



# ***Behavioral Strategies for Smoking Cessation:*** ***Practical Tools for Busy Primary Care Clinicians*** **Downloadable Toolkit**

This activity was supported by an educational grant from GlaxoSmithKline.

# This activity is jointly sponsored by:



This activity has been planned and implemented in accordance with the accreditation requirements and policies of the American Nurses Credentialing Center (ANCC) and American Academy of PAs (AAPA) through the joint providership of the Nurse Practitioner Healthcare Foundation and Integrated Learning Partners in collaboration with Consultants in Medical Education.

The Nurse Practitioner Healthcare Foundation is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

# Table of Contents

Know the Facts.....	5
Communication Strategies.....	8
Assess Patient's Readiness to Quit.....	17
Tool: The "Readiness Ruler".....	24
Incorporating the 5 A's.....	28
Summary Tips.....	32

# Learning Objectives

After review of this material, learners should be able to:

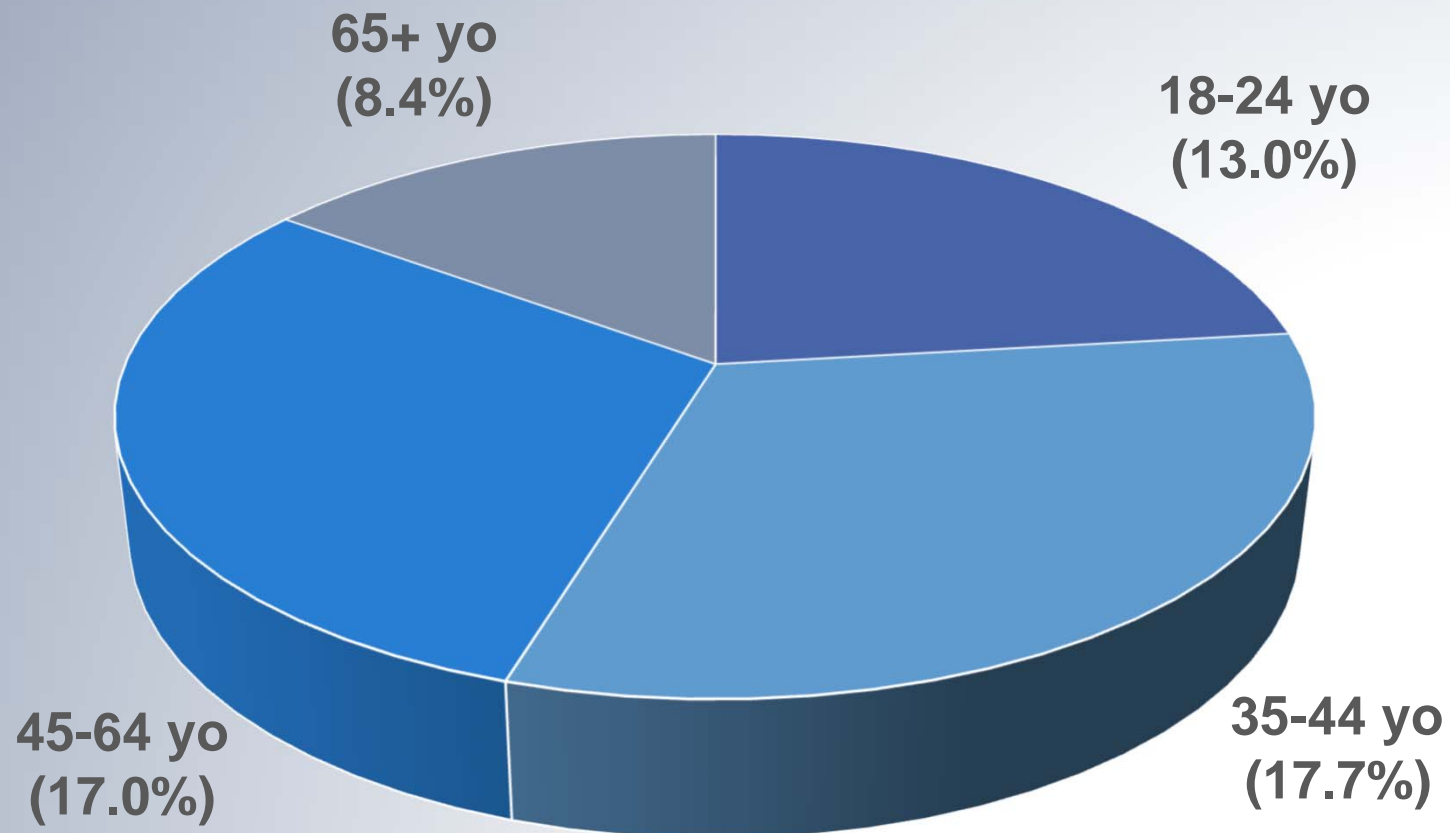
1. Demonstrate the ability to assess patients who smoke, including how to determine patients' readiness to quit.
2. Determine behavior change messages that are targeted to each patient's readiness to quit.
3. Apply behavior change and practical smoking cessation strategies to support patients' efforts to change their smoking behaviors.

