COUNSELING STAFF
Counseling staff are essential to ensuring that tobacco users receive the services and support they need so they can be provided with lifesaving tobacco cessation interventions.

In this section, counseling staff will review the “5 A’s” (Ask, Advise, Assess, Assist and Arrange) of tobacco cessation and focus on the last three A’s (Assess, Assist and Arrange), which is their role in the tobacco dependence screening and treatment systems strategy.

They will have an opportunity to think about how they can respond to statements frequently heard from patients about addressing tobacco use, gain a greater understanding about how to use the Transtheoretical Model (TTM) to motivate patients to quit using tobacco, and learn about the availability of pharmacotherapy.

The goal of this training is to build the capacity of counseling staff to support the integration of evidence-based tobacco dependence screening and treatment into standard delivery of care.
INTRODUCTION

Tobacco use is the leading cause of preventable disease and death in New York State (NYS).1 Every year, approximately 25,500 New Yorkers die prematurely as a result of tobacco use, and more than 500,000 New Yorkers live with serious illnesses and disabilities caused by tobacco use.2,3 Increasing access to tobacco cessation services is one of the most important actions that public health professionals can take.

The mission of the New York State Department of Health Bureau of Tobacco Control (BTC) is to reduce morbidity, mortality, and alleviate the social and economic burdens caused by tobacco use.4 Evidence-based tobacco control programs and policy interventions can reduce these burdens by assisting tobacco users to quit and to prevent the initiation of tobacco use, most notably among populations disproportionately affected by tobacco use. Such groups include individuals with low incomes, those with less than a high school education, and those with serious mental illness.

For the vision of a tobacco-free New York to be realized, changes to health care systems that support clinician interventions are needed. Tobacco users come into contact with the health care delivery system regularly. During these encounters, their tobacco use is not addressed.

Minimizing these “missed opportunities” requires strategies that ensure patients’ tobacco use is assessed and treated at every clinical visit as part of standard delivery of care.5

Counseling staff are essential to ensuring that tobacco users receive the services and support they need so they can be provided with lifesaving tobacco cessation interventions.

In this training, counselors will review the “5 As” (Ask, Advise, Assess, Assist, and Arrange) of tobacco cessation and focus on the last three As (Assess, Assist and Arrange) in the tobacco dependence screening and treatment systems strategy.

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3 “Smoking and Tobacco Use – Cigarettes and Other Tobacco Products.”
4 “Smoking and Tobacco Use – Cigarettes and Other Tobacco Products.”
5 “Systems Change: Treating Tobacco Use and Dependence.”
They will have an opportunity to think about how they can respond to statements frequently heard from patients about addressing tobacco use. They will also gain a greater understanding about how to use the Transtheoretical Model (TTM) to motivate patients to quit using tobacco, and learn about the availability of pharmacotherapy.

**Time:** 1.5 hours

**Audience:** Counseling Staff

**Materials:** Prior to the training, prepare the following materials:
- Name tags
- Internet connection (access to YouTube for video) & speakers
- Sign-in sheet
- PowerPoint Presentation
- Projector
- Laptop
- Screen
- Masking Tape
- Pens and Pencils
- Newsprint
- Copies of Handouts
- Markers

Materials specific to each activity are described within the training design.

**Handouts:** All handouts for this training are found at the end of the document. Be sure that you have made enough copies for each participant who will be attending.

**Trainer’s Note:** Throughout the design, you will see Trainer’s Notes. These contain special instructions or considerations for the trainer with regards to the activity being conducted.
GOAL AND OBJECTIVES

Goal

The goal is to build the capacity of counseling staff to support the integration of evidence-based tobacco dependence screening and treatment into the standard delivery of care.

