GENERAL PROCEDURES -- KANQUIT AT KUMED

FIRST SESSION (Just a suggestion! Modify as needed)

1) Ask permission to discuss tobacco use
2) Collect brief tobacco use history
3) Explore importance of quitting, confidence in being able to quit
    a) Summarize, list in behavioral action plan
        i) Low importance = build motivation
        ii) High importance, low confidence = build confidence
        iii) High importance, high confidence = quit plan, quit date
4) Learn from past quit attempts
5) Discuss quit smoking medications/counseling
6) Summarize, set time/goals for next time you meet

FOLLOWING SESSIONS (Just a suggestion! Modify as needed)

1) Ask how they are doing, reflect on >any< progress
2) Assess current tobacco use
        i) Still smoking at regular rates = explore discrepancy bet. behav/goals
        ii) Still smoking, but made progress = celebrate! Ask what helped
        iii) Quit = celebrate! Ask what helped, cover relapse prevention
3) Assess withdrawal
    a) Troubleshoot pharmacotherapy if withdrawal a problem
        i) Elicit-provide-elicit (use worksheet)
4) Address other issues as needed (driving, weight gain, etc)
5) Summarize, set time/goals for next session

Motivational Interviewing Tool:
Getting Permission and Providing Information

Adapted from Miller & Rollnick, 2002

Ask permission to change topics, share information

If it's OK with you, I'd like to talk about other times you've tried to quit smoking.

I'd like to spend a few minutes talking about your past quit attempts -- Is that ok with you?

May I share some strategies with you that other people have found helpful?

- **Give a menu of options**

Use Elicit-Provide-Elicit to provide information

Avoid Tell-Ask-Tell – Expert Trap - Practitioners often provide info/advice before checking in with client – often results in irrelevant information. Example – selecting/trouble-shooting meds

1) ***Elicit***

What have you heard about the medications provided through the program?
Tell me how you are using the nicotine gum

2) ***Provide***

Information – JUST THE FACTS
Advice – Short menu, neutral language, conditional
"Folks have found"," others have benefited from"
"Might consider" vs "ought" or "should"
"The KUMC HR departments are providing 4 different medication options"

3) ***Elicit***

Credibility/usefulness - "What seems most appealing to you?
"What seems to fit best with your needs?"

Summary:
Summarize the information exchange (don't have to follow this script – just provides an idea).
"The nicotine gum doesn't seem to be working for you because of __________(name reasons). You use about __ pieces a day and you chew it a lot when it's in your mouth. We discussed how you use it, and you think that perhaps you might be chewing it too much and not switching it out enough, so you're going to try to use more pieces per day and focusing on "chew and park." Did I leave anything out?

Ask permission to transition into a) ending session if time is limited or patient doesn't want to discuss more, b) more discussion on triggers and coping strategies, c) discussion about concrete quit strategies (medication, soliciting social support, setting a quit date) among high-importance patients.

Motivational Interviewing Tool:
Identifying and Coping with Triggers

Ask permission:
If it's OK with you, I'd like to talk a bit about why you want to quit and situations that might get in the way of being able to quit.

Triggers:
Most people have situations or feelings, good and bad, that make them want to smoke. When do you find you tend to smoke?

>>> Get complete – ask "what else?"
>>> Do reflective listening
>>> Be sure to identify situations (waking up, on phone, driving) as well as feelings (angry, bored, happy). E.g., "you've told me a lot about smoking when you're angry – what about situations – when during the day do you usually smoke?"

Coping Strategies:
Which of those triggers – situations or feelings – will be the hardest to resist for you?
>>> Do reflective listening

How do you think you could cope with them? What strategies could you use?
>>> Do reflective listening
>>> Can ask permission to offer strategies others have found helpful, or send material via email
>>> Use patient ed materials for ideas if necessary

Summary:
Summarize talk (don't have to follow this script – just provides an idea).
"You are really motivated to quit because _________, __________, _________. You find that you smoke most when you ________, __________, ____________. You're not sure how you'll deal with _____, but you think if you _________ you'll be able to avoid smoking in ________ situation. Did I leave anything out?