# Current Facts About Smoking

In the US, 2015:

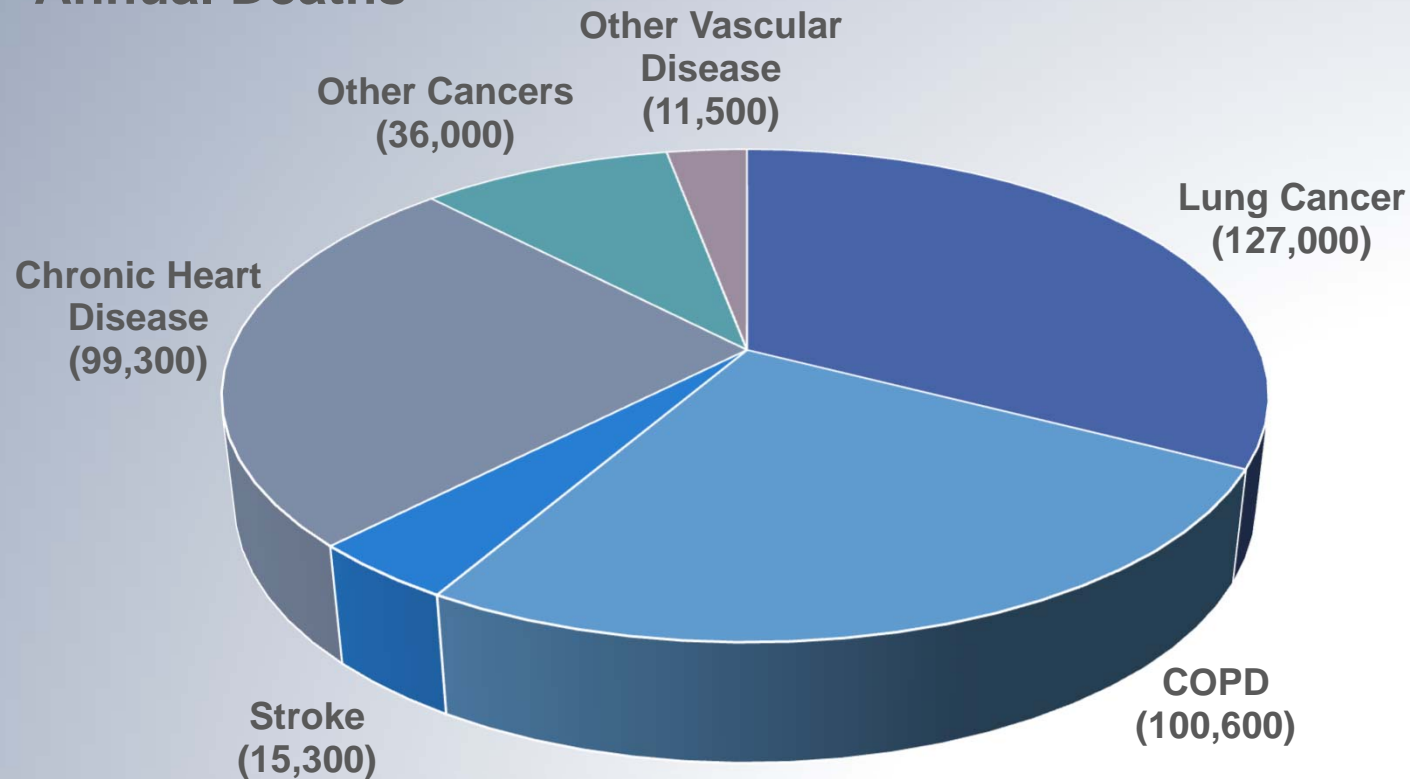
- 15.1% of all adults (365 million people) were current cigarette smokers
- 16.7% of men were smokers; 13.6% of women
- Each day, over 3200 people younger than 18 years of age smoke their first cigarette
- 68% of adult smokers wanted to stop smoking
- 55% of adult smokers made a past-year quit attempt
- 59% of adults who had ever smoked quit

