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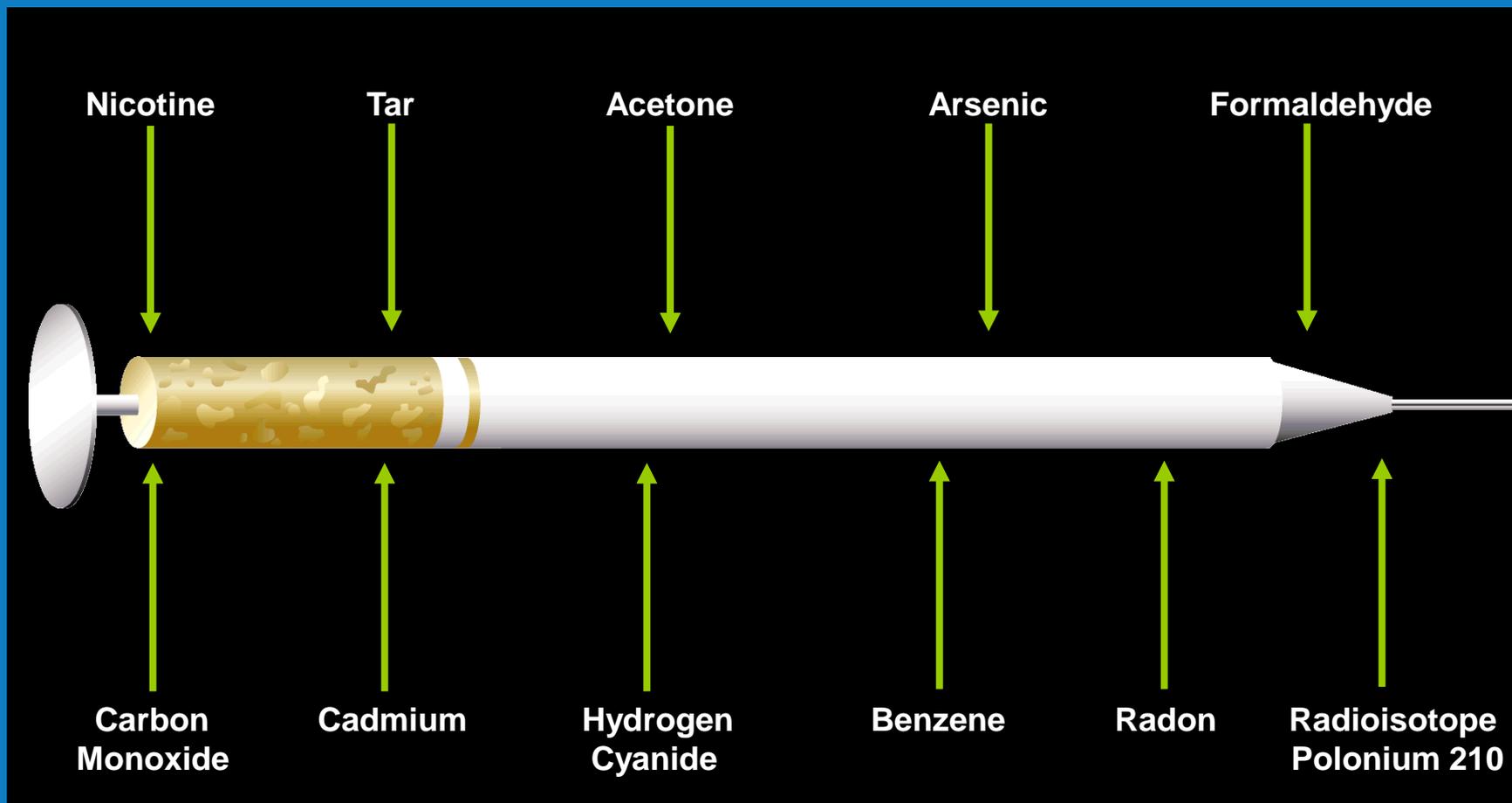
Smoking Cessation: Helping providers work with patients to quit

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What Do We Know About Cigarette Smoking?