Ask permission to transition into a) ending session if time is limited or patient doesn't want to discuss more, b) more discussion on other quit smoking issues, c) discussion about concrete quit strategies (medication, soliciting social support, setting a quit date) among high-importance patients.

Motivational Interviewing Tool:
Learning From Past Quit Attempts

Adapted from Miller & Rollnick, 2002

Ask permission:

If it’s OK with you, I’d like to talk about other times you’ve tried to quit smoking.

Quit attempts:

Tell me about the last time you quit or had to stop smoking.

>>> Do reflective listening. Get a clear picture of a) why they quit smoking, what they did/used to try to quit, how long they quit for, what caused them to go back to smoking.

Was there another time you tried to quit that stands out for you? What happened that time?

>>> Do reflective listening.

Impact on depressive symptoms/alc, drug cravings/relapse:

How did going without cigarettes affect your mood, alcohol/drug cravings, or your alcohol/drug use?

>>> Do reflective listening. Get a clear picture of a) any depressive symptoms that emerged, b) any alcohol or drug cravings that emerged, whether the client feels going without cigs caused drug slips or relapses. Also, how the client coped with these issues. If mood or drug cravings/use were unaffected, move on.

Things that worked:

When you think back over those quits, what did you do that was helpful – that made it easier for you to quit?

>>> Get complete – ask “what else did you do to help yourself quit?”

>>> Do reflective listening

Things that didn’t work, or caused relapse:

When you think back over those quits, what happened that made you go back to smoking, or what did you try that wasn’t did you do that was helpful?

>>> Get complete – ask “what else?”

>>> Do reflective listening

Planning for this quit:

What do you think will be helpful this time around?

>>> Get complete – ask “what else?”

>>> Do reflective listening

Summary:

Summarize talk (don’t have to follow this script – just provides an idea).

“The last time you quit because__________(name reasons). You tried __________(name strategies). You found ___________ to be really helpful but several things got in your way _________(name reasons for relapse). You’re not sure how you’ll deal with _____, but you

think if you _________ you'll be able to avoid smoking in ________ situation. Did I leave anything out? Is there anything else you learned from your other quit attempts, or that you're planning on trying this time around, that you can think of?

Ask permission to transition into a) ending session if time is limited or patient doesn't want to discuss more, b) more discussion on triggers and coping strategies, c) discussion about concrete quit strategies (medication, soliciting social support, setting a quit date) among high-importance patients.

Tobacco Treatment Medications
Double Your Chances of Quitting

All quit-tobacco medications are equally effective, so the choice of medication should be based on your preferences and needs. The medications aren't a silver bullet – they don't make *everyone* quit. *But,* they do reduce cravings and withdrawal so you can stay *on top of your game* while your body learns to live without nicotine. That's why *twice* as many people are able to quit, and stay quit, that take quit-tobacco medications compared to people who don't take the medications. Some people use a quit smoking medication but still have a lot of withdrawal or cravings. First, check to make sure you're using it properly so you're getting the most out of it. If it still doesn't work, try another. For some, combining two quit smoking medications is helpful – for this option, talk to your doctor or pharmacist. Combining medications with counseling or self-help materials works even better, so try your local tobacco quitline. 1-800-QUIT NOW (748-8669) will route you to your state quitline provider for *free* counseling.

Non-Nicotine Medications – Your pharmacist will provide instructions for use.

Varenicline, available by prescription, is marketed under the brand name **CHANTIX**. It blocks some of the rewarding effects of nicotine and reduces withdrawal symptoms like cravings, irritation, and restlessness.

Bupropion SR is a prescription pill marketed under the brand name Zyban and is also available generically.
It helps reduce cravings for nicotine and can relieve symptoms of depression for some patients.