## Current Smoking Among Adults in 2015 (United States – Grouped by Age)



# Annual Cigarette Smoking-Related Mortality in the United States, 2005–2009

## Annual Deaths



**Smoking is responsible for 480,000 deaths/year in the US. This is about 1 in 5 deaths annually, or 1300 deaths every day**

**On average, smokers die 10 years earlier than nonsmokers**



# **Communication Strategies to Establish Rapport and Sustain Engagement**



# Engaging Patients

**Use motivational interviewing techniques to establish rapport and effectively communicate with patients:**

## **1. Express empathy**

- Use open-ended questions to explore:
  - *“How important do you think it is for you to quit smoking?”*
  - *“What might happen if you quit?”*
- Use reflective listening to seek shared understanding:
  - Reflect words or meaning
    - *“So you think smoking helps you to maintain your weight.”*
  - Summarize
    - *“What I have heard so far is that smoking is something you enjoy. On the other hand, your boyfriend hates your smoking and you are worried you might develop a serious disease.”*
- Normalize feelings and concerns
  - *“Many people worry about managing without cigarettes.”*
- Support the patient’s autonomy and right to choose or reject change
  - *“I hear you saying you are not ready to quit smoking right now. I’m here to help you when you are ready.”*

# Engaging Patients (continued)

## 2. Develop discrepancy

- Highlight the discrepancy between the patient's present behavior and expressed priorities, values and goals
  - *“It sounds like you are very devoted to your family. How do you think your smoking is affecting your children?”*
- Reinforce and support “change talk” and “commitment” language
  - *“So, you realize how smoking is affecting your breathing and making it hard to keep up with your kids.”*
  - *“It's great that you are going to quit when you get through this busy time at work.”*
- Build and deepen commitment to change
  - *“There are effective treatments that will make quitting easier, including counseling and many medication options.”*

# Engaging Patients (continued)

## 3. Roll with resistance

- Back off and use reflection when the patient expresses resistance.
  - *“Sounds like you are feeling pressured about your smoking.”*
- Express empathy.
  - *“You must be worried about how you will manage withdrawal symptoms.”*
- Ask permission to provide information.
  - *“Would you like to hear about some strategies that can help you address that concern when you quit?”*

## 4. Support self-efficacy

- Help the patient to identify and build on past successes.
  - *“So you were fairly successful the last time you tried to quit.”*
- Offer options for achievable small steps toward change.
  - Call the quit line (1-800-QUIT-NOW) for advice and information
  - Read about quitting benefits and strategies
  - Change smoking patterns (eg, no smoking in the home)
  - Ask the patient to share his or her ideas about quitting strategies

# Discuss the Health Effects of Smoking With Your Patients

- Increases risks of heart disease, heart attacks, strokes, and many cancers
- Weakens the immune system
- Risk of exposure to 4800 chemicals, including 11+ proven carcinogens
- Can cause erectile dysfunction in males and infertility problems in females
- Causes skin damage

***Focus on topics that resonate with the patient, and talk about immediate and longer-term consequences.***

# “Normalize” the Situation

1. It's important to “normalize” the situation and take a nonjudgmental approach.
  - Patients and families need to hear that what they are going through is “normal”
  - Normalization builds trust
  - Normalization can diminish anxiety
2. Examples of normalization statements:
  - “*Of course you are anxious*”
  - “*It makes sense to me*”
  - “*After all, quitting smoking is hard, and it is a lot to take on at once*”

# Assess the Patient's History

*Ask about overall smoking and tobacco use*

- Tobacco use history
  - Current, past, never
  - Use patterns
    - Number of cigarettes/day or packs/week
    - How much chewing tobacco per week/frequency
    - Type of cigarettes (e.g., filtered vs non-filtered, regular vs light)
    - Number of years using
  - Quitting history
    - Number of attempts to quit
    - Duration of cessation episodes
    - How long ago was last quitting episode?