Objectives

As a result of this training, participants will be able to:

1. Describe the 5 As of a brief tobacco intervention.

2. Identify the Stages of Change.

3. Demonstrate counseling skills to support tobacco dependence treatment.

4. Describe the different types of pharmacotherapy available to support a quit attempt.

5. Describe several of the tobacco dependence treatment services offered by the New York State Smokers’ Quitline.
## AGENDA

<table>
<thead>
<tr>
<th>SAMPLE TIMING</th>
<th>ACTIVITY</th>
<th>TIME REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am – 9:05 am</td>
<td>Welcome, Introductions, Goals &amp; Objectives</td>
<td>5 minutes</td>
</tr>
<tr>
<td>9:05 am – 9:10 am</td>
<td>Basic Knowledge of the 5 As</td>
<td>5 minutes</td>
</tr>
<tr>
<td>9:10 am – 9:30 am</td>
<td>Overview of Transtheoretical Model (TTM): Assessing Tobacco Dependence &amp; Patients’ Readiness &amp; Motivation to Quit</td>
<td>20 minutes</td>
</tr>
<tr>
<td>9:30 am – 9:55 am</td>
<td>Counseling Skills Practice: Open-ended Questions &amp; Affirmations</td>
<td>25 minutes</td>
</tr>
<tr>
<td>9:55 am – 10:10 am</td>
<td>Overview of Pharmacotherapy &amp; New York State Smokers’ Quitline</td>
<td>15 minutes</td>
</tr>
<tr>
<td>10:10 am – 10:25 am</td>
<td>Case Studies “Putting It All Together”</td>
<td>15 minutes</td>
</tr>
<tr>
<td>10:25 am – 10:30 am</td>
<td>Closing Video</td>
<td>5 minutes</td>
</tr>
</tbody>
</table>
TRAINING DESIGN

Trainer Notes

► Prepare and set-up the room by:
  ■ Setting up the laptop and projector
  ■ Testing the PowerPoint presentation to ensure it works
  ■ Making copies of all of the handouts
  ■ Creating all the “Prepared Newsprints” as described in the specific activities they are required for
  ■ Placing tables in a “small group” set-up with 5-6 chairs around each table, as shown below:

  ![Table Set-up Image]

  ■ On each table, place:
    - Pads of sticky notes
    - Copies of the PowerPoint slides
    - Pens
  ■ As participants enter the room:
    - Greet them
    - Direct them to the sign-in sheet
    - Give them their name tag
WELCOME, INTRODUCTIONS, WARM-UP

Time Required: 5 minutes

Section Purpose:
The purpose of this section is to welcome participants to the 1.5-hour training session and introduce the trainer(s), training goal and objectives, the agenda, and set ground rules.

Learning Methodologies
► Large group discussion

Materials Needed
■ PowerPoint Presentation - Slides 1 - 5
■ Name tags
■ Flipchart easel
■ Newsprint
■ Markers
■ Prepared newsprint:
  - Ground Rules
    ● Keep side conversations to a minimum
    ● Turn cell phones off or on vibrate
    ● Refrain from texting during the training
    ● Respect others’ opinions and points-of-view
    ● Have fun!

► Goal and Objectives Handout
► Agenda Handout

Description

Step 1: Welcome and Trainer Introductions
► Welcome participants to the 1.5-hour training on Tobacco Dependence Screening and Treatment for Counseling Staff.
► Trainers introduce themselves.

Step 2: Review Goal and Objectives
► Distribute the Goal and Objectives and Agenda handouts.
Using the PowerPoint Slides 1 - 3, review the training goal and objectives, as well as the agenda for the training session.

Step 3: Large Group Introductions (Optional due to time constraints and size of group)

- Show Slide 4 of the PowerPoint presentation and go around the room and ask participants to share with the group, their:
  - Name
  - Agency (if applicable)
  - Role

Step 4: Display Ground Rules

- Display the prepared newsprint “Ground Rules.”
- Explain that ground rules build an atmosphere in which everyone can feel comfortable and gain as much knowledge and experience as possible.
- Suggest the ground rules already written, adding the following explanations, if time permits:
  - Keep side conversations to a minimum.
    - If something’s not clear to you, it’s probably not clear to other participants, so please let us know!
  - Turn cell phones off or on vibrate.
    - The more focused we can all be, the better, as we have a lot of information to cover.
  - Refrain from texting during training.
    - If something comes up, please leave the room so as not to disturb others.
  - Respect others’ opinions and points-of-view.
    - Everyone is coming in with different experiences and opinions, and the more we can be open to everyone, the more we all can learn from each other.
  - Keep it moving.
    - There is a lot of content to get through, so it is important to stay focused and on topic.
  - Have fun!
    - This training is designed to be interactive and engaging, so please participate and have fun with it!
- Ask participants to add additional ground rules that they think would be helpful.
- Check with the group to be sure that the group agrees on the ground rules, and make any changes as needed.
- Post the newsprint on the wall and refer back to ground rules throughout training, as needed.
BASIC KNOWLEDGE OF 5 As (ASK, ADVISE, ASSESS, ASSIST & ARRANGE)

