



FACILITATOR GUIDE FOR COMMUNITY SUPPORT 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 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



Motivational Interviewing for Less Motivated Tobacco Users

- **Approach Everything with the Spirit of Motivational Interviewing (PACE)**
 - ✓ Partnership (collaboration)
 - ✓ Acceptance (accurate empathy, affirmation, autonomy, absolute worth)
 - ✓ Compassion (caring what happens to the person and actively working in the person's best interest)
 - ✓ Empowerment (eliciting a person's own reason for change)
- **Engage the Person First**
 - ✓ Establish a safe and open environment
 - ✓ Encourage a nonjudgmental, collaborative relationship
 - ✓ Keep yourself sensitive and open to this person's issues, whatever they may be
 - ✓ Seek to understand this person's unique perspective, feelings, and values
 - ✓ Communicate respect for and acceptance of the person and their feelings
- **Avoid the Roadblocks and Traps- DON'T....**
 - ✓ Confront, order, director command or tell the person what to do ("You have to quit!")
 - ✓ Warn or threaten, lecture or preach, judge or criticize ("If you don't quit you will get cancer")
 - ✓ Giving advice without permission ("Find an alternative to smoking like chewing gum")
 - ✓ Fall into a pattern of question/answer, question/answer
 - ✓ Providing direction without first helping the person determine his or her own goals,
- **Active Listening**
 - ✓ Listen to the person, don't criticize or judge
 - ✓ Let go of your agenda
 - ✓ Allow them to tell their story
 - ✓ Be interested and curious
 - ✓ Keep a clear mind and stay in the moment with the person
- **Affirmations and Hope**
 - ✓ Recognize strengths
 - ✓ See the person in a positive light
 - ✓ Everyone needs a sense of hope, a sense that things can and will get better
 - ✓ Elicit hope by offering genuine affirmations and supporting self-efficacy
 - ✓ Help the person identify personal goals and values and past successes
 - ✓ Use strengths-based language
 - ✓ Do not invalidate a person's goals
- **Offering Advice and Information**
 - ✓ You can offer advice or information when you first ask permission ("I have some information about smoking. Would it be alright if I shared it with you?")
 - ✓ Or you can offer advice if the person asks you for it ("what do you think would help me cut back on my smoking?")
 - ✓ Offering advice or information in this way empowers the person and honors autonomy.
- **Raising Concerns**
 - ✓ Like offering information, raise concerns in a respectful way that values the person's autonomy
 - ✓ First ask permission ("Is it OK with you if I share a concern I have?")
 - ✓ Share your concern only if the person says "yes" ("Over the past several months, I've noticed you're your cough has worsened, and you're stopping more often to catch your breath while walking. I worry that it's more than just a cold or the flu, but I'm not a doctor").
 - ✓ Follow this with an open-ended question ("What are you noticing?")