# Assess the Patient's Current Behaviors

- Current use behaviors
  - Current willingness to quit or interest in quitting
  - Other current substance using behaviors (e.g., marijuana, cocaine)
  - Smoking triggers
- Other pertinent psychosocial Issues
  - Co-occurring mental health diagnoses
  - Social support system
  - Social/entertainment milieu
  - Socioeconomic issues
- Patient's perceived challenges
- Patient's perceived assets/supportive resources
- Patient's short- and long-term goals for smoking behaviors and behavioral changes

# An Effective Model for Assessing Patient's Readiness

- **The transtheoretical model (TTM)** is an integrative, biopsychosocial model to conceptualize the process of intentional behavior change
- **Five stages:**
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance
- **Key concepts in “stages of change” approach:**
  - Behavior change occurs along a continuum
  - Targeted and tailored messages have impact on those who change behavior AND those who don't
  - Can have impact on all patients—and predict future change
  - Don't need to move everyone across the continuum.  
Moving from one stage to the next is an accomplishment for you and the patient!





## **Assess Patient's Readiness to Quit**

# Assessing Patient's Stage of Readiness

The chart below summarizes the Transtheoretical Model of Behavior Change (TTM) and the behavioral characteristics patients may express at each stage

TTM Component	Description	Characteristics
<b>Precontemplation</b>	<b>Not Yet Ready</b> Have no intention to quit smoking in next 6 months	<ul style="list-style-type: none"><li>• Cons &gt; Pros</li><li>• Defensive</li><li>• Resistant</li><li>• Change experienced as coerced</li><li>• Demoralized</li><li>• From 30% to 85% of population</li></ul>
<b>Contemplation</b>	<b>Getting Ready</b> Intend to quit smoking in next 6 months	<ul style="list-style-type: none"><li>• Pros = Cons</li><li>• Ambivalent</li><li>• Lack commitment</li><li>• Lack confidence</li><li>• "Chronic" contemplation</li><li>• From 10% to 50% of population</li></ul>
<b>Preparation</b>	<b>Ready to Take Action</b> Intend to quit smoking in next 30 days Already taking small steps	<ul style="list-style-type: none"><li>• Pros &gt; Cons</li><li>• Have a plan</li><li>• Have taken small steps</li><li>• Decisive/committed</li><li>• More confident</li><li>• "Ideal" patients</li><li>• From 5% to 35% of population</li></ul>

# Assessing Patient's Stage of Readiness (continued)

The chart below summarizes the Transtheoretical Model of Behavior Change (TTM) and the behavioral characteristics patients may express at each stage

TTM Component	Description	Characteristics
<b>Action</b>	<b>Recently Changed Behavior</b> Quit smoking less than 6 months ago	<ul style="list-style-type: none"><li>• Individuals working to make change</li><li>• Individuals may experience strong urge to revert back to old behavior</li><li>• Recycling to earlier stage is common</li><li>• Greatest risk of relapse<ul style="list-style-type: none"><li>– Inappropriate goals</li><li>– Inadequate preparation</li></ul></li></ul>
<b>Maintenance</b>	<b>Changed Behavior</b> Has quit for at least 6 months	<ul style="list-style-type: none"><li>• Higher self-efficacy</li><li>• Dynamic, not static</li><li>• Consolidate gains</li><li>• Improve coping skills</li><li>• Life-long struggle</li></ul>

