

# Fundamentals of Brief Cessation Counseling Approaches

Jamie S. Ostroff Ph.D.  
Director, Smoking Cessation Program  
Memorial Sloan Kettering Cancer Center

Co-Project Leader  
Queens Quits! Cessation Center

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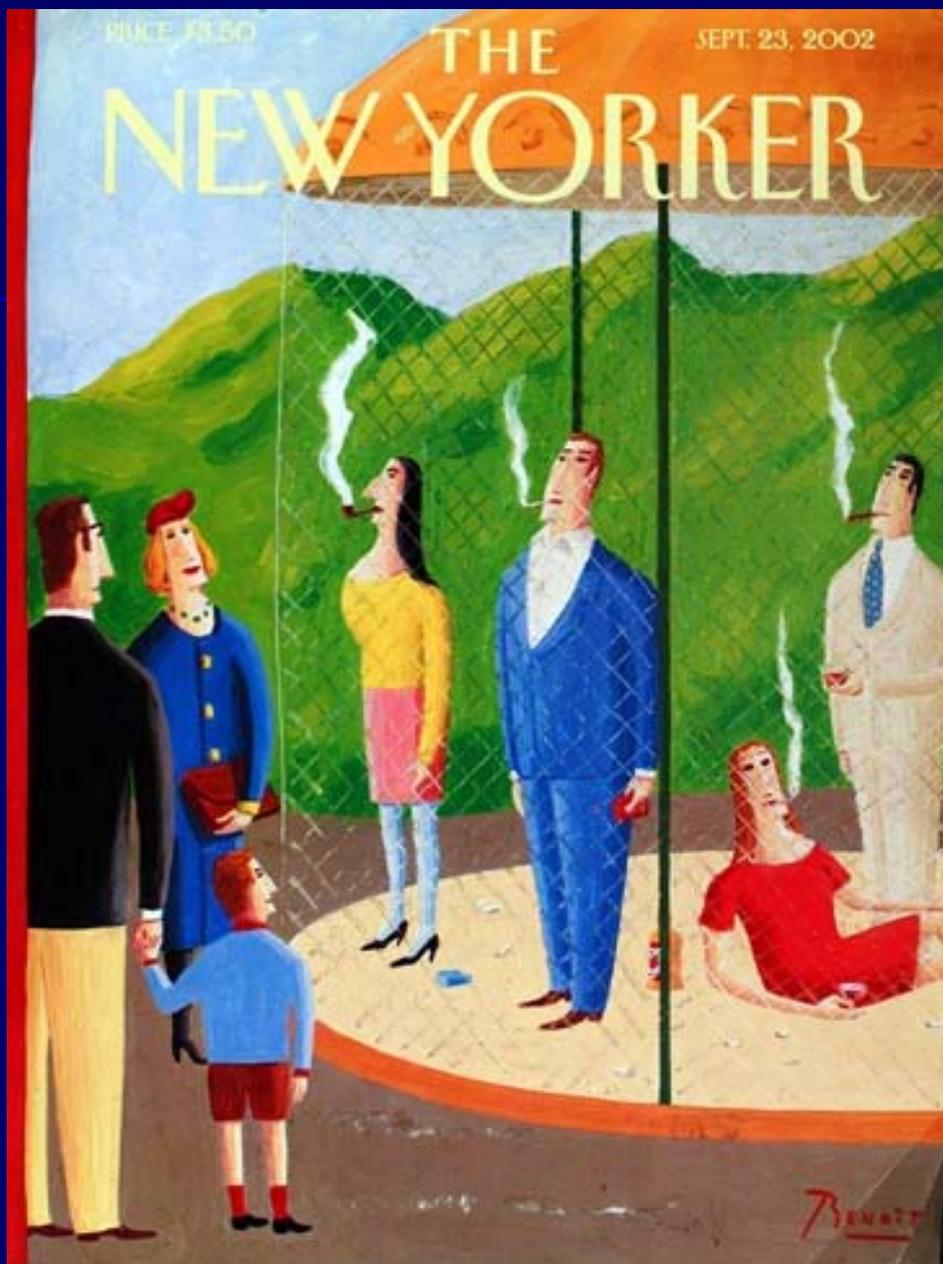
# Objectives

- To provide an introduction to factors associated with readiness to quit smoking
- To review practical strategies for brief cessation counseling