Time Required: 5 minutes

Section Purpose
The purpose of this section is to provide participants with basic knowledge of the evidence-based tobacco intervention known as the 5 As, which allows health center staff to identify tobacco users and provide them with an appropriate intervention (based upon willingness to quit).

Learning Methodologies
► Lecturette
► Large group discussion

Materials Needed
► PowerPoint presentation - Slides 5 - 9
► Tobacco Algorithm Handout

Description
Step 1: Large Group Discussion About the 5 As
► Tell participants that the 5 As are an evidence-based tobacco cessation intervention developed by the U.S. Public Health Service.
Share the definition of “evidence-based” with participants:

- Definition: Practices or interventions proven to be effective by the best available research results (evidence). Healthcare professionals who use evidence-based practices combine research evidence along with clinical expertise and patient preferences.

Review the PowerPoint Slides 7 - 11.

While reviewing the slides, tell participants:

- These are the 5 As, an evidence-based intervention to assist those tobacco users who want to stop using tobacco products to be successful.

1. **Ask** - Identify and document tobacco use status for every patient at every visit.

2. **Advise** - In a clear, strong, and personalized manner, urge every tobacco user to quit.
   - Tell participants that counseling staff will primarily be focused upon the last three As (Assess, Assist & Arrange).

3. **Assess** - whether the tobacco user is willing to make a quit attempt at this time?

4. **Assist** - patient willing to make a quit attempt, and use counseling and pharmacotherapy to help him or her with overcoming this addiction. Also, refer the patient to 311 and NYS Smokers’ Quitline at 1-866-NY-QUITS for ongoing support.

5. **Arrange** - Schedule follow-up contact, in-person or by telephone, preferably within the first week after the quit date to discuss progress and address challenges.\(^1\)

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Step 2: Show Algorithm Example
► Display Slide 12 in the PowerPoint presentation to participants.

STAGING ALGORITHM FOR TOBACCO DEPENDENCE

DON'T SMOKE OR USE TOBACCO PRODUCTS?

HAVE YOU EVER SMOKED OR USED TOBACCO PRODUCTS?

ARE YOU PLANNING TO QUIT WITHIN THE NEXT 6 MONTHS?

HAS IT BEEN 6 MONTHS OR MORE SINCE YOU QUIT OR USED?

ARE YOU PLANNING TO QUIT WITHIN THE NEXT 30 DAYS?

MAINTENANCE

PREPARATION

ACTION

CONTEMPLATION

PRECONTEMPLATION

Explain to them that the above example conversation/intervention between a patient and a counselor takes approximately 3-5 minutes.

Explain to participants that in an ideal safety net provider setting, frontline staff will have already Asked and Advised tobacco users to quit using tobacco products. This includes documenting their use during their intake assessment by:

- Placing tobacco-use status stickers on all patient charts.
- Indicating tobacco use status using electronic medical records or computer reminder systems.

Explain that, as Counseling staff, they will primarily focus on 3 of the 5 As (Assess, Assist and Arrange) of the evidence-based intervention to assist those who want to quit using tobacco.
OVERVIEW OF TRANSTHEORETICAL MODEL: ASSESSING TOBACCO DEPENDENCE AND PATIENTS’ READINESS & MOTIVATION TO QUIT

**Time Required:** 20 minutes

**Section Purpose**
The purpose of this section is to provide participants with an understanding of the Stages of Change and how this information can be used to inform tobacco dependence interventions.