*Drug Delivery Device containing over 4,000 chemicals
and 69 known or suspected carcinogens*



Smoking and nicotine

- **Other toxins in tobacco smoke, not nicotine, are responsible for majority of adverse health effects^{1,2}**
 - > 4000 different chemicals
 - tar, carbon monoxide, irritant and oxidant gases
 - > 40 carcinogens (9 group 1 carcinogens)³
- **The main adverse effect of nicotine from tobacco is dependence:**
 - Increased receptors
 - Tolerance
 - Psychological dependence
- **Nicotine dependence leads to continued exposure to toxins in tobacco smoke and sustains use**

1 Benowitz NL. In Nicotine Safety and Toxicity; pp 185–195 NY: OUP.

2 Hoffman and Hoffman. J Toxicol Environ Health 1997;50:307–64.

3 Smith et al. Food Chem Toxicol 1997;35:1107–30.

The Facts

“Smoking is the leading preventable cause of death and disease in the United States” U.S. Surgeon General Richard H. Carmona

“The cost of smoking is simply too high in this country. The impacts are a financial drain on our nation's health care system, costing up to \$73 billion annually” Tommy Thompson, Secretary of Health and Human Services

**Smoking claims the lives of an estimated 1,100 people each day.
Smoking is responsible for one in every five deaths in the United States.**

The Facts

Smoking causes more deaths than AIDS, alcohol abuse, automobile accidents, illegal drugs, fires, homicide, and suicide combined.

Smoking affects every bodily process, and even damages organs that have no contact with the smoke itself.

Each year, tobacco use costs the United States in excess of \$157 billion in lost productivity and medical expenditures.

ANNUAL U.S. DEATHS ATTRIBUTABLE to SMOKING, 1997-2001

Percentage of all
smoking-attributable
deaths*

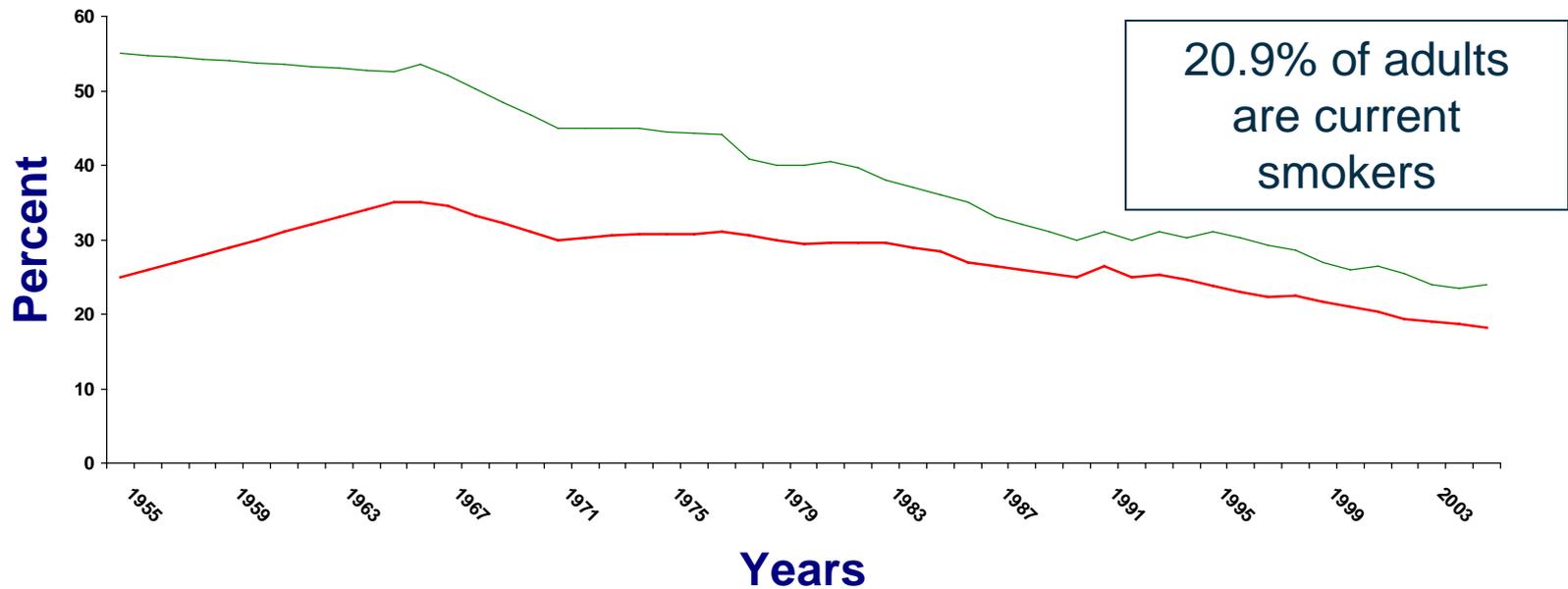
Cardiovascular diseases	137,979	32%
Lung cancer	123,836	28%
Respiratory diseases	101,454	23%
Second-hand smoke*	38,112	9%
Cancers other than lung	34,693	8%
Other	1,828	<1%

