

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

Presented by Frank Vitale, MA

*National Director, Pharmacy Partnership for Tobacco Cessation
Clinical Assistant Professor, Purdue College of Pharmacy*

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<https://www.streamtext.net/player?event=AssistingClientswithQuittingTobaccoPart1>



National Behavioral Health Network
For Tobacco & Cancer Control

UCSF Smoking Cessation
Leadership Center

National Center of Excellence for
Tobacco-Free Recovery

Thursday, March 05, 2020, 2:00 PM EDT

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Welcome!



Samara Tahmid

Project Coordinator of Practice Improvement,
National Council for Behavioral Health



Frank Vitale, MA

National Director, Pharmacy Partnership for Tobacco Cessation
Clinical Assistant Professor, Purdue College of Pharmacy



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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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Registration is now open!

National Behavioral Health Network 2019 Annual Membership Survey:

<https://is.gd/NBHN2019MembershipSurvey>

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The following faculty speakers, moderators, and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

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

Accreditation:

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.0 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

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Course meets the qualifications for 1.0 hour of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences. Provider # 64239.



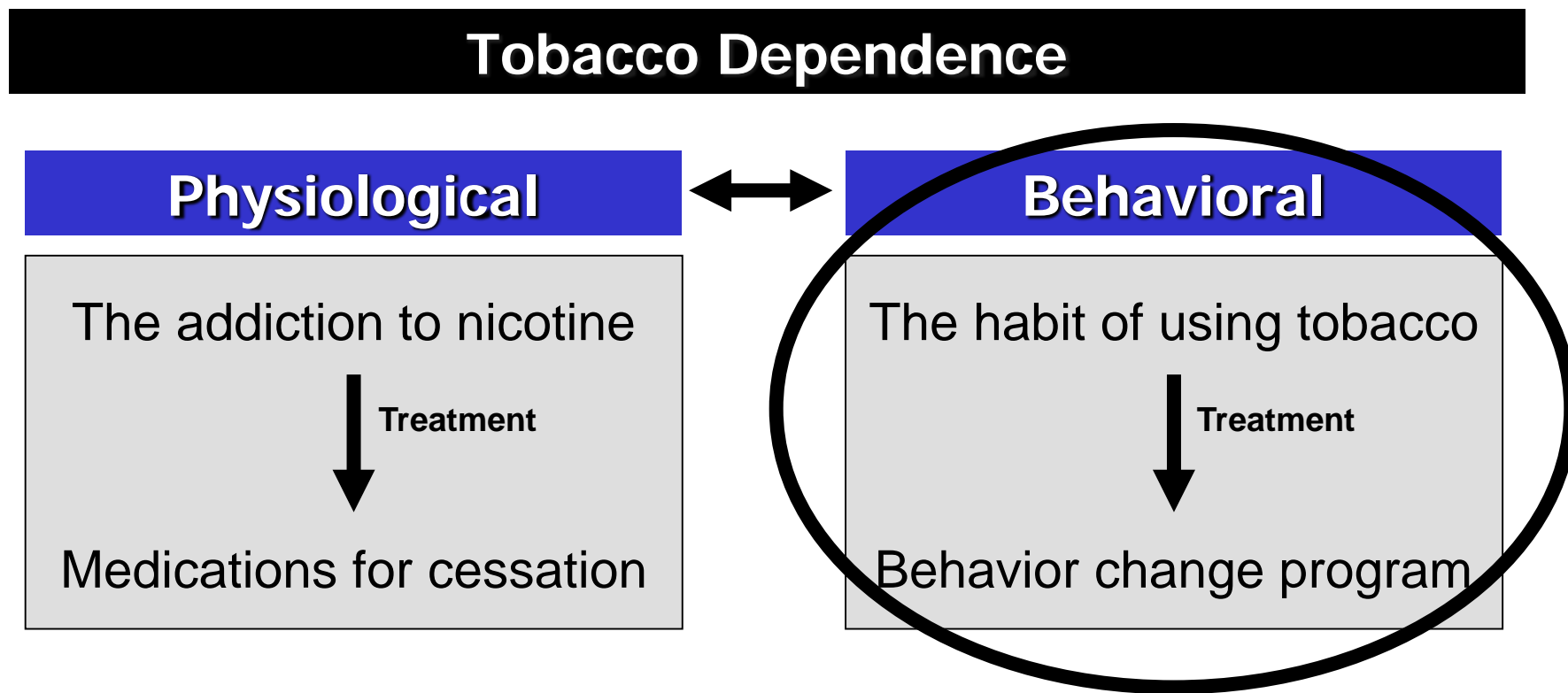
ASSISTING CLIENTS WITH QUITTING PART I

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TOBACCO DEPENDENCE: A 2-PART PROBLEM