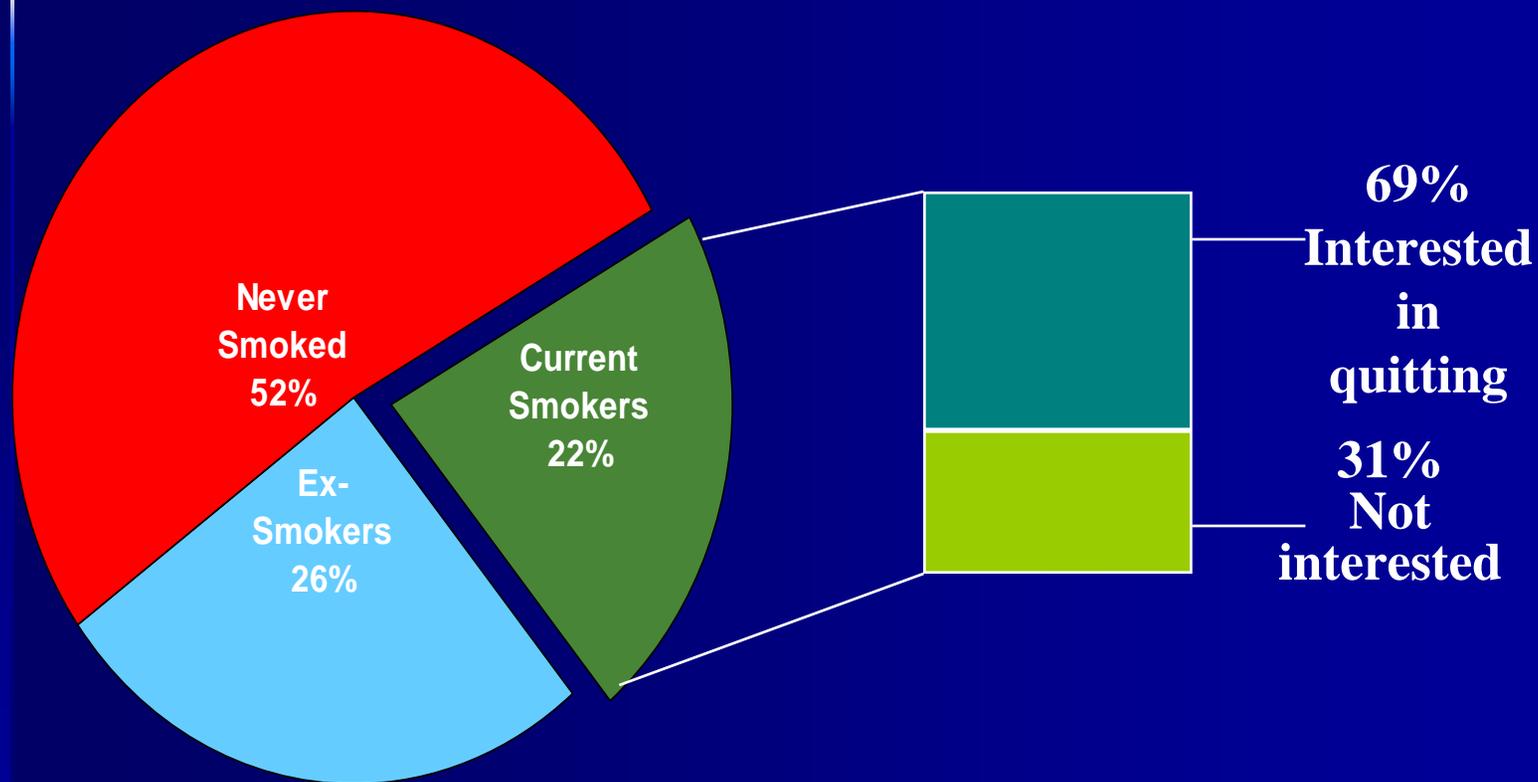
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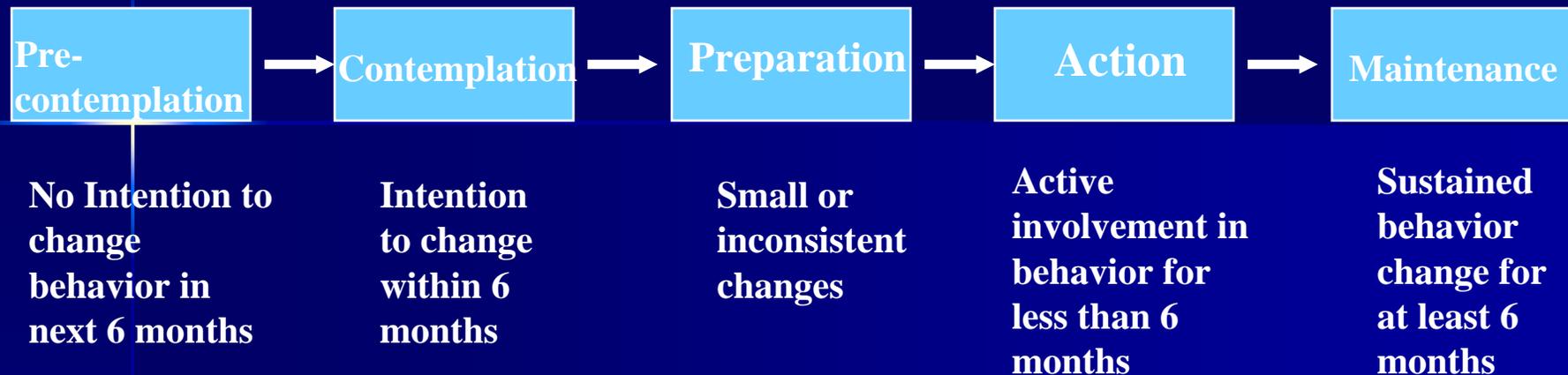