**Learning Methodologies**
- Large group discussion
- Individual activity

**Materials Needed**
- PowerPoint section– Pharmacotherapy Slides 13 - 23
- Stages of Behavior Change Overview Handout
- Staging Practice Worksheet Handout
- Staging Practice Answer Key Handout

**Description**

**Step 1:** Introduce the Presentation on the Transtheoretical Model of Behavior Change

- Showing Slides 14 - 15, tell participants:
  - When it comes to changing behaviors, patients may not want to change, may be thinking about changing, may be preparing to change, or may be in process of changing.
  - According to the Transtheoretical Model (TTM) of Behavior Change, these different phases that an individual may be in are known as the Stages of Change.
  - As counseling staff, it will be important to assess which Stage of Change a patient is in.
  - The 5 Stages of Change are
    - Pre-contemplation
    - Contemplation
    - Preparation
    - Action
    - Maintenance
Be sure to review some of the following points:

- The TTM Stages of Change model helps us to better understand how people change behaviors.
- The TTM acknowledges that relapse is a part of behavior change.
- Harm reduction is an approach to help minimize the exposure when a person is not able or willing to completely stop a behavior.
- Providing information around the impact of tobacco use is important in the early Stages of Change.

**Step 2: Lecturette on the Stages of Change**

- Ask participants to think about a behavior in their lives that they have tried to change.
- Offer some examples:
  - Diet/Eating habits (e.g., drink more water, eat more vegetables, eat less junk food)
  - Exercise habits
- Walk participants through the 5 Stages of Change by saying the following (use PowerPoint Slides 16 - 20 when describing each stage, if possible):

**Trainer’s Note:** You may want to have the following script printed out to use as a guide while you are leading this part of the lecturette as there are many key points and questions that are important to highlight.

- Most of you are familiar with the Stages of Change model. Let’s pick a behavior and see how the model works. How many of you have ever tried to change the way you eat? Let’s look at changing the way you eat and apply the Stages of Change to that.
- We’ll begin with Stage 1 (Pre-contemplation) of the Stages of Change Model. Stage 1 is when you are not considering a change at all. You are comfortable with what you are doing. In Stage 1:
  - Others may be aware or think you have a problem, you do not have the same recognition or do not feel the same way
  - You have no intention to change within the next 6 months
- How many of you remember being at this stage? Raise your hands.
- When you were at this stage, what was your reaction when people said, “You should stop?”
- Emphasize that they likely didn’t want to hear people telling them to quit/stop.
Now, let’s say that you’ve moved on to **Stage 2 (Contemplation)**. Stage 2 is when you start thinking, “Maybe there is a problem.” In other words, you’re considering making a change, but you are ambivalent and don’t feel ready to initiate the change right now. This is where you start becoming aware of the pros and cons of your behavior.

- How many of you remember getting to this point? Raise your hands.
- What moved you from Stage 1 to Stage 2? In other words, what made you go from not considering making any change to thinking maybe you should do something about your behavior sometime in the future?

**Trainer’s Note:** Encourage participants to tell their individual stories. Identify, in each case, what it was that moved the participant from not being willing to think about changing his/her behavior to actively considering it. Highlight these motivators and discuss with participants.

- Usually there is something that moves you from Stage 1 to Stage 2. Also, I want you to notice that for every person the motivator for changing his or her behavior may be different.
- What might motivate you to change may be different from what motivates me or another person.
- **Preparation (Stage 3)** is the next stage, and is where we seriously want to change the behavior and take concrete steps to prepare to do it. This is the stage we intend to change within the next 30 days.
- How many of you remember being at that stage? Raise your hands.
- There are really two parts to this stage:
  - The first part is planning how we are going to make the change, which may include taking some steps.
  - The second part is gearing up—preparing—to make these changes. This may or may not include picking a date to start the change in behavior.
- Who remembers being at this stage? Tell me what kind of plans you made? What were the first steps you took? How did you prepare?
Trainer’s Note: Encourage participants to describe the plans they made. Ask about concrete steps taken.

- Point out:
  - Similar to the motivators, people have different plans. What works for one person may not work for the other.
  - If you are able to predict and plan for barriers, you are more likely to succeed in behavioral change.

