



**SAMHSA-HRSA
Center for Integrated
Health Solutions**

*Evidence-based Counseling Approaches
for Treating Tobacco*

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NATIONAL COUNCIL ON ADDICTION TREATMENT
SAMHSA
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Goals

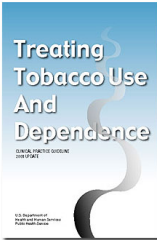
- Describe empirically supported treatments aimed at cessation
- Demonstrate counseling strategies to engage smokers in treatment
- Discuss potential treatment goals

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Empirical Evidence

Fiore MC, Jaen CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

Hartmann-Boyce J, Stead LF, Cahill K, Lancaster T. Efficacy of interventions to combat tobacco addiction: Cochrane update of 2012 reviews. doi: 10.1111/add.12291



The Cochrane Collaboration
Working together to provide the best evidence for health care

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There is no scientific evidence that hypnosis helps people to quit smoking.




Some uncontrolled trials are positive, but they aren't corroborated by RCTs

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There is no scientific evidence that acupuncture helps people to quit.



Acupuncture vs. "sham" acupuncture does not reliably find an advantage for acupuncture

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There is no scientific evidence that laser-therapy helps people to quit.



Claims to work like acupuncture – only without the needles

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There is no scientific evidence that e-cigarettes are safe and little evidence for their efficacy.



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The 5 "A"s

- Ask about tobacco use
- Advise to quit
- Assess willingness
- Assist in quit attempt
- Arrange followup



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What you fail to say sends a powerful message too.



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Psychosocial approaches

	Risk Ratio	95% CI	Sample Size	# of Studies
Group therapy vs. self-help only ⁴	1.98	1.60 - 2.46	4,375	13
Individual Counseling vs. minimal contact control ⁵	1.39	1.24 - 1.57	9,587	22
Physician advice to quit vs. No advice / Usual care ⁶	1.76	1.58 - 1.95	22,240	26
Motivational Interviewing vs. Brief advice / Usual care ⁷	1.27	1.14 - 1.42	10,538	14

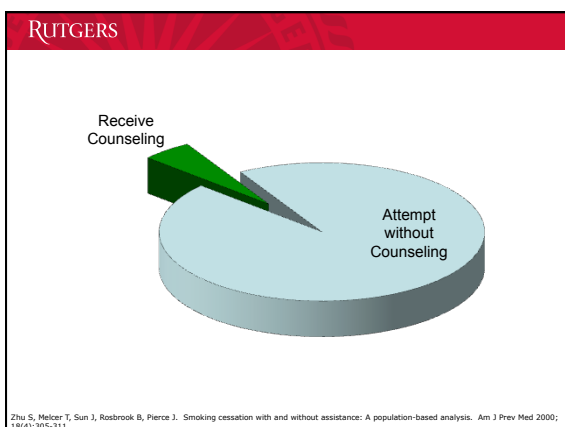
4. Stead LF, Lancaster T. Group behaviour therapy programmes for smoking cessation. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD001007.
5. Lancaster T, Stead LF. Individual behavioural counselling for smoking cessation. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD001092.
6. Stead LF, Bergson G, Lancaster T. Physician advice for smoking cessation. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD000165.
7. Lai DT-C, Cahik K, Qin Y, Teng J. Motivational interviewing for smoking cessation. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD006626.

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Combined approaches

	Risk Ratio	95% CI	Sample Size	# of Studies
Increased behavioral support + pharmacotherapy VS. Less or no behavioral support + pharmacotherapy ⁸	1.16	1.09 - 1.24	15,506	38
Pharmacotherapy + behavioral interventions VS. Usual care / self-help/brief advice ⁹	1.82	1.66 - 2.00	15,021	40

8. Stead LF, Lancaster T. Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation. Cochrane Database of Systematic Reviews 2012, Issue 12. Art. No.: CD009670.
9. Stead LF, Lancaster T. Combined pharmacotherapy and behavioural interventions for smoking cessation. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD008286.



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Practical Counseling

- Recognize high-risk situations
 - Stress, other smokers, alcohol
 - Smoking paraphernalia, availability of cigarettes

- Develop coping skills
 - Anticipate and avoid temptations & triggers
 - Cognitive & behavioral strategies for:
 - Reducing stress/negative affect
 - Coping with smoking urges

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Practical Counseling (cont)

- Provide basic information
 - Addiction, not just a "habit"
 - Lapse to relapse danger
 - Withdrawal
 - Meds

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Supportive Treatment

- Encourage
 - Demonstrate your belief your patient can quit
 - Note all the available options
 - Note that 1/2 of all smokers have been able to quit
 - Note that you've helped others quit

- Communicate caring / concern
 - "How do you feel about quitting?"
 - "I'm here to help you"
 - "I know this is tough"

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Supportive Treatment (cont)

- Talk about the quitting process
 - Learn why patient wants to quit
 - Learn about previous successes
 - Learn about previous difficulties (just enough to avoid them this time)

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Prepare for Quit Date

- Education re: medications
- Clear out paraphernalia
- Clean the house / car / clothes
- Tell everyone!
- Disassociate smoking from common activities
 - Coffee – cigarette
 - After meal – cigarette
 - Transportation – cigarette

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Treatment Goals

- Set a quit date – abrupt cessation
- Set a quit date – reduction-to-quit
- Flexible quit date¹

- Reduction of more than 50% is associated with increased future quit attempts

¹Hughes JR, Russ CJ, Arntage CE, & Rennard SI. Efficacy of a flexible quit date versus an a priori quit date approach to smoking cessation: a cross-study analysis. *Addict Behav.* 2011 Dec;36(12):1288-91.

