

Best Practices and Tools in Tobacco Use Cessation Counseling: The Basics

Dana Best, MD, MPH, FAAP
Director, The Smoke Free Project

AMERICAN ACADEMY OF PEDIATRICS



Julius B. Richmond
Center of Excellence

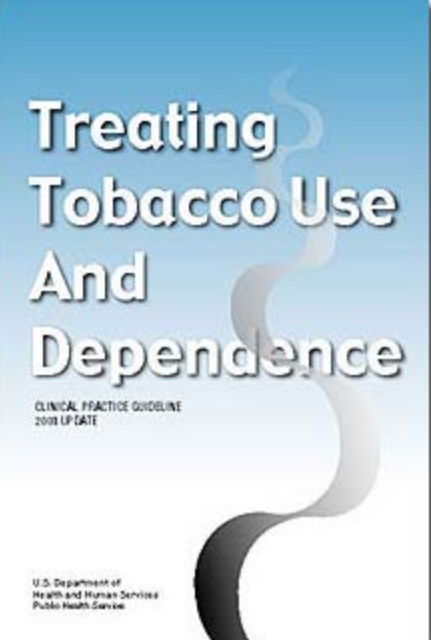


Disclosure

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Learning Objectives

- **At the conclusion of this session, participants will be able to:**
 - **Describe the evidence supporting tobacco use cessation counseling in clinical practice**
 - **Understand key principles of “Treating Tobacco Use and Dependence”**
 - **Explain the basic concepts of Stages of Change and Motivational Interviewing**
 - **Demonstrate how “best practices” can be incorporated into the clinical practice setting**



Principles of Tobacco Dependence Treatment

- **Nicotine is addictive**
- **Tobacco dependence is a chronic condition**
- **Effective treatments exist**
- **Every person who uses tobacco should be offered treatment**

Smokers Want to Quit

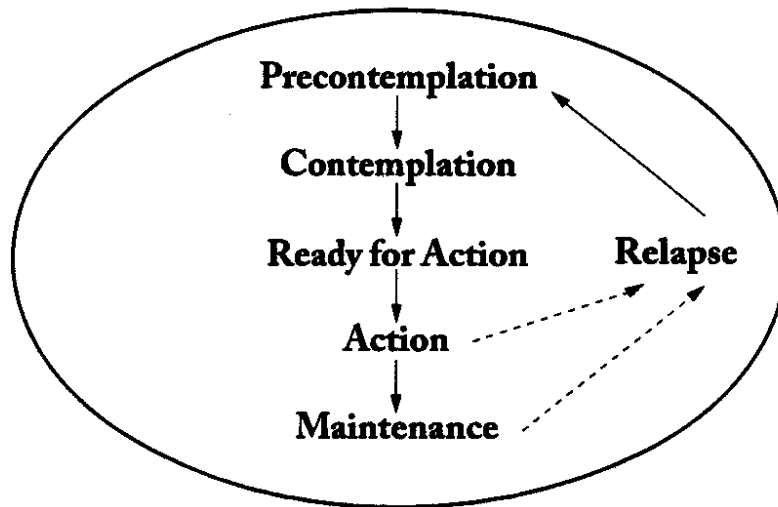
- 70% of tobacco users report wanting to quit
- Most have made at least one quit attempt
- Cite physician/clinician/health expert advice as important
 - Regardless of type! THIS MEANS YOU and every member of your practice!

Counseling 101

- **Patients and families expect you to discuss tobacco use**
- **If counseling is delivered in a non-judgmental manner, it is usually well-received**
- **Even small “doses” are effective - and cumulative!**

The Theory...

Assessing Stage of Readiness



**Behavior change
occurs in stages
– not all at once.**

Your Goal: Help the Smoker Take the Next Step

**Help a precontemplator become a
contemplator...**

...a contemplator start to make plans...

**...someone who relapsed become
“ready for action” ...**

And so on....