Nicotine Replacement Medications:

Patch. Patches give you a low, steady stream of nicotine through your skin over 16-24 hours, depending on the product. The patch is available by prescription or over the counter (OTC). Patches are easy to use – put one on each day.

Gum. Gum is available without a prescription. You decide how much gum to chew, up to 1-2 pieces per hour, 24-30 pieces per day. Use the 4 mg gum if you smoke 10 or more cigarettes daily or use chewing tobacco. Use the 2 mg gum, or half a piece of 4mg gum at a time, if you smoke fewer than 10 cigarettes daily. You get the most nicotine when it's "parked" between your cheek and gum. Remember to "park and chew" – chew briefly, park it between your cheek and gum for a minute or two, repeat. Replace gum after 30-45 minutes.

Lozenge. Lozenge is available over the counter. You decide how many lozenges to use, up to 1-2 pieces per hour , 24 pieces per day. Use at least 6 to 12 each day. If you typically have your first cigarette or dip within 30 minutes of awakening, use the 4 mg dose. Otherwise, use the 2 mg dose. Place it in your mouth, under your tongue, and let dissolve. Brush your teeth frequently to prevent mouth irritation.

Inhaler. Patients "puff" small doses of nicotine through this prescription product that looks similar to a cigarette. You decide how many cartridges to use, up to 16/day. Unlike a cigarette, there is no harmful carbon monoxide.

Nasal spray. This prescription product sprays nicotine into your nose. It is very fast-acting, but it burns at first. Use 1-2 sprays an hour, 8-40/day. Hold breath when applying. Administer one spray toward the outer lining of each nostril (directed outward NOT straight up into the sinus) Breaths normally but only through the mouth for a few seconds. After 1 day of at least 6 doses (usually less) it will stop burning and give good relief.

Hughes, J. R., Goldstein, M. G., Hurt, R. D., & Shiffman, S. (1999). Recent advances in the pharmacotherapy of smoking. *JAMA, 281*(1), 72-76.

Henningfield, J. E., Fant, R. V., Buchhalter, A. R., & Stitzer, M. L. (2005). Pharmacotherapy for nicotine dependence. *CA Cancer J Clin, 55*(5), 281-299; quiz 322-283, 325.

Gonzales, D., Rennard, S. I., Nides, M., Oncken, C., Azoulay, S., Billing, C. B., et al. (2006). Varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, vs sustained-release bupropion and placebo for smoking cessation: a randomized controlled trial. *JAMA, 296*(1), 47-55.

Motivational Interviewing Tool:
Motivation and Confidence to Quit

Adapted from Miller & Rollnick, 2002

Ask permission:

If it's OK with you, I'd like to talk a bit about how you feel about quitting smoking.

0	1	2	3	4	5	6	7	8	9	10
Not at all Important					Somewhat Important					Very Important

ASSESS IMPORTANCE:

On a scale of 0-10, with 0 being not at all *important* and 10 being very *important*, how important is it for you to quit smoking?

Discuss importance:

You said that you were a [name number] and not a 0, so you've been thinking about this. What made you a [name number] and not a 0?

>>> Do reflective listening.
>>> Listen for change talk (Pros of quitting, Cons of continuing to smoke)
>>> When change talk emerges, can ask for details, specific examples – In what ways? When was the last
time that happened?

Discuss barriers:

What kept you from being a 10? *OR* What would need to happen for you to get from [name number] to [name a higher number]?

>>> Do reflective listening

ASSESS CONFIDENCE:

On that same scale, with 0 being not at all confident and 10 being very confident, how confident you are that you will be able to quit smoking. What made you a ____ and not a 1?

>>> Do reflective listening
>>> Listen for commitment/change talk (I will try, I believe I can, I plan to, I'm going to *quit*)
>>> When commitment/change talk emerges, reflect/explore"

What kept you from being a 10? OR What would need to happen in order for you to be a 10?

>>> Do reflective listening

Summary:

Summarize talk (don't have to follow this script – just provides an idea).