- **Stage 4 (Action)** is when you are doing it, but you’re not 100% confident you can keep it up without slipping back into the behavior. This is the stage where you are taking it one day at time. This stage requires considerable commitment. It runs from Day 1 to 6 months.

- How many of you remember being at this stage? Raise your hands.
- Tell me what that was like?

Trainer’s Note: Allow participants to describe their experiences in detail. Highlight that slipping is a normal occurrence when trying to change a behavior.

- Just because you slip doesn’t mean you aren’t successful. It’s normal to falter, and most people do. The Stages of Change are not linear. People will remain in different stages for different lengths of time and move back and forth through the stages. This is normal. Some people will have a brief slip and then go right back to the new behavior. Others will “relapse” and temporarily move back to a previous stage of change. When you try again, you don’t have to start over from the beginning (Stage 1) usually, you just go back one stage.

- The final stage is **Maintenance (Stage 5)**. This is the point where the new way of behaving becomes a regular part of your life. We consider you to be in Stage 5 (Maintenance) after you have maintained the new behavior for at least 6 months.

- How many of you remember being at that stage or are in that stage now? Raise your hands.
- Tell me what that was like?
Trainer’s Note: Give participants an opportunity to describe their personal experiences.

► Highlight that being in Stage 5 does not mean that there are no temptations or struggles.
  ■ Emphasize
    - Being in Stage 5 is defined as successfully performing the new behavior without a relapse for six months or longer.
    - The longer you maintain a behavior; the less likely it is you will experience a relapse. But if you do, it is not a failure. It’s just a slip into another stage.

Step 3: Review Stages of Behavior Change Handout
  ► Show PowerPoint Slide 21.
  ► Distribute a copy of “Stages of Behavior Change Overview” to each participant.
    ■ Highlight that we do not stage people. We stage their goals.
    ■ Explain that the Stages of Change are not linear and cycling through the stages is common. Emphasize that relapse can occur at any time.
    ■ Tell participants that stages have different domains we can focus on to help patients move towards behavior change, for example:
      - Cognitive: The way a person thinks. It includes perceptions, attitudes, beliefs and knowledge.
      - Affective: The way a person feels.
      - Behavioral: The way a person acts.

Step 4: Share Examples of Domains to Help Patients Change
  ► Show PowerPoint Slide 22.
  ► Provide the following examples of each domain:
    ■ Cognitive: If a lot of people in my support system use tobacco and have not experienced health-related illnesses as a result of their tobacco use, I may not believe my tobacco use is as harmful to my health as it potentially is. Addressing this misconception could help move me towards behavior change.
    ■ Affective: If using tobacco is the only thing that makes me feel relaxed, I am less likely to consider quitting. Addressing this domain could help move me towards behavior change.
    ■ Behavioral: If I continue to associate with people who use tobacco, I am more likely to continue using tobacco. Addressing this behavior will help move me towards behavior change.
Highlight that during the first three stages, participants should focus on using interventions that impact the cognitive and affective domains whereas in the later stages, they may focus on using interventions for the behavioral domain. They may also need to impact the cognitive and affective domains in later stages.

**Step 5: Complete Staging Practice Worksheet**
- Show PowerPoint Slide 23.
- Distribute the “Staging Practice Worksheet” to each participant.
- Explain that they will use the statements on the worksheet to see what stage the patient is in with regard to stopping tobacco use.
- Ask participants to determine which stage the patient is in based on each of the statements and the goal.
- Using the answer key as a guide, discuss stages with participants.
- Highlight that when staging, it is important to use varying questioning techniques to avoid redundant and repetitive questioning.

**Trainer’s Note:** The staging assessment questionnaire is mostly closed-ended questions (that is, questions that can be answered with a “yes” or a “no”). However, when working with patients, participants will typically be using more open-ended questions. Tell participants we will discuss how to use open-ended questions later in the training.

**Step 6: Process**
- Lead a discussion with the group by asking some of the following questions:
  - Why do we stage?
  - What stands out for you?
  - How easy/difficult is it to differentiate between the stages?
  - What do you find to be important about staging and the work you are doing?
  - What does this mean to you with regard to your work?
COUNSELING SKILLS PRACTICE: OPEN ENDED QUESTIONS & AFFIRMATIONS

Time Required: 25 minutes

Section Purpose
The purpose of this section is to define two counseling skills from Motivational Interviewing and provide an opportunity for skills practice.

