Assisting Clients with Quitting – How to Talk the Talk for Successful Tobacco Cessation (Part I)

Presented by Frank Vitale, MA
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Clinical Assistant Professor, Purdue College of Pharmacy

To access closed captioning:
https://www.streamtext.net/player?event=AssistingClientswithQuittingTobaccoPart1
Welcome!

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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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Frank Vitale, MA, Taslim van Hattum, LCSW, MPH, Samara Tahmid, Dana Lange, Christine Cheng, Jennifer Matekuare, Catherine Saucedo, and Steve Schroeder, MD.
Learning Objectives

• Identify and implement evidence-based strategies to engage behavioral health populations with high rates of tobacco use.

• Enhance motivational interviewing techniques to best engage clients in tobacco cessation attempts.

• Increase knowledge of FDA approved NRTs and other pharmacological supports to best support your clinicians and clients.
CME/CEU Statement

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ASSISTING CLIENTS WITH QUITTING PART I

Frank Vitale, MA
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Clinical Assistant Professor, Purdue College of Pharmacy
Treatment should address the physiological and the behavioral aspects of dependence.

Tobacco Dependence

<table>
<thead>
<tr>
<th>Physiological</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>The addiction to nicotine</td>
<td>The habit of using tobacco</td>
</tr>
<tr>
<td>Treatment</td>
<td>Treatment</td>
</tr>
<tr>
<td>Medications for cessation</td>
<td>Behavior change program</td>
</tr>
</tbody>
</table>

The addiction to nicotine and the habit of using tobacco require treatment, which may include medications for cessation and behavior change programs.
WHY SHOULD CLINICIANS ADDRESS TOBACCO?

- Tobacco users expect to be encouraged to quit by health professionals.
- Screening for tobacco use and providing tobacco cessation counseling are positively associated with patient satisfaction (Barzilai et al., 2001; Conroy et al., 2005).

Failure to address tobacco use tacitly implies that quitting is not important.

CLINICAL PRACTICE GUIDELINE for TREATING TOBACCO USE and DEPENDENCE

- Update released May 2008

- Sponsored by the U.S. Department of Health and Human Services, Public Health Service with:
  - Agency for Healthcare Research and Quality
  - National Heart, Lung, & Blood Institute
  - National Institute on Drug Abuse
  - Centers for Disease Control and Prevention
  - National Cancer Institute
EFFECTS of CLINICIAN INTERVENTIONS

With help from a clinician, the odds of quitting approximately doubles.

Compared to patients who receive no assistance from a clinician, patients who receive assistance are 1.7–2.2 times as likely to quit successfully for 5 or more months.

$n = 29$ studies

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The 5 A’s

ASK

ADVISE

ASSESS

ASSIST

ARRANGE

The 5 A’s (cont’d)

ASK about tobacco use; with a tone that conveys sensitivity, concern and is non-judgmental:

- “Do you smoke or use other types of tobacco or nicotine, such as e-cigarettes?”
  - “It’s important for us to have this information so we can check for potential interactions between tobacco smoke and your other medicines.”
  - “We ask all of our patients, because tobacco smoke can affect how well some medicines work.”
  - “We care about your health, and we have resources to help our patients quit smoking.”

- “Has there been any change in your smoking status?”
The 5 A’s (cont’d)

**ADVISE** tobacco users to quit (clear, strong, personalized)

- “It’s important for your health that you quit smoking, and I can help you.”
- “ Quitting smoking is the most important thing you can do to...[control your asthma, reduce your chance for another heart attack, better manage your diabetes, etc.]”
- “ Quitting smoking is the single most important thing you can do to protect your health now and in the future.”
  - “I can help you select medications that can increase your chances for quitting successfully.”
  - “I can provide additional resources to help you quit.”
The 5 A’s (cont’d)

**ASSESS** readiness to make a quit attempt

**ASSIST** with the quit attempt
- Not ready to quit: enhance motivation (the 5 R’s)
- Ready to quit: design a treatment plan
- Recently quit: relapse prevention
The 5 A’s (cont’d)

**ARRANGE** follow-up care

<table>
<thead>
<tr>
<th>Number of sessions</th>
<th>Estimated quit rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1</td>
<td>12.4%</td>
</tr>
<tr>
<td>2 to 3</td>
<td>16.3%</td>
</tr>
<tr>
<td>4 to 8</td>
<td>20.9%</td>
</tr>
<tr>
<td>More than 8</td>
<td>24.7%</td>
</tr>
</tbody>
</table>

* 5 months (or more) postcessation

Provide assistance throughout the quit attempt.

