FACILITATOR GUIDE FOR CLINICAL STAFF

Background and General Approach

- Remember that it's the smoke that kills. There is no such thing as a safe cigarette, and all forms of tobacco carry some risk for cancer and other illnesses
- Consider with people all consequences from tobacco, not just medical. More immediate consequences include less money or more difficulty finding a job, and these consequences may motivate people to want to change
- Ensure that everyone on the behavioral health team contributes to tobacco-free goals
- Treat tobacco like a co-occurring disorder
  - ✓ Take the long view: integrated mental health and addiction services are comprehensive and take a long-term treatment perspective
  - ✓ Match treatments to motivational level of client
  - ✓ Include assessment of tobacco use, motivational interventions, and psychopharmacology
  - ✓ Integrate case management and housing into treatment
- Make policy changes in the program to enhance and support tobacco treatment efforts. Consider an ATOD (alcohol, tobacco, other drug) or co-occurring disorder model to integrate tobacco into all aspects of behavioral health care
- Help staff address their own tobacco use as part of being a tobacco-free health care system
- Access resources available to support efforts (http://www.nyctcttac.org/)

Assessment

- Document tobacco use; several tools are available (e.g., Fagerstrom).
- Include severity of tobacco use disorder and motivation to change (stage of change)
- Use a carbon monoxide (CO) meter to provide feedback to tobacco users about the current dangers from smoke exposure (because CO is a reversible effect of smoke, it quickly returns back to normal after quitting and can be used to confirm abstinence)
- Use assessment as a therapeutic clinical activity to enhance motivation and provide feedback

Medication for Treating Tobacco

- Familiarize yourself with medications to treat tobacco because, when paired with counseling, they increase the success rates for quitting:
  - ✓ Nicotine treatments are effective and well tolerated
  - ✓ Bupropion works independent of depression
  - ✓ Combinations especially of two nicotine medications together improve outcomes
  - ✓ Varenicline is more effective than any of the other medications for smoking cessation (the recent EAGLES clinical trial confirms the safety of varenicline and led to the FDA removing the black box warning)
- Be aware that tobacco smoke can interact with and increase the metabolism of several commonly used psychiatric medications as well as caffeine

Counseling Approaches for Tobacco Users

- Use your existing skills: behavioral healthcare professionals have many of the skills needed to provide effective tobacco counseling
- Provide counseling to everyone who uses tobacco, even lower motivated tobacco users (see "Motivational Interviewing for Less Motivated Tobacco Users" below)
- Match strategies to motivational level. Only those in preparation should receive action or quit based approaches
- Offer groups using the Learning about Healthy Living curriculum (designed for lower motivated clients)
- Offer on-to-one counseling: individual and telephone counseling approaches are effective, although there may be limitations to brief approaches in individuals with serious mental illness
- Combine medications and psychosocial treatments to be most effective
- Teach people problem-solving, skills-training, coping, and stress management
- Support relapse prevention including identifying triggers and cues and helping clients cope with craving. Problem solving and lapse management are part of a relapse prevention plan to enhance long term abstinence

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Motivational Interviewing for Less Motivated Tobacco Users

- **Use the Four Basic Motivational Interviewing Skills (OARS)**
  - ✓ Ask open-ended questions (O)
  - ✓ Use reflective listening (R): paraphrase the person' comments, make reflections as statements where the inflexion goes down at the end
  - ✓ Affirm (A): support, encourage, and recognize person's strengths and difficulties
  - ✓ Summarize (S): pull together the comments made; transition to next topic
- **Engage the Person First**