Learning Methodologies
- Large group discussion
- Individual activity
- Pair activity

Materials Needed
- PowerPoint section– Counseling Skills Practice Slides 24 - 32
- Open-Ended Question Worksheet Handout

Description

Step 1: Open-Ended Questions
- Ask participants how many of them are familiar with the Motivational Interviewing counseling strategy.
- Showing PowerPoint Slides 25 - 27, highlight the following:
  - Developed by William Miller and Stephen Rollnick based on their experience in the field of addiction treatment
  - Person-centered approach
  - Used in multiple settings
  - Most effective working with individuals in pre-contemplation and contemplation
  - Skills to conduct Motivational Interviewing are called “OARS” (open-ended questions, affirmations, reflective listening, and summarizing).
- Explain to participants that today you will be discussing only 2 of the 4 “OARS”
  - Open-ended questions
  - Affirmations
- Emphasize the following about open-ended questions:
Open-ended questions can help the session feel less like an interview and more like a conversation (which can help decrease resistance).

Emphasize the following about open-ended questions:
- Open-ended questions can help the session feel less like an interview and more like a conversation (which can help decrease resistance).
- Using open-ended questions can help you gather a lot of information from a patient with using only two or three questions.
- You can use open-ended questions that will evoke talk of change.
- Staff can prepare themselves by developing a set of open-ended questions for information they frequently seek from patients.

Define closed-ended questions as:
- Questions that can only be answered with a Yes, No, or a specific response (e.g., date of birth).

**Step 2: Twenty Questions Game with Closed-Ended Questions**
- Ask the group – “What is a reason you don’t use open-ended questions?”
  - Possible answer: Often people do not want to use them because they think it takes too much time.
- Ask for a volunteer to think of a movie and come to the front of the room.
- Tell those remaining that they will play twenty questions. They can ask only closed-ended questions to try to figure out the movie.
- Have one trainer facilitate and the other trainer count how many questions were asked before someone guessed correctly.

**Step 3: Review Open-Ended Questions and Twenty Questions**
- Using the PowerPoint Slide 27 Open-Ended Questions Stems, define frequent open-ended stems.
- Repeat the 20 questions game, with a new volunteer, thinking of a new movie.
- This time, tell participants that they can ask open-ended questions and the volunteer should answer fully.
- Have trainer count how many questions it takes to correctly guess the movie.

**Trainer Note:** It should take far fewer questions to identify what the movie was when open-ended questions rather than closed ones were asked.
Step 4: **Open-Ended Questions Worksheet Activity**

- Show PowerPoint slide 28 and explain the following:
  - Now everyone will do an activity to build skills in writing open-ended questions.
  - Asking open-ended questions can sound like an easy task, but before meeting with a patient it is important to practice asking them.
  - We are passing out a worksheet. Every statement on the worksheet is phrased as a closed-ended question. The task is for you to rewrite each question to make them open.
- Ask participants to refer to the Open-Ended Questions Worksheet.
- Give them about 5 minutes to complete sheet individually.
- Keep PowerPoint slide 27 with Open-Ended Question Stems up on the screen.
- Call time and review as a large group.
- If people have trouble writing open questions, ask another volunteer to share what they wrote.

Step 5: **Process the Activity**

- Ask some of the following questions:
  - What was it like to have to do this individually?
  - What was hard about it?
  - What surprised you?
  - Did you learn anything new from this section on open-ended questions?
  - How can you integrate them more often into your work?
  - What do you anticipate the impact of using them more often will be?
  - How will you know if it is working?

Step 6: **Highlight Key Points**

- Tell participants:
  - Open-ended questions are an opportunity to elicit information and build rapport with the patient.
  - Building rapport goes a long way towards engaging someone.
  - Asking open-ended questions tells you what they are interested in and can help you guide where to go next.
  - Now, we’ll look at the skill of using Affirmations.