TOTAL: 437,902 deaths annually

* In 2005, it was estimated that nearly 50,000 persons died due to second-hand smoke exposure. Centers for Disease Control and Prevention. (2005). *MMWR* 54:625-628.

TRENDS in ADULT SMOKING, by GENDER-U.S., 1955-2005

Trends in cigarette current smoking among persons aged 18 yr older



70% want to quit



Graph provided by the Centers for Disease Control and Prevention. 1995 Current Population Survey; 1965-2005 NHIS. Estimates since 1992 include same-day smoking,





What Are We Doing About Cigarette Smoking?

PUBLIC HEALTH SERVICE (PHS)

2008 Guidelines

- Tobacco dependence is a chronic disease that requires multiple interventions and attempts to overcome
- Clinicians should consistently attempt to identify, document and treat every tobacco user
- *Counseling and medications* are effective and should be recommended by clinicians
- Individual, group and telephonic counseling are effective and enhanced by medications
- In an individual unwilling to quit at the present time, use motivational treatment to encourage future attempts

What works: Systems perspective

- Establish staff roles (front desk staff, R.N., M.D., NP, social worker) to implement smoking cessation in the clinic:
 - assessment of smoking status
 - brief interventions (based on stage of change)
 - Motivational Interviewing
 - Cognitive-behavioral strategies
 - Relapse prevention
 - addiction education
 - referral to quitline or other counseling
 - prescription of medication
 - follow-up

What Can Providers Do?

- **Ask** smoking questions at every visit
 - Document responses as a vital sign
 - **Provider reminders to ask about tobacco use:**
 - **electronic prompt, stamp, or vital sign checkbox**
- **Advise** all smokers to quit smoking
 - 3-4 minutes on risks of smoking and benefits of quitting
 - Use clear, strong and personalized message
- **Refer** individuals to an appropriate program
 - Individual counseling
 - Group counseling
 - Quitline



Effective Brief Interventions



Accurate Assessment: Stage of Change Model

- **Pre-Contemplation = not yet thinking about behavior change**
- **Contemplation = Ambivalent and thinking about change**
- **Preparation = Decision that change is necessary and possible**
- **Action = Actively working toward behavior change**
- **Maintenance = Sustaining new behavior**
- **Relapse = PART of change cycle and often several before maintenance**



Next Step: Where Do you Focus the intervention?

- **Importance**
 - How important is it to you to quit using tobacco?
- **Confidence**
 - How confident are you in your ability to quit using tobacco?
- **Readiness**
 - These 2 questions help you define readiness to quit



Brief Interventions: Motivational Interviewing (MI)

- Specific communication style used with patients in pre-contemplation and contemplation stages
- MI facilitates “change talk”
- Change talk is when the patients argue for change, not the provider
- MI skills:
 - Simple open questions
 - Affirm
 - Listen reflectively
 - Clarifying and summarizing
 - Elicit self motivating statements/change talk



Motivational Interviewing (MI) Principles

- **Principle 1: Express Empathy**
- **Principle 2: Develop Discrepancy**
- **Principle 3: Roll with Resistance**
- **Principle 4: Support Self-Efficacy**



Skill #1: Reflective Listening

- 1. Treatment provider forms a reasonable guess as to the *underlying or unspoken meaning*.
- 2. Rephrase what the person has just said, in a statement, not in a question.
- 3. Reflect back to the person what you hear them saying.
“Sounds like you are feeling uncertain...”
“You are feeling pretty disappointed that you slipped.”
- You know your reflection is right when the person says
“Yes” “Exactly!” “Yeah” etc. or ASK you for more info.