Counseling *IS* Effective

- **As little as 3 *minutes* doubles quit attempts and successes**
- **Intensive counseling is more effective**
 - Dose-response relationship
- **Most effective:**
 - Problem-solving skills
 - Support from clinician
 - Social support outside of treatment

Brief Intervention

- **Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates.**
- **Every tobacco user should be offered at least a minimal intervention, whether or not he or she is referred to an intensive intervention.**

The 5 As



The 5 As

Ask about tobacco use and SHS exposure

Advise to quit

Assess readiness to quit

Assist in quit attempt

Arrange follow-up

Ask

- Ask about tobacco use and SHS exposure **at every visit**
 - Include current tobacco use, SHS exposure, and tobacco use prior to and during pregnancy
- Make asking routine, consistent, and systematic
 - Use standardized documentation
 - Document as a “vital sign”
- Just *asking* can double quit attempts

How Do You Ask?

- Don't lead: "You don't smoke, do you?"
- Depersonalize the question: "Does anyone living in your home use tobacco in any way?"
"Who is it?" "Where do they smoke?" "Is that inside the house?"
- Explore: "You say no one smokes around your son. What does that mean?"
- Don't judge – check your body language, tone of voice, the phrasing of the question

Advise

- **All physicians should**
 - **Strongly advise every patient who smokes to quit**
 - **Evidence shows that physician advice to quit smoking increases abstinence rates**

Advise

- Provide information about cessation to *all tobacco users*
- Strongly urge smoke free homes and cars
- Look for “teachable moments”
- Personalize health risks
- Use clear, strong messages
- Document your advice

What Do You Say?

- **Clear:** “I advise you to quit smoking.”
- **Strong:** “Eliminating smoke exposure of your son is the most important thing you can do to protect the health of your child.”
- **Personalized:** Emphasize the impact on health, finances, the child, family, or patient.
 - “Smoking is bad for you (and your child/family). I can help you quit.”
 - “Secondhand smoke is bad for you and your family. You should make your home and car smoke free.”

Be Specific...

- Having a smoke free home means no smoking **ANYWHERE** inside the home or car!
- It **DOES NOT** mean smoking:
 - Near a window or exhaust fan
 - In the car with the windows open
 - In the basement
 - Inside only when the weather's bad
 - Cigars, pipes, or hookahs
 - On the other side of the room

Assess



- **Determine if the tobacco user is willing to make a quit attempt**
- **Establish whether he or she is ready to try to quit at this time**