# Strategies to Use at the Various Stages

Component	Strategy	Examples
<b>Precontemplation</b>	<b>Goal:</b> <i>Engage them in the change process</i> <ul style="list-style-type: none"> <li>• Encourage patient to list benefits for them</li> <li>• Point out additional benefits specific to their co-morbid conditions</li> <li>• Provide list of over 100 benefits</li> <li>• Encourage them to look for more</li> </ul>	<ul style="list-style-type: none"> <li>• “What might be the benefits of quitting for you?”</li> <li>• “If you did quit smoking, how might your life be better?”</li> <li>• “What positive things might happen if you quit smoking?”</li> </ul>
<b>Contemplation</b>	<b>Goal:</b> <i>Help patients overcome ambivalence</i> <ul style="list-style-type: none"> <li>• Ask patient to name most significant con(s)</li> <li>• Acknowledge changing does have costs, but avoid debate about whether change is “worth it”</li> <li>• Ask patient to shrink cons by: <ul style="list-style-type: none"> <li>– Comparing them to growing list of pros</li> <li>– Asking how important they are relative to pros</li> <li>– Challenging themselves to counter the cons</li> <li>– Don’t encourage Contemplators to take action – but rather to start to prepare</li> <li>– Encourage small steps</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• “What are your biggest reasons for not quitting? How do these reasons compare to your benefits?”</li> <li>• “How important are your reasons for not quitting (cons) in terms of your benefits (pros)?”</li> <li>• “What small steps (such as cutting down or delaying) might you consider—when you’re ready?”</li> </ul>

# Strategies to Use at the Various Stages (continued)

Component	Strategy	Examples
<b>Preparation</b>	<b>Goal:</b> Assist patient in establishing action plan <ul style="list-style-type: none"> <li>• Set a specific start date, rather than wait for a magic moment</li> <li>• Share commitment with others</li> <li>• Create a specific “Action Plan”               <ul style="list-style-type: none"> <li>– What method for quitting will they use?</li> <li>– NRT or pharmacological intervention?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• “What is your specific starting date to quit smoking?”</li> <li>• “What is your action plan for quitting?”</li> <li>• “What method will you use to quit?”</li> <li>• “Which people have you told about your commitment to quit smoking?”</li> <li>• “How do you feel about your specific plan?”</li> </ul>
<b>Action</b>	<b>Goal:</b> Help the patient stay smoke-free <ul style="list-style-type: none"> <li>• Manage environment               <ul style="list-style-type: none"> <li>– Identify and avoid people, places, things that tempt them to smoke</li> <li>– Ensure all smoking cues are gone</li> <li>– Use reminders to stay quit</li> <li>– Restructure environment to make it easier to remain smoke-free</li> </ul> </li> <li>• Social support also crucial</li> </ul>	<ul style="list-style-type: none"> <li>• “Which people, places, and things tempt you to smoke? What are you doing to avoid these situations?”</li> <li>• “What are you doing to remove smoking cues (such as ashtrays, lighters, cigarettes) from your environment (home, workplace)?”</li> <li>• “What reminders are you using to remain smoke-free?”</li> <li>• “What benefits have you experienced or learned about since quitting?”</li> <li>• “Which supports, such as handouts, stay quit lines, social networking sites, or Facebook groups, are you using?”</li> </ul>

# Strategies to Use at the Various Stages (continued)

Component	Strategy	Examples
<b>Maintenance</b>	<p><b>Goal:</b> Help the patient stay smoke-free for good</p> <ul style="list-style-type: none"> <li>• Focus on rewards of being a non-smoker           <ul style="list-style-type: none"> <li>– Uniquely qualified to comment on how quitting has improved patient's health</li> <li>– Underscore other benefits               <ul style="list-style-type: none"> <li>• Money saved</li> <li>• No more going outside to smoke in the cold</li> <li>• More responsible</li> <li>• More independent; able to overcome addiction</li> <li>• Role model for others by staying smoke-free</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <i>"What are the rewards of being a non-smoker?"</i></li> <li>• <i>"How has quitting improved your health?"</i></li> <li>• <i>"How do you plan to stay smoke-free in stressful times?"</i></li> <li>• <i>"What would you do if you slip or relapse in order to have long-term success?"</i></li> </ul>

## **Additional Tips**

### ***When Patients Relapse***

- Maintenance is dynamic, not static
- Continue to focus on “relapse prevention”
  - Create plans with your patients for dealing with stress
- Work to consolidate gains and increase self-efficacy
- Create a plan for dealing with slips and lapses and achieving long term success
- Prepare patients to cope with distress/stress using a healthy alternative:
  - Exercise
  - Seeking support
  - Relaxation