Single-Sided or Simple Reflections

- Single-sided reflections only reflect one side of ambivalence.
- These are called simple reflections. You are simply reflecting what you hear the person saying:

Patient - I know I really need to quit....

Provider - You've been thinking of quitting...

Patient - Yeah, I've thought about it for years but it's just so hard... I've quit so many times but I always relapse..

Provider - You wish it would stick but it hasn't yet..

Patient - yeah... what can I do..?

Provider - Research shows that people who quit more often end up being more successful....



Confrontation-Denial Trap

- If a health care provider takes one side of the argument (to change) then the patient who is not ready will take the other side of the argument (to stay the same or keep smoking).
- In this way, the conversation builds more denial and resistance.
- The goal is to reflect what *the patient* is saying **NOT to list the reasons a person should change.**



Confrontation-Denial Trap

- When a treatment provider becomes insistent on change, it can TRIGGER resistance.

Patient - I know I really need to quit....

Provider - You've should really quit. It's making your COPD worse.

Patient - I know. But at this point in the game, I don't think quitting would help. Besides, I've quit so many times before. I can't do it.

Provider - You can do it. It is the most important thing you can do for your health.

Patient - I know, I know.... But I've tried to quit over 50 times! You just don't understand how hard it is... Look, do we need to keep talking about this – I'm not going to quit.



Double-Sided Reflections

- Double sided reflections are used when a person feels 2 ways about something. Reflect the bind the person feels by the situation..
- MOST PEOPLE FEEL CONFLICT ABOUT ANY CHANGE.

Patient - I want to quit smoking but last time I quit, I hated feeling so edgy. I was afraid I was going to get fired from my job because I was so crabby.

Provider - So on the one hand, you don't like how irritable you get but on the other hand, you really want to quit for good. Seems like it will be important to learn new ways to cope with irritability without going back to smoking... (only reflecting, not jumping to solutions)

Patient - Yes... is there any way I can not get so edgy and irritable?
(asking for information, thinking about options)



Skill #2: Affirm and Reward Change Talk

- **When patient begins to consider change – make positive affirming statements to reward the change talk.**
- **Agree, support, and emphasize personal control**
- **“Great – sounds like you’re considering how to quit. Just thinking about it is an important first step.”**
- **“That’s ok if you are not ready to quit yet. It’s great that you’ve tried to quit before. Research shows that the more people try to quit, the better their chances are to quit for good. You might try several times before it sticks.”**



Elicit Self-Motivation Statements

The ultimate goal is to have *patients* argue for change to resolve their ambivalence.

SIGNS OF INCREASED MOTIVATION:

Recognition of behavior:

- “I guess I need to think about that...”
- “I think I need to make a commitment to this...”
- “I didn’t realized NRT doubles my chance to quit...”

Asking for feedback or help:

- “Is there anything I can do?”
- “How do people quit this kind of habit?”



Roll with Resistance

- You may not always get self-motivational statements... (if only we did...!)
- How do you handle resistance???

Agree With A Twist:

- “I agree with what you are saying, no one can make you quit except you. At this point, you are not feeling ready to quit. I also think that when you are ready, you can be successful in quitting. Millions of people have quit smoking.”
- Most patients, when agreed with, do not need to keep arguing and defending their right to their opinion.



Skill #3: Asking Meaningful Questions

- Use questions that generate self-reflection combined with affirmations to propel talk about change forward
- Research shows that physicians/treatment providers simply **ASKING** about smoking leads to a 30% increase in patients attempts to quit.
- **Be Curious**
 - What have you done to quit in the past?
 - What ideas do you have about quitting?
 - What have other people you know who have quit done?



Ask Open-Ended Questions

- Open questions are open-ended.. Evoke thought.
- They start with **WHAT, HOW, WHEN, WOULD YOU, or TELL ME MORE...**
- Open questions encourage patients to think about what they are feeling and/or want:

What do you like about it?

What are your concerns?

How might you change that?

How are things different now?

How would you want to work on this skill more?