Assist

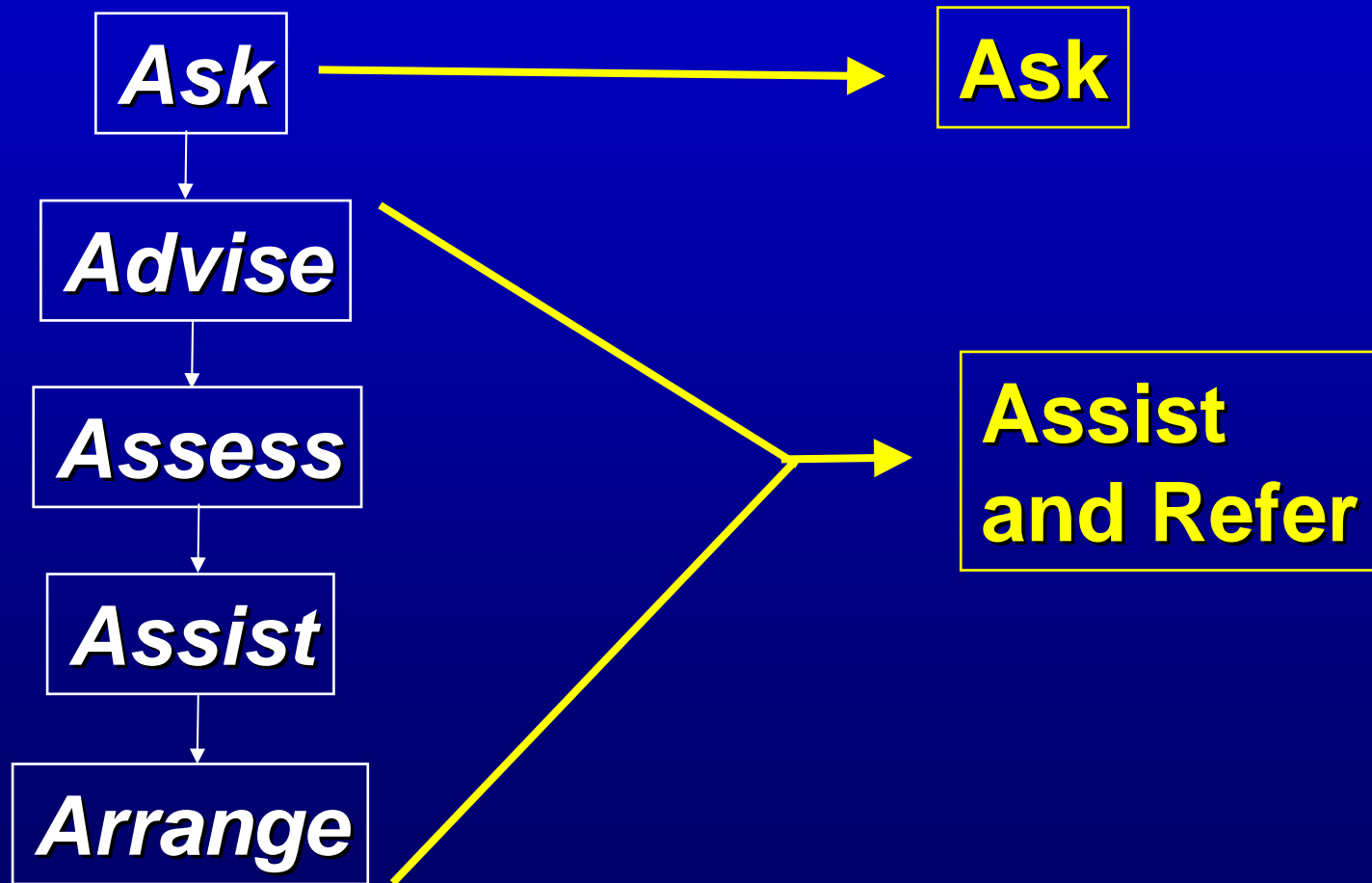
- **Help set goals regarding tobacco use cessation and reducing SHS exposure in the home.**
 - **Set a quit date**
 - **Offer support**
 - **Anticipate challenges and practice problem-solving**
 - **Prescribe or provide information about pharmacotherapy**
 - **Refer to a quitline (more later)**

Arrange Follow Up

- **Plan to follow up on any behavioral commitments made**
 - **Just asking at the next visit makes a big impression**
- **Schedule follow-up in person or by telephone soon after the quit date**