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Smoking reduction concerns

- Still need concrete goals
- No level of safe smoking
- Not proven to reduce harm
- Compensatory smoking
- Withdrawal symptoms without meds

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... Great, but how to we get our patients to attend our groups or actually try to quit?

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Treatment Engagement

- O-A-R-S from motivational interviewing
- Elicit “change talk”
- Specific strategies for increasing perceived importance and confidence
 - Decisional balance
 - Develop discrepancy
 - I-C-R Ruler

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Develop Discrepancy

- Between present behavior and important personal goals or values
- Client, not counselor should present arguments for change

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Develop Discrepancy

1 pack / day @ \$7.50/pack

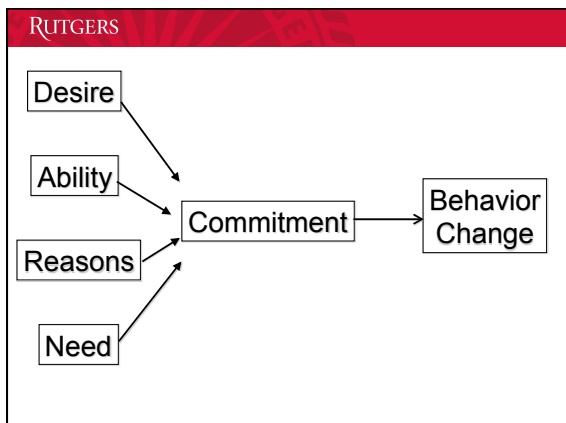
Time Period	Cost
Per Week	\$52.50
Per Month	\$225.00
Per Year	\$2,737.50

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Characteristics of Successful Changers

(excerpted from *Motivational Interviewing*, 2nd Edition, William Miller & Stephen Rollnick; Guilford Press)

Accepting	Committed
Active	Competent
Adaptable	Concerned
Adventuresome	Confident
Affirmative	Courageous
Alert	Creative
Alive	Decisive
Ambitious	Dedicated
Anchored	Determined



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Self-perception theory


- We learn about our beliefs and attitudes by hearing ourselves talk.
- Eliciting “change talk” increases commitment.
- Eliciting “sustain talk” decreases commitment.
- Moral: Let patients make the argument for change.

Bem, D. J. (1967). Self-Perception: An Alternative Interpretation of Cognitive Dissonance Phenomena. *Psychological Review*, 74, 183-200.

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Responding to Change Talk

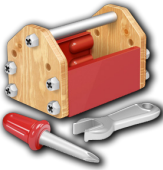
- Elaboration
- Affirm
- Reflect
- Summaries



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Tools for Eliciting Change Talk


- Decisional Balance
- Importance-Confidence-Readiness Ruler



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Decisional Balance

- Enhances credibility and rapport
- Always start with the “not-so-good things”
- Follow-up with EARS
- Offer a summary statement of both sides
- Use the summary as a motivational tool



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Decisional Balance

“Not So Good Things” about smoking	“Good Things” about smoking
Bad health	Helps with stress
Makes me smell bad	
Costs a lot	Good when I’m bored

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Decisional Balance

"Not So Good Things" about smoking	"Good Things" about smoking	Alternative ways to get the "Good Things"
Bad health	Helps with stress	Slow breathing Listen to music
Makes me smell bad		
Costs a lot	Good when I'm bored	Listen to music Play on phone Talk to someone

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ICR - Importance

How **important** is it for you right now to quit smoking?
On a scale of 0 to 10, what number would you give yourself?

0 10
not at all extremely
important important

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ICR - Confident

If you did decide to change, how **confident** are you that you could quit smoking?

0 10
not at all extremely
confident confident

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ICR - Ready

How **ready** are you to quit smoking right now?

0 10
 not at all extremely
 ready ready

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When using ICR Ruler...

- Remember:
 - Self-perception theory
 - Low number = sustain talk
 - High number = change talk
 - Express empathy – changing is hard!

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ICR Ruler

How **important / confident**?

On a scale of 0 to 10, what number would you give yourself?

High #: "Tell me more"
 Low #: "Why not zero?"
 What would it take to move you from an X to a (X+1)
 What can I do to help you feel more confident?

0 10
 not at all extremely
 important /confident important /confident

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What about those not interested in quitting?

- Ask permission to ask about smoking again
- Maintain in treatment
- Discuss reduction to quit options
- Build motivation for later
 - Decisional balance, ICR Ruler, Develop discrepancy, increase self-efficacy

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Conclusions


- Ask all patients about smoking at every visit
- Evidence supports using psychosocial interventions for tobacco use disorders
- Keep smokers engaged even if they are not yet ready to set a quit date

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Thank you!

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Continue the conversation

**Follow up Q&A Session:
Counseling and Medication for Treating Tobacco**

**Thursday, May 1, 2014
4:00 - 5:00 PM EDT**

To register:
<https://www2.gotomeeting.com/register/905511586>



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