- Open questions generate exploration.
- Open questions are **VITAL** to quality MI



Closed Questions

- Closed questions force a yes or no answer.
- Closed questions are usually about making decisions or judgment.
- Closed questions begin with:
 - ARE you...? DO You...? DON'T You....?, and WHY are you..? WHY aren't you..?
- Some closed questions are fine for information gathering:
Do you want NRT?
- Most shut down the conversation, lead to defensive answers, or are leading questions.
 - Aren't you concerned about that?
 - Do you see how it's gotten worse over time?



Provider Question #1: Getting the Person Engaged

- “What do I do when a person is pre-contemplative and appears to shut down or become defensive when asked about smoking cessation?”
- “How do I get the PATIENT to talk about smoking?”
- “I sometimes lack the words to get the patient talking about it...”
- When a patient responds defensively or shuts down it is important to remember that this response is often SHAME, feelings of embarrassment, and/or fear.
- They often worry you will look down on them.
- Responding empathetically is KEY.
- People cannot open up to change if they feel judged or worried they will be judged.



Getting the Person Engaged

- **Examples to open up the conversation :**
- **“I know this is tough to talk about, Sally, and I get the sense that you might be worried that I’m going to give you the big lecture.... (with a smile). Instead I’d like to hear more about *your thoughts* about smoking...”**
- **“I work with a lot of smokers, Frank. I know it is not easy to quit. In fact, nicotine is very addictive and has been found to be similar to cocaine or heroin in how addictive it is. Most smokers need to quit several times before they can get the hang of it. I’d really like to learn more about your experiences and thoughts about...”**



Getting the Person Engaged

- Asking meaningful OPEN questions OPEN conversations.
- Closed questions CLOSE the conversation down.
- The decisional balance, or pros and cons of smoking, can help smokers to begin to reflect on their behavior.
- Often the “pros of smoking” give clues about a person’s needs or the role smoking is playing in their lives.



Decisional Balance

- **Decisional Balance – assume the patient *has* concerns or ambivalence: Use open questions to elicit and reflect self-motivation statements.**
- **Determine if the benefits to continue are outweighing the cons.**
- **The patient, rather than the provider, should make the arguments for change**
- **Leads to change talk – patient speech that favors movement in the direction of change**



Decisional Balance

- **Provider - Do you smoke? (closed question)**
- **Patient - Yes. I know I should quit but I've tried many times before and just can't seem to do it....**
- **OK. I know this isn't easy to talk about but I'd like to learn more about your experiences and how you are feeling about it at this point. Could we talk a bit more about this?**
- **So, I'm curious to know what you enjoy about smoking?**
- **What don't you like about smoking?**
- **What concerns you the most about {health issue}?**



Decisional Balance

- Responding to the “pros of smoking” (use reflections):
- “OK, so it sounds like you have a lot of stress in your life right now. When you want to try to quit again, it will be important to find *new* ways to manage stress. Actually, there are lots of good techniques for stress management. It also sounds like smoking is a way for you to take breaks and give yourself a reward. This is very important....”
- “So smoking has become more of a habit and you find very little enjoyable about it. That is good news! This means that it is not as rewarding or enjoyable as it once was for you. There are some new medications that can help you break the habit....Would you like to learn more about them?”
- “What don’t you like about smoking?”



Decisional Balance

- “It is hard to feel like a ‘broken record’ and keep bringing up smoking/quitting.”
- Examples of ways to handle:
 - “John, it was nice to hear a bit about your smoking during our last appointment. I’d like to hear a little more about it and find out if you’ve had additional thoughts since we last met. What have you noticed over the week/s?”
 - “Sarah, it’s OK if you are not yet ready to quit. I know the last time we talked you mentioned you worry about ----- . Tell me more about that...”
 - Just to let you know, I will be checking in with you each time we meet to find out your thoughts about smoking. This way, I can make sure that if you have new questions I can assist you, OK?”
 - “Jim, just as I ask you if you have any new questions/concerns about your health (or presenting issue), I also ask all my patients about their smoking. This helps me check-in to see there are any new questions for me, OK?”



Provider Question #2: Intrinsic Motivation

- “How do you source a person’s internal/intrinsic desire to change behavior and resolve ambivalence?”
- The **ONLY** way to tap into internal motivation is to ask **OPEN QUESTIONS** and **REFLECT** what you hear.
- Telling people or even making a argument as to why someone should change will **NOT** work but can actually back fire on you.