Treatment should address the physiological **and** the behavioral aspects of dependence.



WHY SHOULD CLINICIANS ADDRESS TOBACCO?

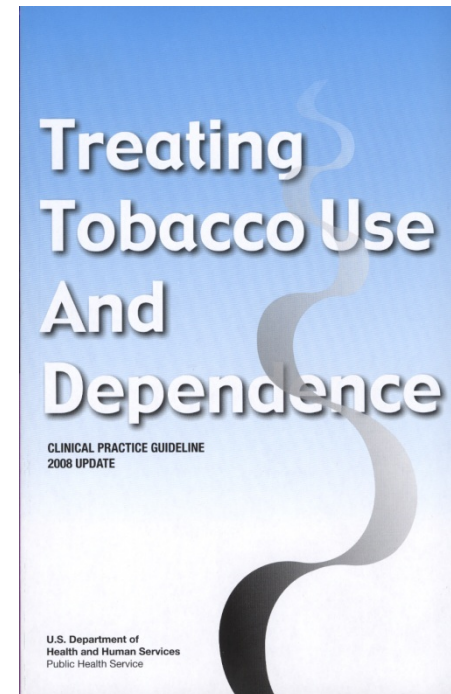
- Tobacco users expect to be encouraged to quit by health professionals.
- Screening for tobacco use and providing tobacco cessation counseling are positively associated with patient satisfaction (Barzilai et al., 2001; Conroy et al., 2005).

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



CLINICAL PRACTICE GUIDELINE for TREATING TOBACCO USE and DEPENDENCE

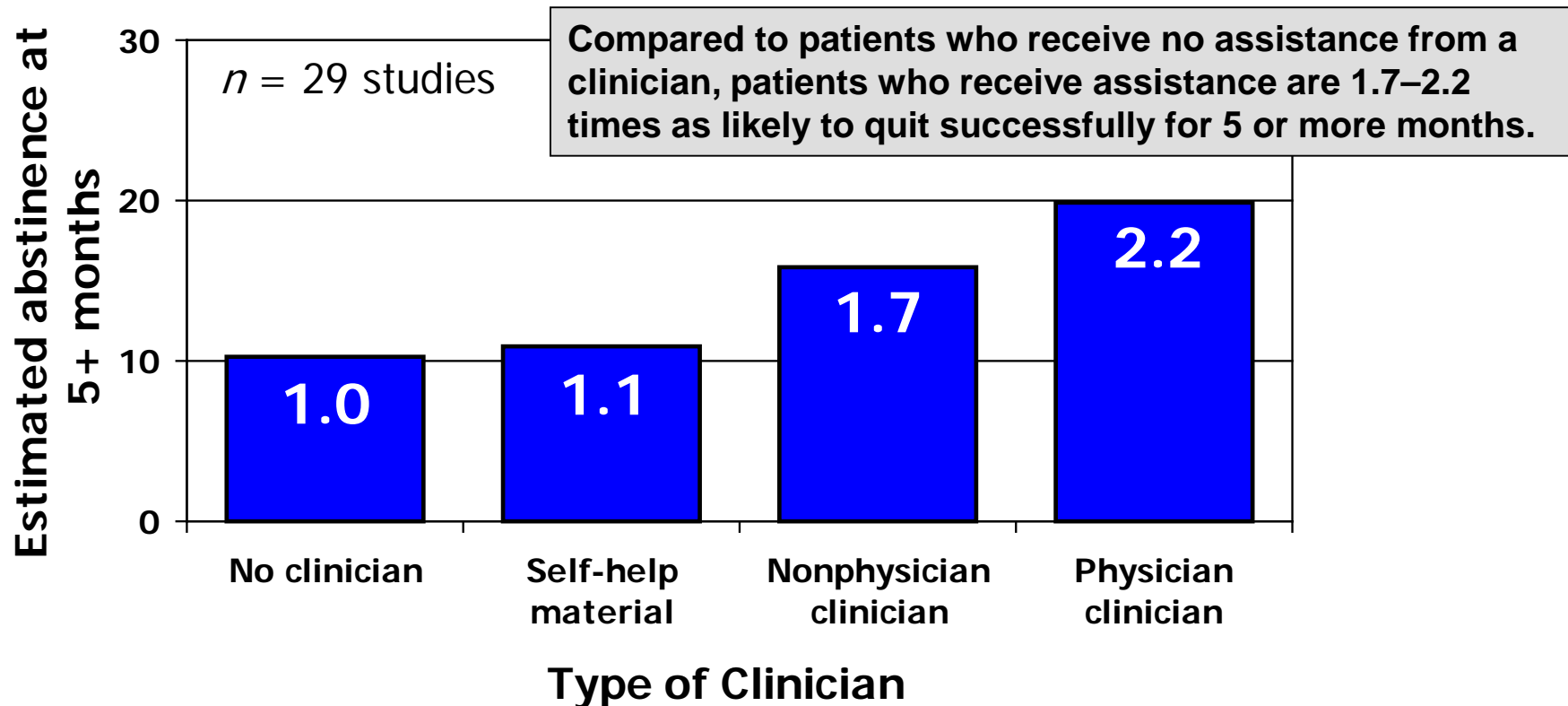
- Update released May 2008
- Sponsored by the U.S. Department of Health and Human Services, Public Health Service with:
 - Agency for Healthcare Research and Quality
 - National Heart, Lung, & Blood Institute
 - National Institute on Drug Abuse
 - Centers for Disease Control and Prevention
 - National Cancer Institute





