TOBACCO TREATMENT THAT HONORS CONTEXT: MI STRATEGIES FOR NOT-YET-READY AND RELUCTANT CLIENTS IN UNDERSERVED POPULATIONS

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Member of MINT

Disclaimers

Sarah Cameron, owner of Igniting Change Co., provides paid training in Motivational Interviewing, which is the stated conflict of interest.
This course includes information pertaining to helping professionals. It is presented from a clinician's perspective. This course is intended for educational purposes only and is not intended to provide a medical diagnosis or substitute for medical or legal advice.
Information presented here is, to the best of my knowledge, accurate at the time of course publication. Motivational Interviewing is an evidence-based practice and is empirically based when used with fidelity. However, I assume no responsibility for errors, omissions, or changes in requirements. Motivational Interviewing is not intended to be used out of the context of legal and ethical practices. Risks of the use of MI or any content presented are the responsibility of each individual. Legal and ethical standards can change quickly, and it is ultimately the responsibility of each individual licensed provider or helping professional to remain current.

No financial conflicts of interest to disclose.

HOUSEKEEPING & Notes

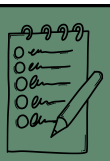
- Judgement-free zone - space to explore real world
- This workshop will be recorded – please be cognizant of any spoken or written messages
- Breakout room: not required to speak
- CEs offered for TTS
- Trauma might be better fit for therapy
- We're talking commercial tobacco
- Zoom features: chat, polls, mute/unmute

Hello! I'm Sarah.

Motivational Interviewing.

Tobacco Treatment.

Underserved populations.



What's on the agenda?

- Refresher: MI & Stages of Change
- 5 types of Precontemplation
- Vulnerable Populations & Precontemplation
- Tobacco Use Purpose when in Precontemplation
- Practical Strategies (an MI approach to precont.)

What brings you here today?

What are you hoping to take away?

When someone isn't ready to change (aka quit tobacco)...

...what might happen if you continue the conversation?

Why traditional ready-to-quit might fall flat...

1. It assumes change is on their radar (and it's maybe not).
2. It can feel judgmental or prescriptive.
3. It ignores their immediate survival needs.
4. It sets up a "yes/no" dynamic that goes nowhere.
5. It misses what smoking is actually doing for them.
6. It can damage trust and rapport.

The Motivational Interviewing alternative?

Start with curiosity about their life, what matters to them, what's hard right now, and what role (if any) smoking plays—without any agenda to move them toward quitting.

What's motivational interviewing?

> ***A particular way of talking with people about change and growth to strengthen their own motivation and commitment.***
>
> *-Miller & Rollnick, 2023*

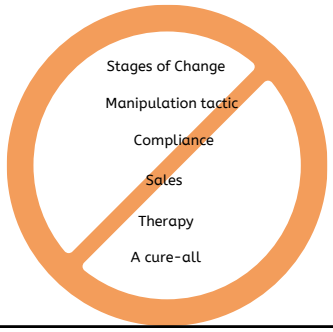
Motivational Interviewing is...

M + **I** = **MI**

Motivational
Drawing out, evoking reasons to change.

Interviewing
Neutral Curiosity

Motivational Interviewing
Drawing out with neutral curiosity

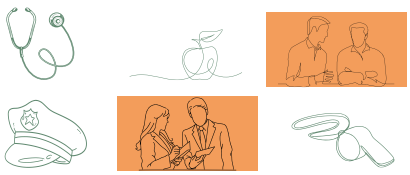


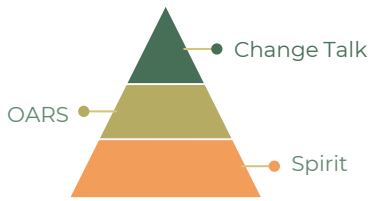
What
MI
Is
NOT

MOTIVATIONAL INTERVIEWING IS...

Following — Guiding — Directing

Who else is using MI?

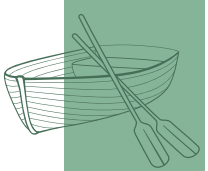




Borrowed from Hilary Logan Bolter

OARS!

Open Questions
Affirmations
Reflections
Summaries



ASK-OFFER-ASK

Use when you have lots of info to give, or you feel the client needs the info for safety/concern

Ask: What do you know about…?"
"Can I share a bit about…?"