"You are really motivated to quit because _________, __________, _________. ________has been a bit of a barrier for you. You are confident that you can quit because _______, but you are worried about ______. Did I leave anything out?

Ask permission to transition into a) ending session if time is limited or patient doesn't want to discuss more, b) more discussion on ambivalence about quitting among low-importance patients, c) discussion about concrete quit strategies (medication, soliciting social support, setting a quit date) among high-importance patients.

Kan Quit at KUMed Behavioral Action Plan

Personal reasons/motivators for quitting:

Barriers/challenges: Strategies for barriers/challenges:

Key Strategies:

◊ Quit smoking medications:

◊ Recruit a friend/family member/coworker for social support? Who? How?

◊ Behavioral mgt/stimulus control techniques?
  - (Oral substitutes (carrots, candy)
  - Prep for quit day? (dispose of smoking paraphernalia (ashtrays, lighters, matches, etc?), stop buying, other
  - Specific ways to deal with stress?
  - Weight Management issues?
  - Other strategies? (what has worked for part. in the past; draw from previous conversation(s))

Goals – What would you like to achieve/do between now and next session?

For session 2:

For session 3:

For session 4:

Materials, Guides for Treating Smoking Available Online

- University of Wisconsin Center for Tobacco Research and Intervention. Information for: Researchers, Healthcare Providers, Smokers, Insurers, Employers, Advocates. Patient and clinician handouts, posters, training manuals and videos, links to research and advocacy. http://www.ctri.wisc.edu/
- Agency for Healthcare Research and Quality. How-To Guides for Implementing the Public Health Service Guidelines. http://www.ahrq.gov/clinic/tobacco/
- Treatobacco.net provides evidence-based information about how to treat tobacco, including a QuitTip database of stop-smoking products. http://www.treatobacco.net/home/home.cfm/
- Center for Tobacco Cessation. American Dental Hygienists' Association Smoking Cessation Initiative. Toolkit for brief intervention, tobacco news, patient resources. http://www.askadviserefer.org/
- CDC Tobacco Information and Prevention Source. Offers patient education materials for quitting smoking in English and Spanish. http://apps.nccd.cdc.gov/osh_pub_catalog/
- American Lung Association. ALA web site includes a Tobacco Control section with information on smoking and cessation, as well as Freedom From Smoking Online, a free quit-smoking program. http://www.lungusa.org/
- American Cancer Society. Includes a Tobacco Control section with information on health, cessation programs, and more: http://www.cancer.org/
- Addressing Tobacco in Managed Care: A Resource Guide for Health Plans. Includes case studies of various types of interventions; how to develop and implement a tobacco control initiative. www.ahip.org/content/default.aspx?docid=2270
- The Association for the Treatment of Tobacco Use & Dependence (ATTUD) is an organization of tobacco treatment providers from many disciplines dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user. ATTUD advocates for policy change, supports an excellent listserve for tobacco treatment providers, and develops competency guidelines to define the field of tobacco treatment specialists. http://www.attud.org/

Online Training

- The Alliance for the Prevention and Treatment of Nicotine Addiction (APTNA) maintains a comprehensive listing of online trainings for treating tobacco dependence at http://www.aptna.org/APTNA_Online_Courses_General.html. APTNA also provides information on specialist training, Medicare and Medicaid coverage of tobacco treatment, and links to other resources through its homepage at http://www.aptna.org

On-site Training for Brief Intervention

- The University of Mississippi Medical Center ACT Center. The ACT Center offers Brief Treatment of the Tobacco Dependent Patient: A Training Program for Health Care Providers. More information is available at: http://actcenter.umc.edu/TreatingtheTobaccoUser.htm. The ACT Center also offers intensive tobacco treatment specialist training.