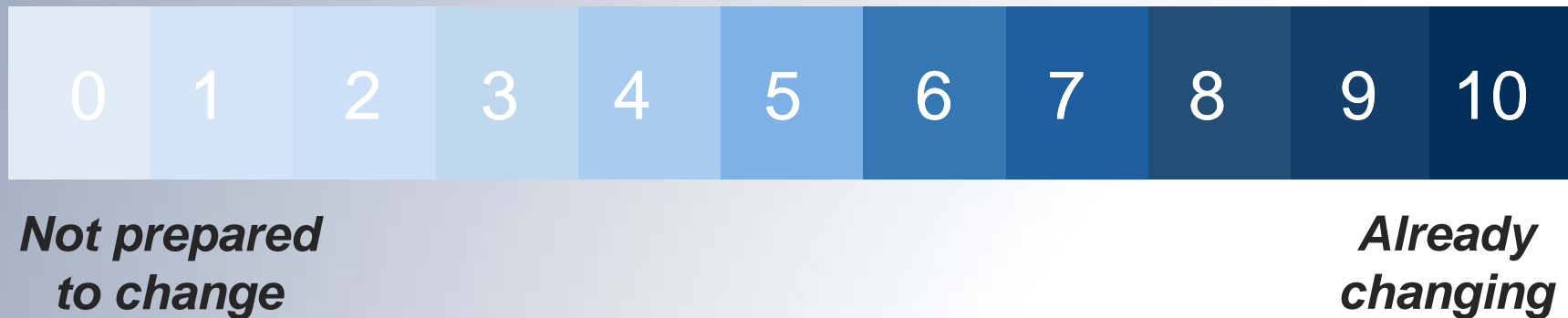


## **Assessment Tool: The “Readiness Ruler”**



# Readiness-to-Change Ruler

When using the “readiness ruler,” you want patients to indicate their readiness to change their smoking behavior.



**You may say: "Are you not prepared to change, already changing, or somewhere in the middle?"**

# Follow-up Questions

## If the person's mark is to the left of center

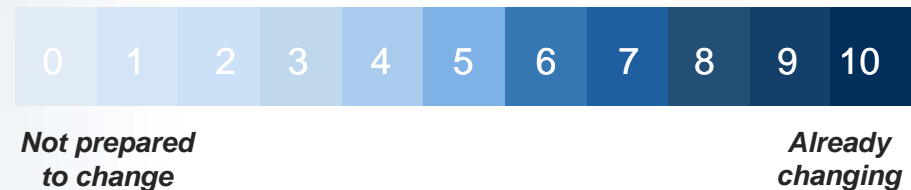
- *“How will you know when it is time to think about changing?”*

## If the person's mark is near the center

- *“What might make you push your mark a little further to the right?”*
- *“What would be a benefit of changing?”*
- *“What are the barriers to changing?”*

## If the person's mark is to the right of center

- *“What are some things that could help you overcome your barriers?”*
- *“Pick one action that could help and decide to do it by \_\_\_\_\_  
(specific date).”*



# Follow-up Questions

## If the person has taken a serious step in making a change

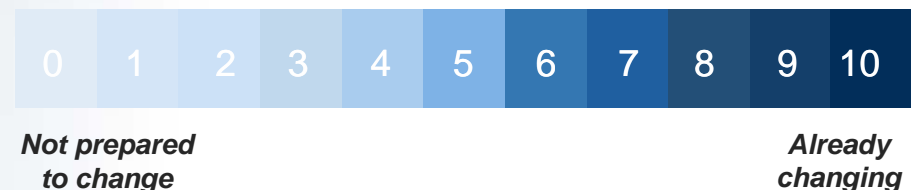
- *“What made you decide on that particular step?”*
- *“What has worked in taking this step?”*

## If the person is changing and trying to maintain that change

- *“Congratulations! What's helping you?”*
- *“What else would help?”*
- *“What makes it hard to maintain the change?”*

## If the person has "relapsed"

- *“Don't be hard on yourself. Change is hard and may take time.”*
- *“What worked for a while?”*
- *“What could you do differently to get back on track?”*



# **Incorporating the 5 A's into Daily Practice**



# Incorporate the 5 A's into Your Daily Practice

The five A's framework (ask, advise, assess, assist, arrange) has been developed to allow clinicians to incorporate smoking cessation counseling into busy clinical practices.