Offer: info, statistics, options

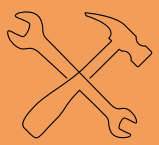
Ask: "What do you make of this?"

DARN CAT

(aka: change talk)

Desire: I want to…
Ability: I believe I could…
Reason: This would really improve…
Need: If I don't […] will happen

Commitment: I am going to…
Activation: I got the paperwork…
Taking Steps: I started filling out…



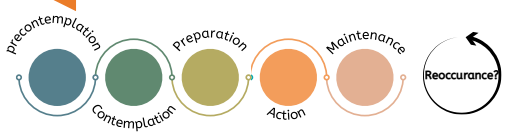
BEWARE THE FIXING REFLEX

Making suggestions
Telling them what to do
Warning of the consequences

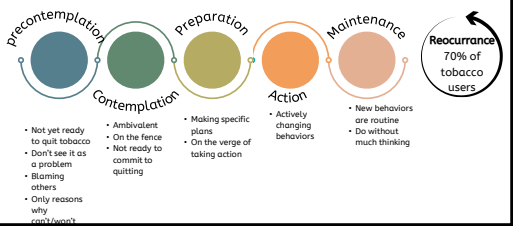
OTHER ROADBLOCKS

1.Ordering, directing or commanding
2.Warning, threatening, admonishing
3.Moralizing, giving "shoulds"
4.Advising, offering solutions or suggestions
5.Teaching, lecturing, using logic, arguing
6.Judging, criticizing, directing, blaming
7.Name calling, stereotyping, labeling
8.Interpreting, analyzing, over-diagnosing
9.Praising, agreeing, giving positive judgement
10.Reassuring, sympathizing, consoling
11.Questioning, interrogating, cross-examining
12.Withdrawing, avoiding, changing the subject

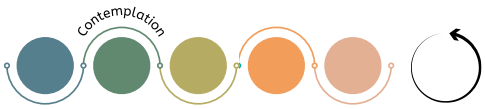
Stages of Change



Stages of Change



Tips for Contemplation



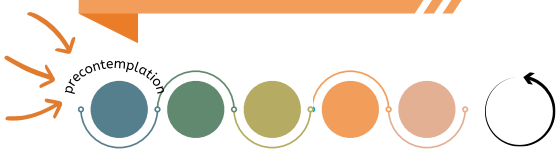
MOTIVATIONAL INTERVIEWING!
to resolve ambivalence

Motivational Interviewing is a way to help resolve ambivalence

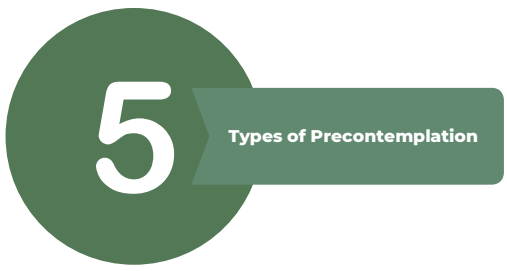
AMBIVALENCE

Reasons both for and against cutting back or quitting tobacco

Types of Precont.



1. Not sure they want to change
2. Are being told they MUST change
3. Feel defeated or little energy to change
4. Don't see their tobacco use as problematic
5. Don't see tobacco use as risky



DiClemente, C. C., & Velasquez, M. M. (2002)

5 TYPES OF PRECONTEMPLATORS

1. Reluctant
2. Rebellious
3. Resigned
4. Rationalizing
5. Unaware

DiClemente, C. C., & Velasquez, M. M. (2002)

5 TYPES OF PRECONTEMPLATORS

Reluctant Precontemplator

What it looks like: "I don't want to change."

-They **acknowledge there might be a problem**, but they don't want to deal with it

-Often feel **overwhelmed** by the idea of change

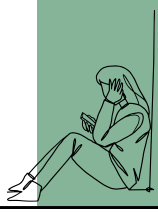
-May have **tried before and failed**, so they're avoiding the disappointment

-Change feels too hard given everything else going on

5 TYPES OF PRECONTEMPLATORS

Reluctant Precontemplator

> "Yeah, I know smoking isn't great for me, but honestly I just can't deal with trying to quit right now. I've got too much else going on."



5 TYPES OF PRECONTEMPLATORS

Rebellious Precontemplator

What it looks like: "You can't tell me what to do."