On-site Training for Intensive Intervention

- The University of Massachusetts Medical School's Center for Tobacco Prevention and Control offers a Tobacco Treatment Specialist (TTS) Training and Certification Program. This is an intensive program designed for persons who deliver moderate to intensive tobacco treatment services within a health care or community setting. http://www.umassmed.edu/behavmed/tobacco/train.cfm. UMASS also offers a Basic Skills for Working with Smokers online course, available through the same web page.
- The University of Medicine and Dentistry of New Jersey's Tobacco Control Program offers Tobacco Treatment Specialist trainings as well as consultation services. http://www.tobaccoprogram.org/. UMDNJ also developed a comprehensive manual for treating tobacco dependency in chemical dependency treatment programs. A new edition should be available soon at the same web page.
- The Mayo Clinic Nicotine Dependence Center offers Tobacco Treatment Specialist trainings, and has a unique array of treatment programs, including an 8-day residential program. http://www.mayoclinic.org/ndc-rst/tts-certification.html

Motivational Interviewing Tool: Troubleshooting Quit Smoking Medication

Most tobacco counselors are not physicians, but they can help clients with medication issues without providing direct advice about what and how to use. This involves a) assessing how well medications are working, b) identifying and correcting sub-optimal use, c) identifying craving/withdrawal that exists on top of optimal use, and d) addressing breakthrough cravings with menus of options. The counselor should know about medications and consult a) dosing instructions and b) lists of tips for optimal use.

Ask how medications are working and identify any difficulties

How is your quit-smoking medication working?

>>> Do reflective listening. Get a clear picture of a) their level of satisfaction with their medication – what they like, don't like about it, b) how often each day they crave cigarettes, have difficulty abstaining, or smoke.

>>> If they are not smoking, have few/transient/not overpowering cravings throughout the day, and are in general satisfied with their medications summarize and move on to another topic.

>>> If they are smoking, have many/strong cravings, or are struggling to stay smoke-free, assess how they're using their med.

Summarize difficulties: it sounds like it's hard for you to keep from smoking when (name situations) and you're feeling frustrated because… Tell me how you're using your medication.

>>> Do reflective listening. Elicit a clear picture of - how many pieces of gum/lozenges they're using per day, how they're chewing the gum, how often they use a new piece, whether they sleep with the patch on, how adherent they are to bupropion/varenicline. If they are using medication suboptimally, ask permission to provide information about getting the most out of the medication. If they are using optimally reflect this and skip to behavioral/dual pharmacotherapy strategies.

Use elicit-provide elicit to provide information on optimizing meds (if this is a problem)

If it's OK with you, I'd like to mention some strategies that others have found helpful in getting the most out of _______________. (name medication)

>>> Describe how the medication should be used (ideally). Give a menu of ideas on how to do this – these can include things like brushing teeth and cleaning the mouth a lot to cut down on irritation from the lozenge, storing gum in multiple locations to always have a fresh piece on hand, keeping pills by their toothbrush to ensure they're taken at the same time every day, etc. BE SURE TO ELICIT RESPONSE TO IDEAS BEFORE MOVING ON.

>>> Use reflective listening, elicit-provide-elicit, and summaries to arrive at goals for optimizing use. Move on to another topic.

Use elicit-provide elicit to address craving/withdrawal on top of optimal med use

What have you done to deal with when you have a hard time not smoking or want to smoke a lot?

>>> Use reflective listening to understand what they've tried so far. Summarize and ask if they've tried anything else. Be sure to support self efficacy – so you've tried a lot of different things to avoid smoking at night but it's still really hard".

>>> Give a menu of ideas of how people have addressed this – if the client has tried a lot of different behavioral strategies, or is having very strong/frequent cravings, some people have found that combining quit smoking medications is helpful. If they haven't tried many behavioral strategies and/or their cravings are not overwhelming, offer a number of behavioral strategies for specific situations. BE SURE TO ELICIT RESPONSE TO IDEAS BEFORE MOVING ON.

Use reflective listening, elicit-provide-elicit, and summaries to arrive at goals for optimizing use. Move on to another topic.