Ask, Assist, and Refer

5 As

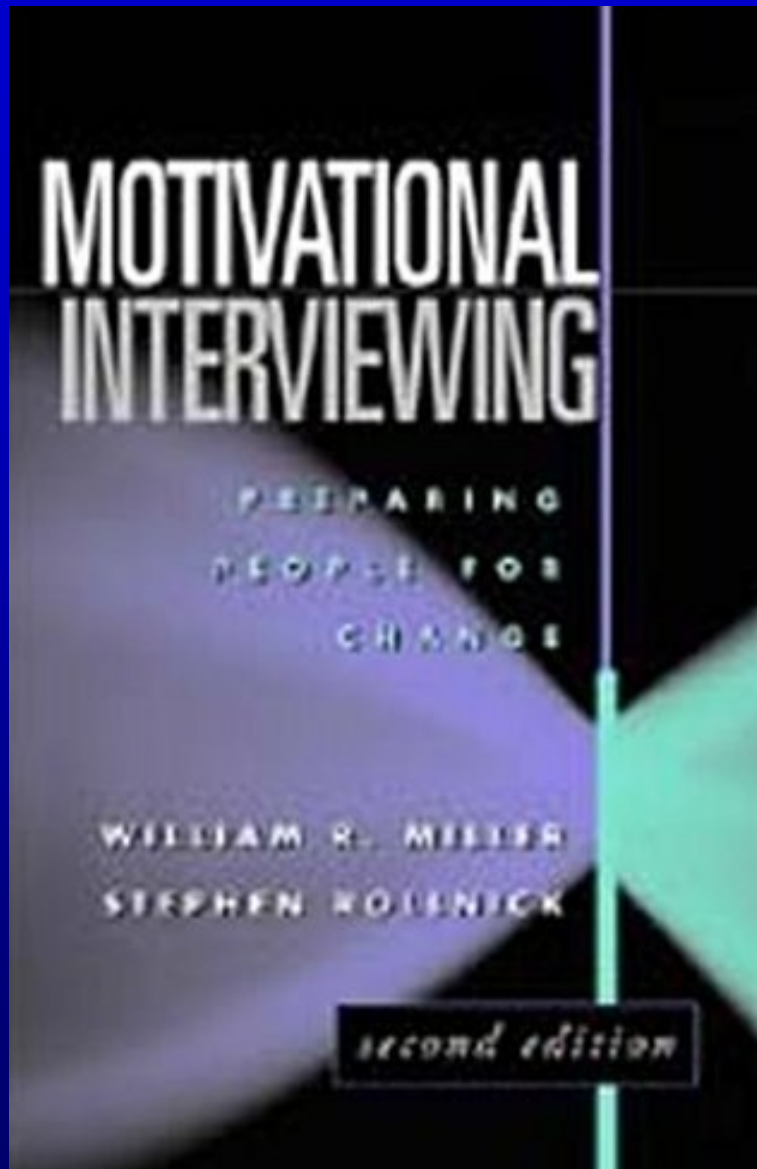


Quitlines

- **It takes only 30 seconds to refer a patient to a toll-free tobacco use cessation quitline**
- **Quitlines are staffed by trained cessation experts who tailor a plan and advice for each caller**
- **1-800-QUIT-NOW callers are routed to state-run quitlines or the National Cancer Institute quitline**

Advantage of Quitlines

- **Accessibility**
- **Appeal to those who are uncomfortable in a group setting**
- **Smokers more likely to use a quitline than face-to-face program**
- **No cost to patient**
- **Easy intervention for healthcare professionals**
 - **Fax-back referral services**



Counseling: Motivational Interviewing

The Concept

- **Motivational interviewing is a patient-centered, directive method for enhancing motivation to change**
 - **by exploring and resolving AMBIVALENCE**
 - “I want to lose weight, but that chocolate cake looks fabulous...”

Motivational Interviewing

- **Key components**
 - Listen reflectively
 - Express empathy
 - Develop discrepancy
 - Roll with resistance
 - Support self-efficacy

Listen Reflectively

- Listen carefully
- Try to “reflect” the feeling you hear and problem that causes the feeling
 - Keep reflecting until you achieve understanding
- Do NOT problem-solve!

Reflective Listening: An Example

- Use the “You seem....because...” format
 - If a mother says “She failed again. I give up!”
 - You respond “You seem discouraged because of your daughter’s bad grades.”

Reflective Listening...