-Investment in maintaining **autonomy and control**

-Often **triggered by feeling pressured** or mandated

-May actually **dig in harder when pushed**

-Common in mandated settings or when feeling controlled by systems/people

5 TYPES OF PRECONTEMPLATORS

Rebellious Precontemplator

> "My doctor keeps nagging me about it. Everyone's always on my case. It's my life, I'll smoke if I want to."

5 TYPES OF PRECONTEMPLATORS

Resigned Precontemplator

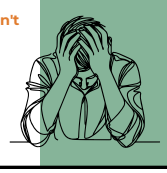
What it looks like: "There's no point / I've given up."

-Feels **hopeless** about their ability to change

-Often have tried multiple times and **believe they can't succeed**

-May feel **defeated** by life circumstances in general

-Energy for change is depleted



5 TYPES OF PRECONTEMPLATORS

Resigned Precontemplator

"I've tried to quit like ten times. I always go back. That's just who I am—a smoker. Nothing's going to change that."

5 TYPES OF PRECONTEMPLATORS

Rationalizing Precontemplator

What it looks like: "It's not really a problem because..."

-Has lots of **reasons/justifications** for why smoking isn't an issue for them

-May **minimize risks** or focus on exceptions ("my grandma smoked and lived to 95")

-Often intellectually defend their behavior

-Not necessarily in denial—they genuinely don't see it as problematic

5 TYPES OF PRECONTEMPLATORS

Rationalizing Precontemplator

"I only smoke when I'm stressed, so it's really helping me cope. And I don't smoke as much as other people. Plus, vaping is way worse."

5 TYPES OF PRECONTEMPLATORS

Unaware Precontemplator

What it looks like: "What problem?"

-Genuinely **don't see smoking as an issue**

-May **not have information** about health impacts

-Could be young or new to smoking

-Might not have experienced negative consequences yet

-In vulnerable populations, may have so many other pressing concerns that smoking risks don't register

5 TYPES OF PRECONTEMPLATORS

Unaware Precontemplator

"I mean, I smoke, but it's not like it's affecting anything. I feel fine."

PRACTICE ACTIVITY

Breakout Rooms: Type of precontemplator

1. Reluctant
2. Rebellious
3. Resigned
4. Rationalizing
5. Unaware

1. Each person shares briefly (1-2 minutes each): Describe your client situation in a few sentences
2. What does the client say or do that shows they're in precontemplation?
3. What's going on in their life (housing, trauma, stress, mandated, etc.)?
4. As a group, discuss: Which type(s) of precontemplation does this sound like?
5. Why do you think they landed there?
6. What have you tried (or what worries you about trying)?

VIDEO: Change Companies website:
Bill Miller and precontemplation

WHY FOCUS ON PRECONTEMPLATION SO MUCH IN A TOBACCO TREATMENT WORKSHOP?

Here's why:

Vulnerable populations—folks dealing with homelessness, poverty, trauma, discrimination, systemic barriers—are **far more likely to be in precontemplation**. And they're more likely to stay there.

TOBACCO USE IN VULNERABLE POPULATIONS

For people experiencing **homelessness, smoking rates are 70%-80%** (compared to 11-15% in general population)

Soar et al., 2020

About **15.3% of LGBTQ people smoke** (compared to 11.4% of heterosexual people).

CDC website, 2025

Among people of color, higher smoking rates AND lower quit rates despite similar or higher motivation to quit

UCSF Smoking Cessation Leadership Center

70%-80% of justice-involved individuals smoke. Relapse post-release is common, **only 3% of the population released reporting sustained abstinence** at 6-months follow-up**.**

UCSF Smoking Cessation Leadership Center,

TOBACCO USE IN VULNERABLE POPULATIONS

Tobacco use in those with a **serious mental illness (SMI) is nearly double** that of the general population.

American Lung Association website

AND HERE IS WHY THIS MATTERS:

It's not just that these populations have higher smoking rates. It's that the very conditions of their lives make ***precontemplation the most logical place to be***.

AND HERE IS WHY THIS MATTERS:

This isn't about lack of motivation—it's about unrelenting circumstances.

- Deliberate Targeting
- Trauma as a driver
- Chronic unrelenting stress
- Structural barriers to quitting

Why these disparities exist.

SO, WHY ARE SO MANY IN VULNERABLE POPULATIONS STUCK IN PRECONTEMPLATION?

Perhaps because smoking plays a big role in their lives...