Component	Description	Characteristics
<b>Ask</b> about tobacco at every visit	Office systems should ensure that all tobacco users are identified; smoking status should be documented at every visit	<i>"Have you ever been a smoker or used other tobacco products?"</i>  <i>"Do you use tobacco now? How much?"</i>
<b>Advise</b> to quit with a clear, personalized message	Unambiguous support for smoking cessation should be expressed by the clinician, and the benefits of quitting should be discussed	<i>"I think quitting smoking is very important for you because of your asthma. I want you to come back to the office next week so we can talk about this more."</i>
<b>Assess</b> willingness to make a quit attempt within next 30 days	Willingness to quit and barriers to quitting should be assessed, as well as smoking history and current level of nicotine dependence; patients should be asked about their timeline for quitting and about previous attempts	<i>"Have you ever tried to cut back on or quit smoking?"</i>  <i>"Are you willing to quit smoking now?"</i>  <i>"What keeps you from quitting?"</i>  <i>"How soon after getting up in the morning do you smoke?"</i>

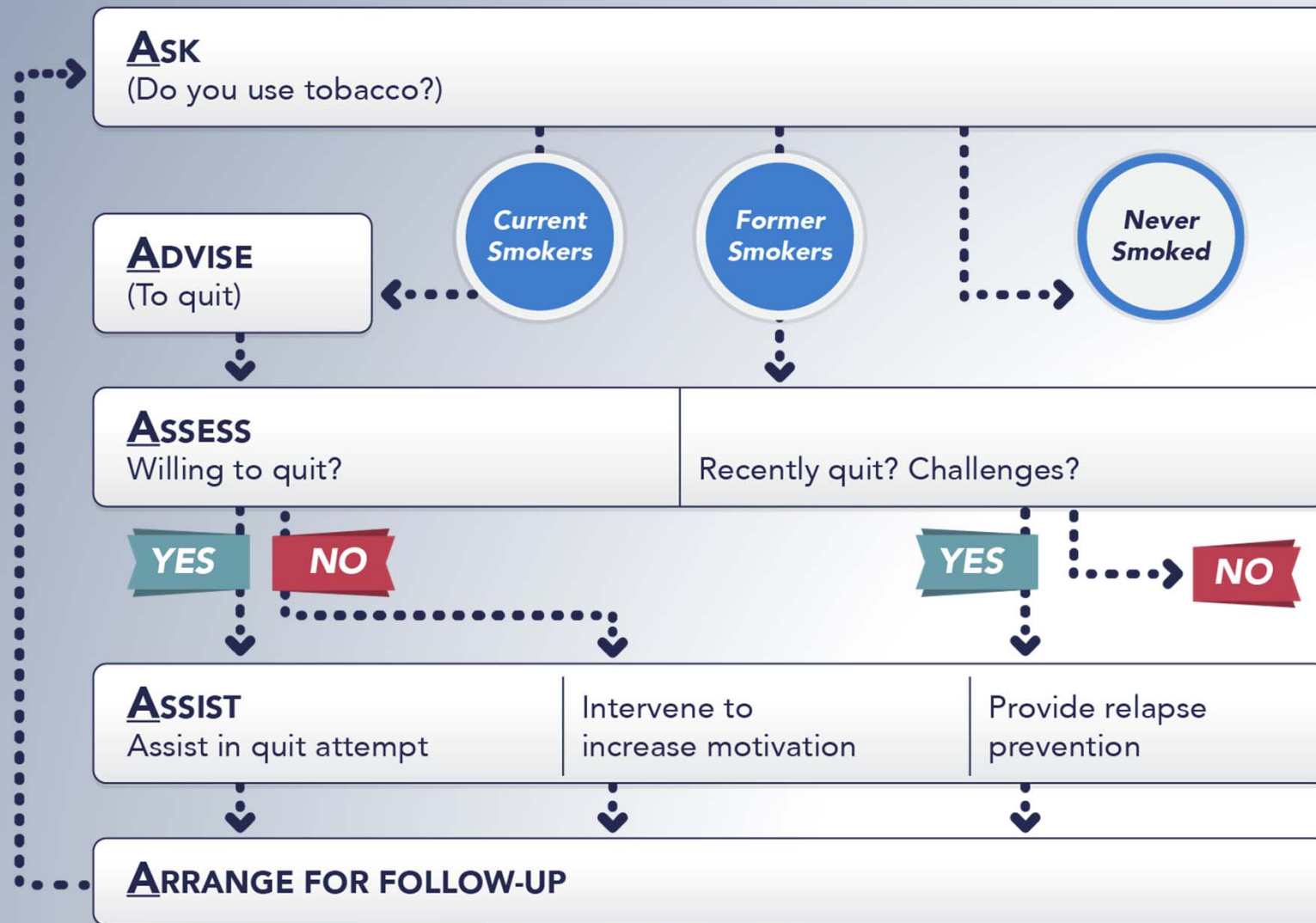
Source: <http://www.aafp.org/afp/2012/0315/p591.html>