...is compassionate

– “I understand you”

...may clarify the issue

– confirms understanding

...can open communication

– “it’s OK to talk about this”

Express Empathy

- **Accept the patient's feelings and perspectives without judging, criticizing, or blaming**
- **This does NOT mean you have to approve or agree**

Develop Discrepancy

- From the patient's perspective, develop a discrepancy between present behavior and broader goals and values
 - “Do you see yourself still smoking in 5 years? If not, does continuing to smoke help achieve this goal?”
- The patient should present the arguments for change

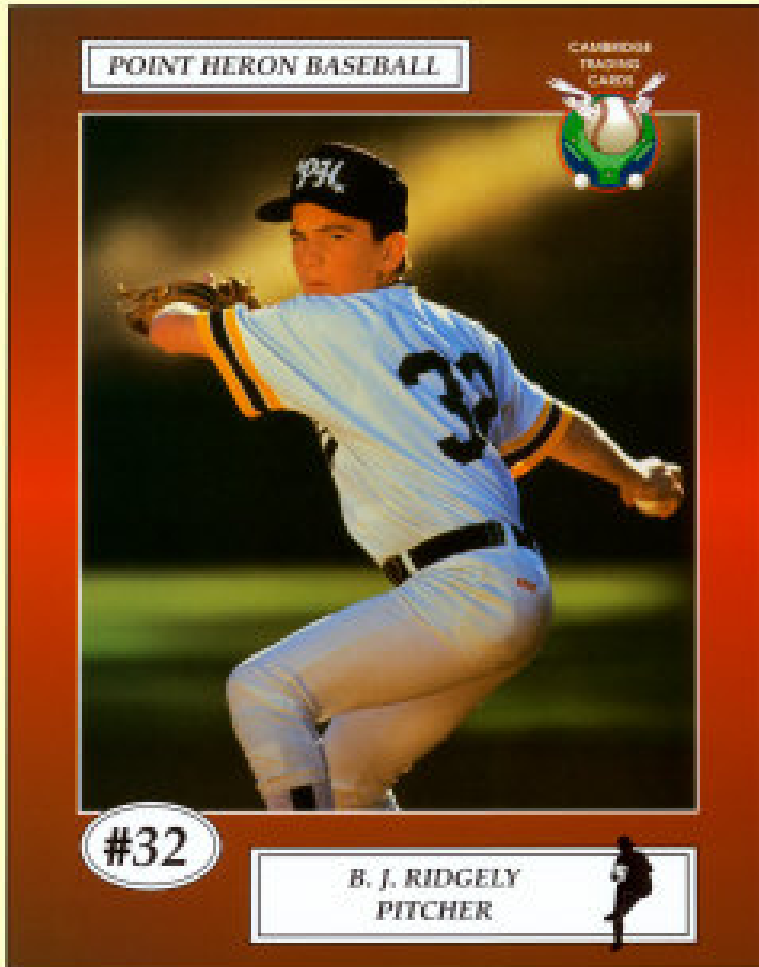
Roll with Resistance

- **Avoid arguing for change**
- **Do not directly oppose resistance**
 - **it's a signal to respond differently**
- **New perspectives are invited but not imposed**
- **The patient is the primary resource in finding answers and solutions**

Support Self-Efficacy

- A person's belief in the possibility of change is an important motivator
- The patient, *not you*, is responsible for choosing and carrying out change
 - Conversely, it's *not your fault* if change doesn't occur
- Your belief in the patient's ability to change becomes a self-fulfilling prophecy

A 90 m.p.h. fastball.
All-State three consecutive years.
Offers from a dozen major colleges.
So what's the problem?



Role Playing Exercises


He just found out he has cancer!

SMOKELESS TOBACCO KILLS!

The Rules

- **Role playing exercises can help you become “comfortable” with new language**
- **Role playing exercises DON'T work if you DON'T say the words out loud**
- **Be silly. Have fun!**

Everyone Should Have:

- Handout **Number 1**
- Some “you can quit” cards 



General Format

- Take turns as the “clinician” and “patient” or “parent”
- ASK
 - Ask about tobacco use and SHS exposure
- Assist and Refer
 - Advise users to quit
 - Advise all families to make their home and cars smoke free
 - Provide information on quitting