What purpose does smoking serve?

1.Emotional Regulation and self medication

- Many folks in vulnerable populations have experienced significant trauma but have never had access to trauma therapy
- Nicotine has real psychoactive effects—it's not just psychological
- When you can't afford a therapist or medications, and you don't trust the system anyway, smoking becomes your mental health treatment

What purpose does smoking serve?

2. Creates structure and predictability

- When you don't know where you'll sleep or if you'll eat, having something predictable matters
- In shelters or programs with strict schedules, smoke breaks might be the only time that feels like yours
- Structure is a basic human need—smoking provides it when nothing else does

What purpose does smoking serve?

3. Social connection and community

- Vulnerable populations often experience extreme isolation and loneliness
- When you're marginalized, finding "your people" is critical for survival
- Smoking communities offer acceptance without judgment

What purpose does smoking serve?

4. Sense of control and autonomy

- Vulnerable populations often experience constant control—by case managers, probation officers, shelter rules, mandated treatment
- When everything else is dictated by others or by circumstances, smoking is something YOU decide
- It's a small act of resistance and dignity

What purpose does smoking serve?

5. Staying alert and functional

- Many vulnerable folks are working multiple low-wage jobs, dealing with sleep deprivation, or managing chronic stress
- When you can't afford coffee or energy drinks, cigarettes keep you going
- Helps people stay vigilant in unsafe environments (street homelessness, domestic violence situations)

What purpose does smoking serve?

6. Appetite suppression

- When you don't know where your next meal is coming from, cigarettes can quiet the hunger
- Spending money on cigarettes instead of food makes sense when cigarettes make the hunger go away

What purpose does smoking serve?

7. Harm reduction for other substances

- For people in recovery or trying to reduce substance use, smoking can be the "lesser harm"
- Treatment programs often allow smoking even when other substances are prohibited
- It's a way to manage the stress of early recovery

What purpose does smoking serve?

8. Coping with chronic pain

- Many vulnerable populations deal with untreated chronic pain (injuries, health conditions, lack of healthcare access)
- Pain medications may be unavailable, unaffordable, or withheld (due to substance use history)
- Smoking is accessible pain management

What purpose does smoking serve?

9. Filling time & combating boredom

- Unemployment, lack of housing, limited resources = a LOT of empty time
- Boredom is actually really hard to manage and can lead to depression and hopelessness
- Smoking gives structure and purpose to otherwise meaningless hours

What purpose does smoking serve?

10. Cultural Identity

- In some communities, smoking is normalized and integrated into social life
- For marginalized communities that have been harmed by healthcare systems, rejecting health advice can be an act of resistance
- Tobacco use may have different cultural meanings in Indigenous communities

Until you understand **what smoking is DOING for someone** - why they smoke, the purpose - you **can't have a real conversation about change.**

If we jump straight to convincing, warning, and persuading - particularly with someone in precontemplation - we're essentially saying:

- *"Give up your emotional regulation tool"*
- *"Lose your social connections"*
- *"Give up one of the few things you control"*
- *"Stop managing your pain/hunger/exhaustion"*
- *"Figure out another way to cope"*

NO WONDER PEOPLE STAY IN PRECONTEMPLATION

Reminder:

pushing, convincing, educating, jumping to planning doesn't work for precontemplation because...

1. It assumes change is on their radar (and it's maybe not).
2. It can feel judgmental or prescriptive.
3. It ignores their immediate survival needs.
4. It sets up a "yes/no" dynamic that goes nowhere.
5. It misses what smoking is actually doing for them.
6. It can damage trust and rapport.

SO, HOW DO WE WORK ALONGSIDE THOSE IN PRECONTEMPLATION - ESPECIALLY THOSE IN VULNERABLE POPULATIONS - IN REGARD TO THEIR TOBACCO USE?

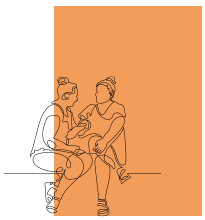
WORKING ALONGSIDE PRECONTEMPLATORS

1. Start with **genuine curiosity**.
2. **Ask permission** before offering information/suggestions.
3. **Affirm, affirm, affirm**!
4. Clearly highlight their **autonomy.**
5. **Reflect** what you hear.
6. **Explore the function** (not the problem).
7. Talk about whatever they will talk about.
8. Use **open questions**.
9. **Explore discrepancies** gently.
10. **Plant seeds** (don't expect a harvest).

