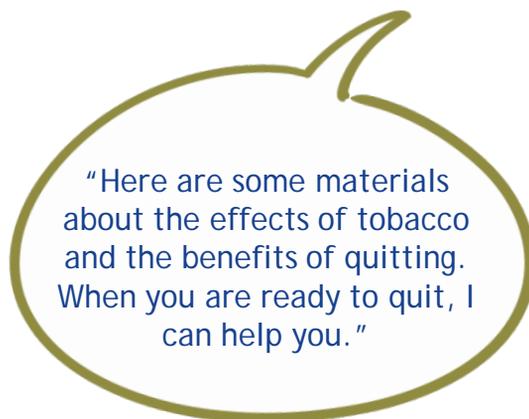
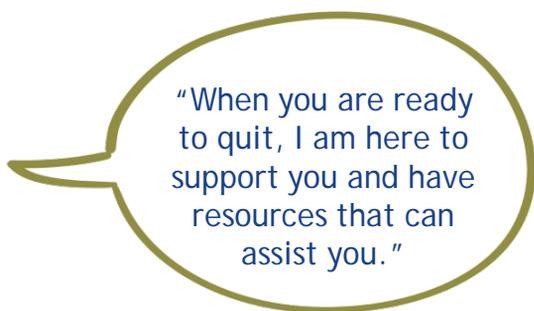


# What to Do With a Patient Who is **Not** Ready to Quit

As a health care provider, you can make an impact whether or not your patient is ready to quit. Patients' interest and motivation to quit can vary from visit to visit. Providers should ask patients about tobacco use at every visit and assess their readiness to quit.

## Not Ready to Quit

Provide appropriate self-help materials and let patients know that you are available to help them when they are ready. Create a non-judgmental environment to keep the door open to future conversations. Try using one of these:



## Increase Patient Motivation

Patients who are not interested in making a quit attempt may:

- Lack information about the harmful effects of tobacco use and the benefits of quitting.
- Have fears or concerns about quitting.
- Lack the required financial resources.
- Discouraged because of previous relapse.

Such patients may respond to brief motivational interventions that are based on principles of Motivational Interviewing (MI), a directive, patient-centered counseling intervention.

The four general principles that underlie MI are:



Specific MI counseling strategies are listed on the back.



# Enhancing motivation to quit tobacco: The “5 R's”

---

- Relevance** Encourage the patient to indicate why quitting is personally relevant. Motivational information has the greatest impact if it is relevant to a patient's disease status or risk, family or social situation .
- Risks** Ask the patient to identify potential negative consequences of tobacco use. Highlight those that seem most relevant to the patient.
- Rewards** Ask the patient to identify potential benefits of stopping tobacco use. Highlight those that seem most relevant to the patient. Examples of rewards follow:
- Improved health
  - Saving money
  - Setting a good example for children and decreasing the likelihood that they will smoke
- Roadblocks** Ask the patient to identify barriers to quitting and provide treatment (problem-solving, referral to resources, medication) that could address barriers. Typical barriers might include:
- Withdrawal symptoms
  - Fear of failure
  - Weight gain
  - Being around other tobacco users
- Repetition** The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.
-