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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, including vaping and e-cigarettes, carry some risk for cancer and other illnesses
- Talk with people about all consequences from tobacco use. In addition to impacts on physical health, more immediate consequences include less money or more difficulty finding a job or housing, and these consequences may motivate people to want to change
- Include everyone on the behavioral health team in addressing tobacco use
- Treat tobacco use like a co-occurring disorder, using an ATOD (alcohol, tobacco, other drug) or co-occurring disorder model to integrate tobacco into all aspects of behavioral health care
  - ✓ 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; even people who are not yet ready to address their tobacco use benefit from nicotine replacement to help manage cravings in situations where they can't smoke or vape
  - ✓ Include assessment of tobacco use, motivational interventions, and psychopharmacology
  - ✓ Integrate care management and housing into treatment
- Make policy changes in the program to enhance and support tobacco treatment efforts.
- Help staff address their own tobacco use
- 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 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 use because, when paired with counseling, they increase the success rates for quitting:
  - ✓ Nicotine replacement treatments (NRT) are effective and well tolerated, and people who continue to smoke can use NRT safely in most cases
  - ✓ Bupropion works independent of depression
  - ✓ Combinations, especially of two nicotine medications together, improve outcomes
  - ✓ Varenicline is more effective than any of the other medications (FDA removed black box warning)
  - ✓ In NYS, Medicaid covers all medications to treat tobacco, including NRT (with a prescription)
- 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 People Who Use Tobacco

- 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 those with lower motivation (see "Motivational Interviewing" below); in addition to motivational interviewing, people with lower motivation benefit from medications (NRT) and skills to manage cravings in situations that prohibit smoking or vaping
- Match strategies to motivational level. Only those in preparation or action stages should receive action or quit-based approaches
- Offer groups using the Learning about Healthy Living curriculum (designed for people with lower motivation)
- Offer one-to-one counseling: individual and telephone counseling approaches are effective, although there may be limitations to brief approaches in people 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 people cope with cravings. Problem-solving and lapse management are part of a relapse prevention plan to enhance long-term success

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Motivational Interviewing

- **Use the Four Basic Motivational Interviewing Skills (OARS)**
  - ✓ Ask open-ended questions (O)
  - ✓ Use reflective listening (R): paraphrase the person's comments, make reflections as statements where the inflection goes down at the end
  - ✓ Affirm (A): support, encourage, and recognize a 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 for a person to share their values and goals, including what they like about tobacco and how it impacts their values and goals
  - ✓ 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 their own ideas for addressing tobacco use
  - ✓ Use the following strategies to encourage this person to talk their 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 their 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 about changing smoking, ask them to elaborate, talk more about it, ask for an example, and then ask for another example.
- **Offer Information and Advice: Use the Ask-Offer-Ask Model**
  - ✓ Ask – ask permission before giving information or advice; explore what the person already knows or wants to know
  - ✓ Offer –offer information in small chunks, avoiding jargon and take time to reflect; acknowledge person's right to disagree or ignore; don't interpret the meaning of the info for the person
  - ✓ Ask – ask how they understand the information and what it means to them using open-ended questions; use reflections to verify their responses
  - ✓ Repeat this process with the next bit of information (as needed)

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- **Decrease Sustain Talk and Discord**
    - ✓ 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 - reflects a problem in your working relationship with the person
        Can be verbal (e.g., "I don't want to be here" "I am only here because I am being forced to") or non-verbal (e.g., missing appointments or arriving late, rolling eyes or looking away)
    - ✓ Recognize, normalize, and validate any sustain talk and discord
    - ✓ Don't push back; use the following strategies to decrease sustain talk and discord:
        "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:** "You don't think your smoking is a problem, but you are a little worried about it"
        - **Shifting attention:** "Since you feel that your smoking is not a problem for you, what would you like to work on while we are together?"
        - **Emphasizing autonomy:** "You're right, you are the only one who can decide whether or not you should quit smoking cigarettes"
        - **Reframing**: Offer a different interpretation (e.g., in response to "I'm only here because my family keeps nagging me about my smoking", a reframe could be, "They care about your health" or "They are worried about you")

- **Develop a Plan**
    - ✓ Check for signs of readiness – use the Readiness Ruler. Then ask, "Why did you select that number and not a lower number?" or "What would it take to get you to a (select a number that is higher)?" (the answer to either is change talk)
    - ✓ Summarize all the person's change talk about smoking, and 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 their goals
    - ✓ Offer advice and options with permission or if requested
    - ✓ Develop and agree on the plan collaboratively
    - ✓ Reinforce that the person always gets to choose what to do
    - ✓ Ask person to tell another person their plan; public commitment and social support can solidify commitment to the plan
    - ✓ The planning process retains the core spirit and skills of MI throughout

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