  - ✓ Establish a safe and open environment conducive to examining issues and reasons for changing smoking pattern
  - ✓ Listen more than talk, Listen rather than tell, Listen in a supportive, reflective manner; demonstrate you understand this person's concerns and feelings about smoking
  - ✓ Encourage a nonjudgmental, collaborative relationship
  - ✓ Keep yourself sensitive and open to this person's issues, whatever they may be
  - ✓ Use reflective listening to understand the person's meaning in what they said
  - ✓ Pay attention to this person's statements, and generate hypotheses as to the underlying meaning
  - ✓ Seek to understand this person's unique perspective, feelings, and values
  - ✓ Communicate respect for and acceptance of the person and their feelings
  - ✓ Summarize for this person what you are hearing
  - ✓ Provide support throughout the process of recovery
- **Talk About Change**
  - ✓ Reassure person that ambivalence to change is normal
  - ✓ Invite this person to talk about and explore his/her own ideas on reducing or quitting smoking
  - ✓ Use the following strategies to encourage this person to talk about his/her reasons for changing
    - o Simply ask open questions, the answer to which is change talk: "What are some not so good things about smoking?" "How would you like to change your smoking?"
    - o Use the pros/cons: "What are some things you like about using tobacco?" "Are there some things you don't like when smoking?
    - o Ask person to imagine the extreme consequences: "What are the worst things you imagine might happen if you don't quit smoking?"
    - o Develop Discrepancy: explore with person his/her goals and values then ask how smoking might be interfering with their goals and values
    - o Use Decisional Balance to evaluate how much of a problem their smoking is for them and the benefits of reducing or quitting
  - ✓ When the person offers any talk of changing smoking, ask him/her to elaborate, to talk more about it, ask for an example, and then ask for another example.
- **Giving Information and Advice: Use the Elicit-Provide-Elicit Model**
  - ✓ Elicit – ask permission before giving any information or advice, explore person's prior knowledge, ask person what interests them in the information on smoking you would like to provide
  - ✓ Provide Information – find out what person most wants to know, avoid jargon, offer information in small chunks with time to reflect, acknowledge person's right to disagree or ignore, don't interpret the meaning of the info for the person
  - ✓ Elicit – check back with person on how they understand the information, ask open questions, reflect person's responses, allow time to process

- **Decrease Sustain and Discord Talk**
  - ✓ Identify sustain talk
    - "I want to keep things the same, I can't change, things will get worse if I change, I don't need to change, I am not going to change"
  - ✓ Identify discord talk - reflects a problem in your working relationship with the individual
    - "I don't want to be here" "I am only here because I am being forced to"
  - ✓ Recognize, normalize, validate any sustain/discord talk
  - ✓ Don't push back, use the following strategies to decrease sustain/discord talk:
    - "I guess I do smoke too much sometimes, but I don't think I have a *problem* with cigarettes"
    - **Simple reflection:** "you don't think your smoking has gotten so bad that it is a problem you have to do something about"
    - **Amplified reflection:** "your smoking doesn't worry you *at all"*
    - **Double sided reflection:** "on the one hand you a little worried about your smoking but it hasn't gotten so bad that you need to do anything about it"
    - **Shifting focus:** "Since you feel that your smoking is not a problem for you what would you like to work on while we are together?"
    - If the person voices a lack of confidence about changing then **reframe** by placing a different meaning on what the person says so that the person doesn't feel so discouraged
    - **Emphasizing Personal Choice and Control:** Emphasizing personal choice and control over a person's problems helps minimize discord talk "Your right, you are the only one who can decide whether or not you should quit smoking cigarettes"

- **Developing a Plan**
  - ✓ Check for signs of readiness – use the Readiness to Change Ruler, ask "On the following 5-point scale from 1 to 5 where 1 is 'Not Ready' and 5 is 'Ready' where are you now in terms of changing your behavior?
  - ✓ Summarize all the person's talk about changing the amount they smoke then ask "what would you like to do about your smoking"?" "What are the next steps for you?"
  - ✓ Begin by suggesting (with permission) taking small steps first
  - ✓ Elicit this person's ideas before you make any recommendations
  - ✓ Explore with the person a variety of options for reaching his/her goals
  - ✓ Give advice and options with permission or if requested
  - ✓ Develop and agree on the plan collaboratively
  - ✓ Reinforce again that the person always gets to choose what to do
  - ✓ Ask person to tell another person plan, public commitment and social support can solidify commitment to the plan
  - ✓ The planning process retains the core spirit and skills of MI throughout