# Prevalence of Current Smoking and Interest in Quitting In The U.S. Adult Population



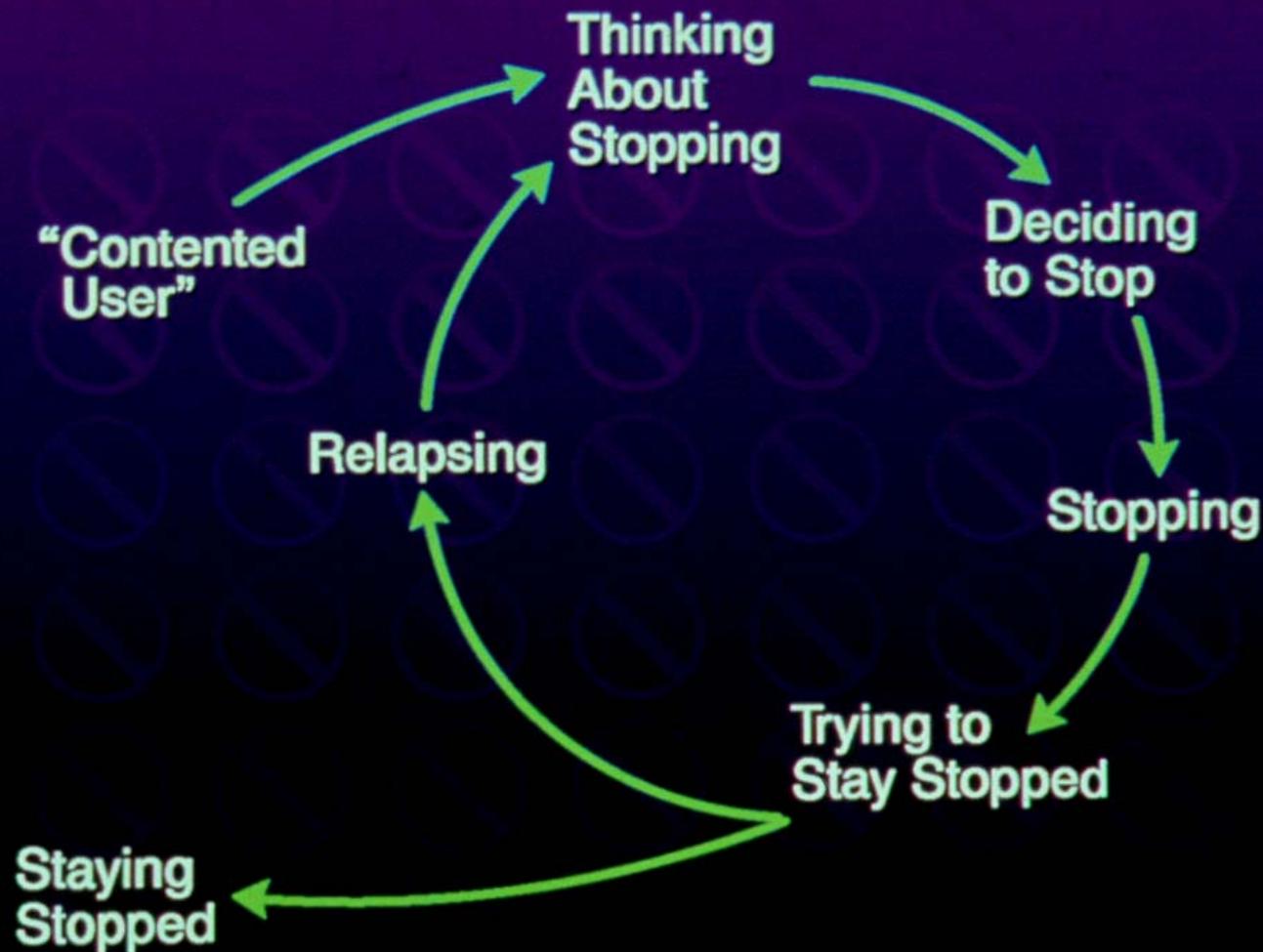
Source: CDC *MMWR*  
(2006).