WORKING ALONGSIDE PRECONTEMPLATORS

Type	Core Need	Primary Strategy	MI Example
Reluctant	Less overwhelm		
Rebellious	Autonomy		
Resigned	Hope (built gradually)		
Rationalizing	To be heard		
Unaware	Information (gently)		

The Ultimate MI-Consistent Approach for Precontemplation



"I'm here to understand your world, not to change you. If change ever feels right to you, I'll walk with you. If it doesn't, I'll still be here."

That's it. That's the whole approach.

PRACTICE ACTIVITY

1. RELUCTANT
2. REBELLIOUS
3. RESIGNED
4. RATIONALIZING
5. UNAWARE

"I've smoked most of my life and had 3 heart attacks. Hasn't killed me yet, so I don't see the problem."

PRACTICE ACTIVITY

1. RELUCTANT
2. REBELLIOUS
3. RESIGNED
4. RATIONALIZING
5. UNAWARE

"I just recently lost my job, and don't really know where I'm going to sleep for the next week, so I just don't have it in me to worry about quitting smoking."

PRACTICE ACTIVITY

1. RELUCTANT
2. REBELLIOUS
3. RESIGNED
4. RATIONALIZING
5. UNAWARE

"I didn't want to come here in the first place. My mom made me come. I am so sick and tired of everybody thinking they know what's best for me."

PRACTICE ACTIVITY

1. RELUCTANT
2. REBELLIOUS
3. RESIGNED
4. RATIONALIZING
5. UNAWARE

"I find that smoking actually helps me relax. And I've heard there are some neurogenics to smoking too."

PRACTICE ACTIVITY

1. RELUCTANT
2. REBELLIOUS
3. RESIGNED
4. RATIONALIZING
5. UNAWARE

"You know, I vape, and those are all natural and organic products so can't be bad for me."

Remember

Key Takeaways

Smoking isn't random for vulnerable populations—it's functional. It manages trauma, creates structure, provides connection, and offers control when everything else is chaos.

Precontemplation makes sense. When you're worried about where you'll sleep tonight, smoking cessation isn't the priority. Context matters.

Not all "not ready" looks the same. Reluctant ≠ rebellious ≠ resigned. Different types need different approaches.

You can't push people into readiness. Forcing change backfires. Research shows standard interventions can actually make things worse for people with low self-efficacy.

Our job: Connection, not conversion. Build trust. Plant seeds. Be present. Let go of the agenda.

If you could have a 'part 2' to this training, what might that inclue?
OR
What's one thing you plan to try or keep in mind?

Please take the CTTTP survey!

You will receive a **survey** via email after this workshop.
Please take this survey!

To keep advancing your MI skillset…

- Practice with feedback!
- Read! Listen to Podcasts!
- Consider Additional Training
  - UMASS Center for Integrated Primary Care
  - Duke University TTS Continuing Ed courses
  - Motivational Interviewing Network of Trainers

STUFF TO CHECK OUT

REFERENCES

Soar, K., Dawkins, L., Robson, D., & Cox, S. (2020). Smoking amongst adults experiencing homelessness: A systematic review of prevalence rates, interventions and the barriers and facilitators to quitting and staying quit. *Journal of Smoking Cessation*, 15(2), 94-108.

Centers for Disease Control and Prevention. (2025). Know the facts. https://www.cdc.gov/tobacco/campaign/tips/groups/lgbt.html

University of California San Francisco Smoking Cessation Leadership Center. https://smokingcessationleadership.ucsf.edu/priority-populations.

American Lung Association. Barriers for quitting amongst people who have behavioral health conditions. https://www.lung.org/quit-smoking/smoking-facts/impact-of-tobacco-use/behavioral-health-tobacco-use#:~:text=People%20with%20mental%20health%20conditions%20are%20more,85%25%20of%20individuals%20with%20schizophrenia%20use%20tobacco

REFERENCES

Betts, J. M., Klemperer, E. M., Baker, T. B., Loh, W.-Y., Coleman, S. R. M., & Cook, J. W. (2026). Treating those not ready to quit smoking: Doing harm while trying to help? Addictive Behaviors, 176, Article 108632.

Miller, W. R., & Rollnick, S. (2023). Motivational interviewing: Helping people change and grow (4th ed.). Guilford Press.