EFFECTS of CLINICIAN INTERVENTIONS

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



Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: USDHHS, PHS, May 2008.



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

Number of sessions	Estimated quit rate*
0 to 1	12.4%
2 to 3	16.3%
4 to 8	20.9%
More than 8	24.7%

* 5 months (or more) postcessation

Provide assistance throughout the quit attempt.



ASSESSING READINESS to QUIT

Patients differ in their readiness to quit.

STAGE 1: Not ready to quit in the next month

STAGE 2: Ready to quit in the next month

STAGE 3: Recent quitter, quit within past 6 months

STAGE 4: Former tobacco user, quit > 6 months ago

Assessing a patient's readiness to quit enables clinicians to deliver relevant, appropriate counseling messages.



ASSESSING READINESS to QUIT (cont'd)

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!



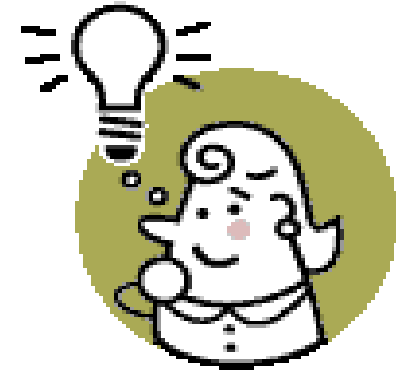
Why Change Talk?

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



ASSESSING READINESS to QUIT (cont'd)

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



STAGE 2: READY to QUIT

Discuss Key Issues (cont'd)

Stress-Related Tobacco Use

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.

Smokers confuse the relief of withdrawal with the feeling of relaxation.

STRESS MANAGEMENT SUGGESTIONS:

Deep breathing, shifting focus, taking a break.



STAGE 2: READY to QUIT

Facilitate Quitting Process (cont'd)

- 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?”



TEACH and ENCOURAGE COPING: STEP #2

- 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!