# Transtheoretical Model Stages of Change

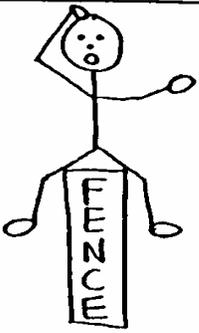
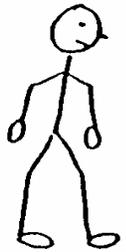
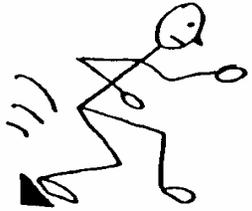


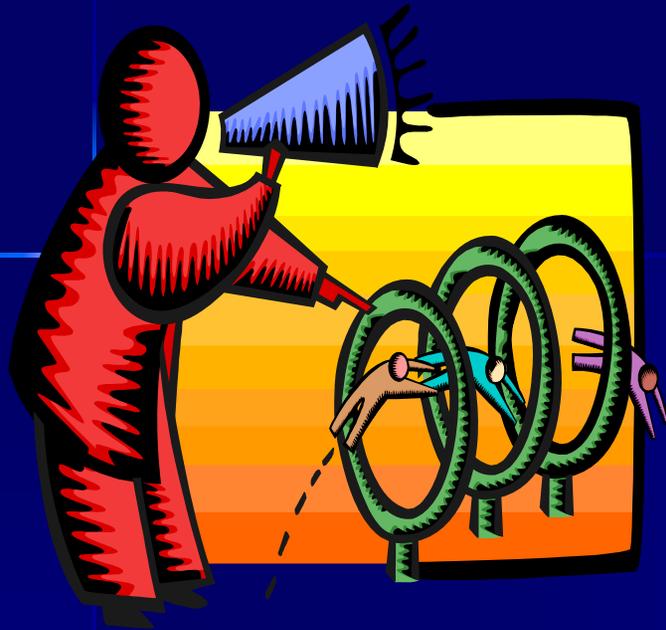
- **Smokers move through a series of stages of change in their efforts to quit smoking** (*Prochaska & DiClemente, 1983*)
- **Changes typically are cyclic rather than linear, and the rate of individual change is unique**