## ASSESSING READINESS to QUIT

Patients differ in their readiness to quit.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1</strong></td>
<td>Not ready to quit in the next month</td>
</tr>
<tr>
<td><strong>Stage 2</strong></td>
<td>Ready to quit in the next month</td>
</tr>
<tr>
<td><strong>Stage 3</strong></td>
<td>Recent quitter, quit within past 6 months</td>
</tr>
<tr>
<td><strong>Stage 4</strong></td>
<td>Former tobacco user, quit &gt; 6 months ago</td>
</tr>
</tbody>
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Assessing a patient’s readiness to quit enables clinicians to deliver relevant, appropriate counseling messages.
STAGE 1: Not ready to quit

Not thinking about quitting in the next month

- Some patients are aware of the need to quit.
- Patients struggle with ambivalence about change.
- Patients are not ready to change, yet.
- Pros of continued tobacco use outweigh the cons.

GOAL: Start thinking about quitting.
Motivational Interviewing

“...a skillful clinical style for eliciting from patients their own good motivation for making behavior change..”
In Other Words…

Guide the patient to telling you that they want to change rather than you telling them they have to change.
Avoid

- Forcing the change
- Intimidating
- Nagging
- Guilt
Benefits to This Approach

- Using MI:
  - Prevents frustrating conversations with “noncompliant” patients
  - Allows you to step away from the role of the parent scolding the naughty child for doing something wrong
  - Establishes a real sense of collaboration between you and the patient
Goal of Change Talk

- Collaborate with the patient to:
  - Understand and explore their own motivations for change.
  - Help them view the “change” as more enticing than the status quo
  - Increase their belief that they can change!
Why Change Talk?

Change

is more likely to occur

when the idea comes from the individual

not from you!
How To Elicit Change Talk

- Ask Permission
- Use Open Ended Questions
- Listen Reflectively
- Summarize Feedback
- Roll with Resistance/Ambivalence
STAGE 2: Ready to quit

Ready to quit in the next month

- Patients are aware of the need to, and the benefits of, making the behavioral change.
- Patients are getting ready to take action.

GOAL: Achieve cessation.
STAGE 2: READY to QUIT
Three Key Elements of Counseling

- Assess tobacco use history
- Discuss key issues
- Facilitate quitting process
  - Practical counseling (problem solving/skills training)
  - Social support delivered as part of treatment
STAGE 2: READY to QUIT
Assess Tobacco Use History

- Praise the patient’s readiness
- Assess tobacco use history
  - Current use: type(s) of tobacco, amount
  - Past use: duration, recent changes
  - Past quit attempts:
    - Number, date, length
    - Methods/medications used, adherence, duration
    - Reasons for relapse
STAGE 2: READY to QUIT
Discuss Key Issues

- Motivation/Confidence to quit
- Set a Quit Day
- Triggers for tobacco use
  - What situations lead to temptations to use tobacco?
  - What led to relapse in the past?
- Routines/situations associated with tobacco use
  - When drinking coffee
  - While driving in the car
  - When bored or stressed
  - While watching television
  - While at a bar with friends
  - After meals or after sex
  - During breaks at work
  - While on the telephone
  - While with specific friends or family members who use tobacco
Smokers confuse the relief of withdrawal with the feeling of relaxation.

THE MYTHS
- “Smoking gets rid of all my stress.”
- “I can’t relax without a cigarette.”

THE FACTS
- There will always be stress in one’s life.
- There are many ways to relax without a cigarette.