# Incorporate the 5 A's into Your Daily Practice (continued)

The five A's framework (ask, advise, assess, assist, arrange) has been developed to allow clinicians to incorporate smoking cessation counseling into busy clinical practices.

Component	Description	Characteristics
<b>Assist</b> in quit attempt with a brief (3–5 min) counseling intervention	Offer support and additional resources, help patients to anticipate difficulties and encourage them to prepare their social support systems and their environment for the impending change. Talk about anxiety, depression, and possible weight gain.	<i>“I would like to help you quit. Can I tell you about some of the things we know can increase your odds of success?”</i>  <i>“Are you worried about anything in particular when it comes to quitting?”</i>  <i>“Do you worry about cravings or weight gain?”</i>
<b>Arrange</b> for a follow-up visit	Follow-up plans should be set; for patients who have recently quit, it is important to elicit the benefits of quitting and ask patients to anticipate and problem solve about situations that might lead to relapse; follow-up contacts should also be used to readjust the dosages of therapeutic agents that may be altered by smoking cessation (eg, beta blockers, antipsychotics, insulin, benzodiazepines).	<i>“I would like to see you in the office (or talk to you by phone) on your quit date.”</i>  <i>“What problems have you had?”</i>  <i>“Are there situations you worry about confronting without cigarettes?”</i>

# Clinician Screening Algorithm



# Summary Tips





# 5 A's Summary Tips

## *What to Say to Patients*

### ASK



"Have you ever been a smoker or used other tobacco products? Do you use tobacco now? How much?"

### ADVISE



"I think quitting smoking is very important for you because of your asthma. I want you to come back to the office next week so we can talk about this more."

### ASSESS



"Have you ever tried to cut back on or quit smoking? Are you willing to quit smoking now? What keeps you from quitting? How soon after getting up in the morning do you smoke?"

### ASSIST



"I would like to help you quit. Can I tell you about some of the things we know can increase your odds of success? Are you worried about anything in particular when it comes to quitting? Do you worry about cravings or weight gain?"

### ARRANGE



"I would like to see you in the office (or talk to you by phone) on your quit date. What problems have you had? Are there situations you worry about confronting without cigarettes?"

# TTM Summary Tips

## *Questions to Ask Patients*

### PRECONTEMPLATION



- “What might be the benefits of quitting for you?”
- “If you did quit smoking, how might your life be better?”
- “What positive things might happen if you quit smoking?”

### CONTEMPLATION



- “What are your biggest reasons for not quitting? How do these reasons compare to your benefits?”
- “How important are your reasons for not quitting (cons) in terms of your benefits (pros)?”
- “What small steps (such as using cigarettes with lower nicotine [fading], or cutting down quantity) might you consider—when you’re ready?”

### PREPARATION



- “What is your specific starting date to quit smoking?”
- “What is your action plan for quitting?”
- “What method will you use to quit?”
- “Which people have you told about your commitment to quit smoking?”
- “How do you feel about your specific plan?”

### ACTION



- “Which people, places, and things tempt you to smoke? What are you doing to avoid these situations?”
- “What are you doing to remove smoking cues (such as ashtrays, lighters, cigarettes) from your environment (home, workplace)?”
- “What reminders are you using to remain smoke-free?”
- “What benefits have you experienced or learned about since quitting?”
- “Which supports, such as handouts, stay quit lines, social networking sites, or Facebook groups, are you using?”

### MAINTENANCE



- “What are the rewards of being a non-smoker?”
- “How has quitting improved your health?”
- “How do you plan to stay smoke-free in stressful times?”
- “What would you do if you slip or relapse in order to have long-term success?”