ASSESSING READINESS to QUIT (cont'd)

STAGE 3: Recent quitter

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

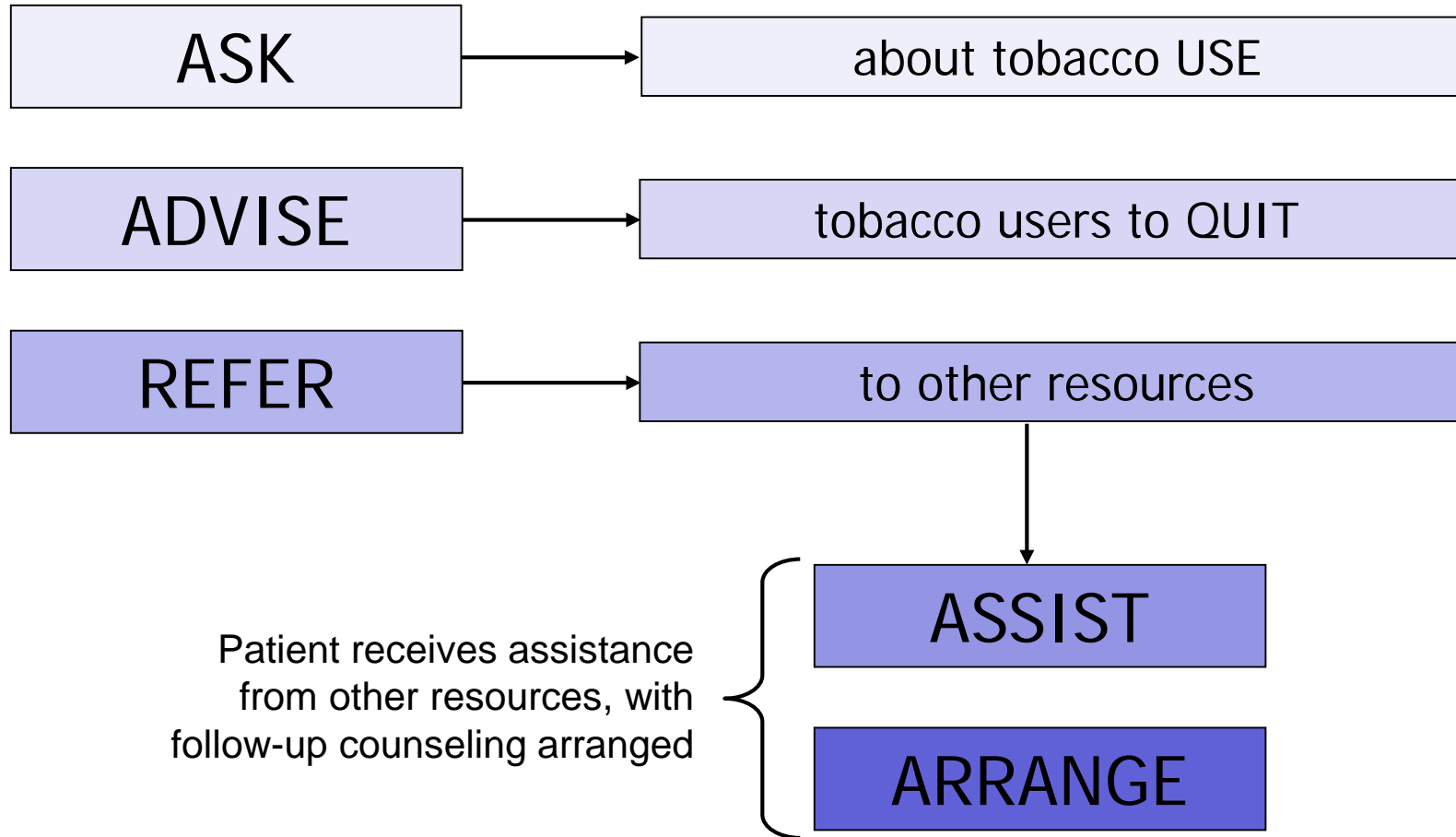
Facilitate Quitting Process

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





BRIEF COUNSELING: ASK, ADVISE, REFER (cont'd)

- 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.



Contact Information:

Frank Vitale, M.A.

National Director,

Pharmacy Partnership for Tobacco Cessation

vitalefm@msn.com

412 481-7767



References

- Motivational Interviewing: Preparing People for Change William R. Miller and Stephen Rollnick, The Guilford Press 2002
- 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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