STRESS MANAGEMENT SUGGESTIONS:
- Deep breathing, shifting focus, taking a break.
Discuss coping strategies

- Cognitive coping strategies
  - Focus on retraining the way a patient thinks
  - Occur prior to the situation or “in the moment”

- Behavioral coping strategies
  - Involve specific actions to reduce risk for relapse
  - Occur prior to the situation or “in the moment”
TEACH and ENCOURAGE COPING

- Think in terms of “alternatives”
- There is **always** some other way to think or something else to do in every situation (to avoid smoking)
- Use a variety of techniques
- Foster creativity
TEACH and ENCOURAGE COPING: STEP #1

- Ask:
  - “What could you do differently in this situation so you won’t be prompted to want a cigarette?”
  - “How could you think differently in this situation, so that you aren’t triggered to want to smoke?”
If they provide a reasonable alternative, be supportive

If they say “I don’t know” or “I can’t think of anything”
    - Suggest a coping technique (or two)
    - Make suggestions appropriate to their lifestyle
STAGE 2: READY to QUIT
Facilitate Quitting Process (cont’d)

- Provide medication counseling
  - Promote adherence
  - Discuss proper use, with demonstration

- Discuss concept of “slip” versus relapse
  - “Let a slip slide.”

- Offer to assist throughout quit attempt
  - Follow-up contact #1: first week after quitting
  - Follow-up contact #2: in the first month
  - Additional follow-up contacts as needed

- Congratulate the patient!
Actively trying to quit for good

- Patients have quit using tobacco sometime in the past 6 months and are taking steps to increase their success.
- Withdrawal symptoms occur.
- Patients are at risk for relapse.

**GOAL:** Remain tobacco-free for at least 6 months.
STAGE 3: RECENT QUITTERS
Evaluate the Quit Attempt

- Tailor interventions to match each patient’s needs

- Status of attempt
  - Ask about social support
  - Identify ongoing temptations and triggers for relapse (negative affect, smokers, eating, alcohol, cravings, stress)
  - Encourage healthy behaviors to replace tobacco use

- Slips and relapse
  - Has the patient used tobacco/inhaled nicotine at all—even a puff?

- Medication adherence, plans for termination
  - Is the regimen being followed?
  - Are withdrawal symptoms being alleviated?
  - How and when should pharmacotherapy be terminated?
STAGE 3: RECENT QUITTERS
Facilitate Quitting Process

Relapse Prevention

- Congratulate success!
- Encourage continued abstinence
  - Discuss benefits of quitting, problems encountered, successes achieved, and potential barriers to continued abstinence
  - Ask about strong or prolonged withdrawal symptoms (change dose, combine or extend use of medications)
  - Promote smoke-free environments
- Schedule additional follow-up as needed
BRIEF COUNSELING: ASK, ADVISE, REFER

ASK → about tobacco USE

ADVISE → tobacco users to QUIT

REFER → to other resources

Patient receives assistance from other resources, with follow-up counseling arranged

ASSIST

ARRANGE
Brief interventions have been shown to be effective

In the absence of time or expertise:

- Ask, advise, and refer to other resources, such as local group programs or the toll-free quitline 1-800-QUIT-NOW

This brief intervention can be achieved in less than 1 minute.
WHAT ARE “TOBACCO QUITLINES”?

- Tobacco cessation counseling, provided at no cost via telephone to all Americans
- Staffed by highly trained specialists
- Up to 4–6 personalized sessions (varies by state)
- Some state quitlines offer pharmacotherapy at no cost (or reduced cost)
- 28.1% success rate for patients who use the quitline and a medication for cessation

Most health-care providers, and most patients, are not familiar with tobacco quitlines.
WHEN a PATIENT CALLS the QUITLINE

- Caller is routed to language-appropriate staff
- Brief Questionnaire
  - Contact and demographic information
  - Smoking behavior
- Choice of services
  - Individualized telephone counseling
  - Quitting literature mailed within 24 hrs
  - Referral to local programs, as appropriate

Quitlines have broad reach and are recommended as an effective strategy in the 2008 Clinical Practice Guideline.
The RESPONSIBILITY of HEALTH PROFESSIONALS

It is **inconsistent**
to provide health care and
—at the same time—
remain silent (or inactive)
about a major health risk.

**TOBACCO CESSATION**
is an important component of **THERAPY**.
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412 481-7767
References


- Motivational Interviewing in HealthCare William R. Miller/Stephen Rollnick Guilford Press 2008

- https://rxforchange.ucsf.edu/
Comments and Questions?
Join us for
Assisting Clients with Quitting Part II on
Monday, March 9, 2 – 3 p.m. ET

Reserve your spot for Part II today!
Thank you for joining us!

Please be sure to complete the brief post-webinar evaluation.

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