# Stopping Tobacco Use is a Dynamic Process



## THE STAGES OF CHANGE

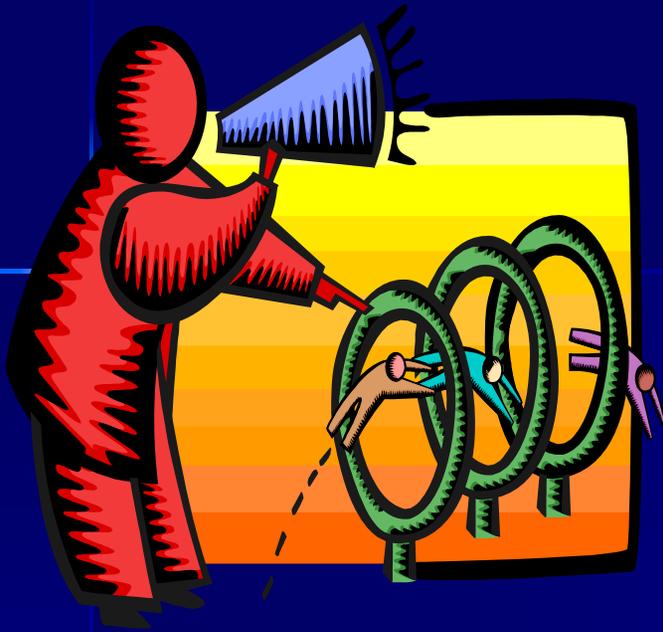
Precontemplation	Contemplation	Determination/ Preparation	Action	Maintenance	Relapse
					
"I have no interest in quitting smoking."	"I want to quit, but I really like smoking."	"I am ready to quit smoking."	"I don't smoke any more."	"I am a nonsmoker."	"I blew it! I'll never stop smoking."



## Enhancing Motivation to Quit: The "5 R's"

- **Relevance:** Explain why quitting is personally relevant. Be specific-- disease status, exposing children to secondhand smoke.
- **Risks:** Identify acute (*shortness of breath*), long-term (*cancer, emphysema*), and environmental risks (*increased heart disease for partners/spouses*)

**Source:** USDHHS Clinical Practice Guidelines: Treating Tobacco Use and Dependence, 2000



## Enhancing Motivation to Quit: The "5 R's"

- **Rewards:** Identify benefits-- improved health, saving money, improved sense of taste or smell
- **Roadblocks:** Identify barriers to quitting-- withdrawal symptoms, fear of failure, depression
- **Repetition:** Repeat motivational intervention every time client visits

**Source:** USDHHS Clinical Practice Guidelines: Treating Tobacco Use and Dependence, 2000

# Essential Elements of Behavioral Counseling

- **Set Quit date:**
  - Set a stop date, preferably within 2 weeks
  - Starting on the quit date, total abstinence is essential
- **Review Past quit experience:**
  - Identify what helped and what hurt in previous quit attempts
- **Anticipate triggers or challenges in upcoming attempt:**
  - Discuss challenges/triggers and how patient will successfully overcome them
- **Provide encouragement and support**

# Counseling Basics

- Active listening
  - Listening
  - Acknowledging
  - Encouraging
  - Repeating to make sure understood
- Asking questions
  - Clarify and confirm
  - Use opened ended Qs
  - Repeat, paraphrase, summarize
  - Take phrase and make it a question
  - Don't ask "why"

# Keys to Effective Cessation Counseling

- Ask open-ended questions: *"How are you feeling about your smoking right now?"*
- Convey understanding: *"You seem frustrated that despite knowing that smoking is bad for your heart that you haven't been able to quit"*
- Affirm/acknowledge quit attempts positively: *"Even though it's been stressful, you've really made an effort to cut down your smoking"*
- Summarize the key issues: *"On the one hand, you are concerned about post-cessation weight gain; on the other hand, you are worried about your health"*
- Encourage patients to focus on reasons to quit: *"What is the most important reason you have for wanting to stop smoking"*

# Examples of opened ended Q's: Motivational readiness

"How are you feeling about smoking these days?"

"Tell me more about that..."

"What do you think will be hardest about giving up cigarettes?"

"What are some other reasons you can think of for quitting smoking?"

"What worked best in the past for coping with smoking urges?"

# Enhancing Social Support

- What/who helped in the past, who/what didn't?
- Who can help now?
- What can they do? – for some, staying out of the way and NOT asking about smoking is best
- Let the quitter define support activities
- Suggested helpful activities: take over household chores; don't smoke in house/around you; put up with your mood; be available by phone; be a quit buddy; don't buy cigs for you/offer you any

# Reframing past failures as ... practice for quitting

- Identifying successes
- Identifying active efforts
- Highlight progress have made
- Identifying what learned in “slips” and other problems

# Educate About Quitting

- The best quit plan is formulated in advance – like training for a marathon
- Like a marathon, quitting requires sustained effort
- Prepare your quitting “tool kit” in advance – don’t count on yourself to think under pressure
- Weight gain is likely
- Withdrawal symptoms are likely
- Success is not all or none
- Unanticipated stresses will occur