Evocative Questions

Developing Concern:

- What are your biggest concerns about continuing to smoke?
- How might your life be different if you quit?
- How might you feel if that happens?
- What do you think will happen if you don't quit?
- How has smoking stopped you from doing things you'd like to do?
- What have you noticed about your health now compared to 10 years ago?



“What Else?”

- **Straightforward encouragement theme(s):**

What else have you noticed?

What else worries you?

What other ideas do you have about this?

What else would you change?

What else could you do at this point?

Give me an example...



Evocative Questions

Optimism /Self-Efficacy:

- **What encourages you (or how do you know) that you will make this happen?**
- **If you did decide to change, what helps you know you'll be successful?**
- **If you did decide to change, what are your hopes for the future?**



Evocative Questions

Intention to change:

- If you were 100% successful in making these changes, what would be different?
- What would be the advantages of making this change?
- I can see you are feeling stuck at the moment. What might be one possible solution to this issue?



Provider Question #3: Concerns about Questions

- **It seems redundant or unnecessary to ask these smoking questions.”**
- **“I hate to ask about smoking because I smoke. It makes me feel like a hypocrite.”**
- **“I anticipate this question will cause conflict. What if the patient gets mad? Or just stops coming here?”**



Asking About Smoking

- Remember that *simply asking* about smoking has been shown to increase the frequency of quit attempts by 30%.
- Every visit to a health care professional involves questions about medical/personal history, cholesterol, diet, exercise, etc . Smoking behaviors change over time so it is important to ask each time.
- If a health care professional is calm and caring in the way they ask *any* question, people will respond more openly and freely than you might expect.



Asking About Smoking

- **Smokers or former smokers as health care professionals...**
- **You are in the best position to be empathetic. You KNOW how hard it is to quit.**
- **Your goal is to assess and assist others... even if you smoke you are helping others. Try to focus solely on the patient's needs.**
- **If you continue to feel guilty, perhaps use this as motivation to consider making a quit attempt.**
- **It is all in *how* you ask.**
- **Asking in a non-judgmental, open and caring way maintains the relationship. Use reflections and empathy when people respond.**



Asking About Smoking

- **Not wanting to ‘sic a doctor on a patient’ brings up questions about the doctor’s and/or clinic’s approach to smoking cessation.**
- **How might a Stage of Change approach be adopted by the clinic/doctor?**
- **How is the doctor or clinic motivating patients?**
- **Remember that smokers need to decide and argue for change, not the health care professional.**



If Smoker Gets Upset...

- **Use MI skills! Help frame why you are asking so it is normalized, not personal.**
- **“I’m sorry if asking about smoking upset you. That is not what I intended. I ask all patients/clients about a lot of behaviors such as diet, exercise, their relationships, etc. I ask because if you have questions or want resources, I can assist you. If you are not ready to quit, that is OK. We are here for you when you are ready. Just know that we’ll ask you again when you are here next time. We ask because we care about our patients.”**
- **Reflect and empathize with feelings.**
- **Ask open questions.**



Summarizing Motivational Interviewing

- **Make the most of a ‘teachable moment’ when health problems are directly connected to unhealthy behaviors**
- **Use stage of change assessment to provide the most effective intervention**
- **Avoid alienating the patient with a lecture**
- **Avoid setting impossible goals – reduce potential for failure and frustration**
- **Maximize motivation and use patient’s own ideas for change**
- **Realize smoking is a major addiction influenced by many factors**
- **Understand quitting is a process, sometimes you can only plant a seed**
- **Avoid frustration and failure as practitioner**
- **Provide opportunity for patients to make effective decisions**
- **Build on patients’ resources for change**



Smoking Cessation Medications

First Line Available Therapy – FDA Approved

Medication

Cessation Rates

▪ Varenicline 2mg/day	33.2%
▪ Bupropion SR	24.2%
▪ NRT Nasal Spray	26.7%
▪ NRT Patch	23.4%
▪ NRT Gum	19.0%
▪ NRT Patch + Bupropion SR	28.9%
▪ NRT Patch +Spray	25.8%

Nicotine Replacement Therapy

Referral to Michigan QuitLine

Michigan QuitLine Overview

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Fax Referral Process

Where to Find the Fax Referral Form

referral form

Summary