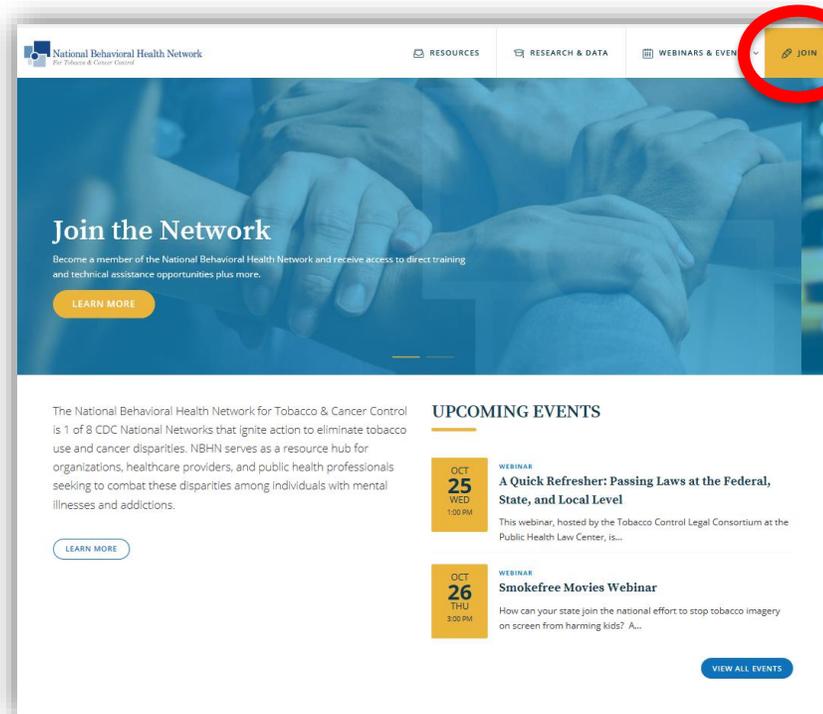
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