# Dealing with High Risk Situations

- Recognize so can act/use coping skills
- Plan ahead
- Avoid the situation
- Make smoking more difficult
- Change the situation:
  - \*If always smoke after meals, leave the table
- Alternative behaviors
- Physical activity
- "Riding the urge"

# Step by Step Approach to Counseling Smokers

- ASSESS: Current level of smoking, past attempts to quit, other household smokers, current readiness to quit
- ADVISE: Clear message to quit, health benefits of quitting, effects of smoking on smoker and children
- ASSIST: Matched according to stage of readiness to quit
- ARRANGE FOLLOW-UP: Depending on stage of readiness to quit

# ASSESS

When was the last time you had a cigarette?

How many cigarettes did you smoke yesterday?

Have you thought about quitting?

What has kept you from quitting?

Does anybody else in your family smoke?

Most successful ex-smokers tried several times before they quit for good. What caused you to start smoking the last time?

# Current Stage of Readiness to Quit

- I'm not ready to quit smoking (Precontemplation)
- I'm seriously thinking re quitting (Contemplation)
- I'll be ready to quit smoking soon (Preparation)
- I'm ready to quit smoking now (Action)
- I quit smoking already (Maintenance)
- I did quit but now I've gone back to smoking (Relapse)

# ADVISE

- Give clear message to quit
- Discuss health benefits of quitting
- Discuss risks of smoking

# ASSIST

## Precontemplation

- Help smoker think of reasons why s/he might want to quit smoking sometime in the future (What have you heard re quitting? Do you know anyone who has quit? What are your concerns or questions re quitting?)
- Show that you understand the patients' feelings
- *Even though you're not interested in quitting now, would you be willing to read this information and talk with me re it during your next visit?*

# ASSIST

## Contemplation

- Review health risks of smoking: “What concerns you the most about smoking”
- Review pros and cons of quitting:  
*“What do you see as the pros and cons of stopping smoking?”*
- Reinforce and highlight patient’s reasons for wanting to stop smoking

# ASSIST

## Preparation

- Describe expectations regarding the quitting process
- Set a quit date *"Have you decided what day you will stop?"*
- Provide education and information about cessation medications to reach shared treatment decision *"Of all of the options that I've discussed, what sounds right for you"?*
- Develop a quitting plan together
- Discuss cravings and withdrawal sx and strategies for dealing with them: The 5 D's: Deep breathing, Drinking water, Do something; Discuss/talk with a friend or family member, Delay smoking)

# ASSIST

## Action

- Normalize difficulties and provide encouragement
- Ask about experiences with cessation medication
- Offer follow-up visits, referral and continuing support

# ASSIST

## Maintenance

- Congratulate smoker on her success
- Offer support for long-term maintenance
- Discuss any slips, strong cravings, review coping strategies *"How are things going?" Slips?"*
- Relapse prevention

# ASSIST

## Relapse

- Help get back on track: *"It's hard for people to quit and most people try a few times before staying off cigarettes for good."*
- Review relapse situation and identify triggers
- Quitting takes practice

# ARRANGE FOLLOW-UP

- **If not ready to quit:** *" I know you're not ready now but will you consider the issues we talked about? Will you consider reading this booklet and letting me know what your thoughts about it are during our next visit?"*
- **If s/he has agreed to try to quit smoking:** *" I'll make a note re your quit date and we'll check on your progress during the next visit. Please contact my office if we can help you"*
- **If s/he has already quit smoking:** *" Try some of the strategies we discussed for dealing with cravings. Remember the urge to smoke will pass in a few minutes whether you smoke or not, When you come back, we'll talk about how quitting is going for you)*

# Take Home Messages

- Listening is key
- Accepting the caller where they are in the change process
- Hard to change a behavior, especially one with a long habit history
- Success is not all-or-none

# Key principles for counseling smokers: Take Home Messages

- Counseling as a partnership to develop and support a personalized quitting plan
- Rapport, trust, empathy
- Assess motivation/readiness and tailor your approach
- Listening is key
- Accepting the caller where they are in the change process
- Problem-solve to address specific barriers
- Enhance patient's self-confidence
- Success is not all-or-none
- Quitting takes practice and it's hard to change a behavior, especially recognizing physical addiction
- Most smokers want to quit and need your support and assistance