Step 7: **Introduce Affirmations**

- Review PowerPoint Slides 29 - 30 on Affirmations.
- Lead an interactive discussion on affirmations.
  - Be sure to include the following points:
    - Affirmations are statements of recognition
You can affirm an effort, experience, or feelings. This can include intent.
- Affirmations help to show that you are listening and can help build confidence in the patient
- In order to be effective, affirmations must be genuine and honest
- Describe the impact affirmations can have, e.g., make someone feel good, build rapport, etc.

**Trainer Note:** Explain that often, affirmations are relatively easy to do when someone is doing something you approve of. It might be more challenging to affirm someone when his or her behavior or statement is not reflective of successful behavior change.

**Step 8: Affirmations Activity**
- Show PowerPoint Slide 31.
- Have people find someone to work with that they do not know and have not worked with yet today.
- Tell them to pick who will be Person A and who will be Person B.
- Now have everyone think about one thing they have done that they are proud of that they would be willing to share with the other person (it doesn’t have to be work-related).
- Person A will be the first person to speak about what they are proud of.
- Person B will just listen and affirm it.
- Give the pairs about 2 minutes each.
- Shout “switch” to make sure that Person B gets to share what he or she are proud of and Person A has an opportunity to affirm it.

**Step 9: Process the Activity**
- Ask some of the following questions:
  - What was it like to share something with another person you don’t know?
  - How did it feel when they affirmed you?
  - How did it feel to affirm the other person?
  - What was it like to do this?
    - Hard? Easy?
  - What impact could it have on a patient if you affirm what they do?
  - How does that play out in our work?
  - How will you use this skill going forward?
Step 10: **Highlight the Following**

- **Affirmations:**
  - Make someone feel good and recognized
  - Recognize efforts
  - Build rapport

- It is a way to give information or feedback to a patient that allows him/her to know that you are aware of and appreciate his/her efforts. Affirmations are a way of validating these efforts as being something constructive, helpful, or difficult to do.

- Affirmations should be used judiciously, not overdone, or used too frequently (so as not to lose their effectiveness).

**OVERVIEW OF PHARMACOTHERAPY AND NEW YORK STATE SMOKERS’ QUITLINE**

**Time Required:** 15 minutes

**Section Purpose**
The purpose of this section is to highlight that most tobacco users want to quit, and, for many people, using Nicotine Replacement Therapy (NRT) or pharmacotherapy is an effective way to help overcome this addiction.

**Learning Methodologies**

- Large group discussion
- Lecturette

**Materials Needed**

- PowerPoint Presentation – Slides 32 - 51

**Description**

**Step 1: Large Group Discussion**

- Show PowerPoint Slides 32 - 34; tell participants that medication like Nicotine Replacement Therapy (NRT) or pharmacotherapy:
  - Improves a tobacco user’s chances of quitting
- Makes people more comfortable while quitting
- Allows consumer to focus on changing behavior
- Does not have the harmful ingredients found in cigarettes and other tobacco products

Tell participants about different forms of NRT/Pharmacotherapy:
- For over-the-counter NRT, no prescription is needed.
- This includes the following:
  - Nicotine Patch
  - Nicotine Gum (2mg and 4mg pieces available)
  - Nicotine Lozenges (2mg and 4mg pieces available)
- The following requires a prescription:
  - Nicotine Inhaler (the puffer)
  - Nicotine Nasal Spray

Explain that:
- All NRT can be used alone or in combination.
- Some common side effects are as follows: headache, nausea, dizziness.
- Healthcare providers should determine dosing and combinations that will work best for their patients.

Trainer’s Note: Trainer does not have to address every bullet point but should select a few from each of the areas below.

**Step 2: Lecturette on Medications**

- Review the PowerPoint Slides 35 - 42, sharing the following points about each method:
  - **The Nicotine Patch:**
    - Nicotine is absorbed through the skin
    - Can take up to six (6) hours to reach peak nicotine levels
    - Wear on upper part of the body where there is little hair
    - Skin will have pink rash. It is not an allergic reaction!
    - Do not cut in half
    - Apply a new patch every 24 hours
    - Common side effects are headache, nausea, dizziness

  - **Nicotine Gum:**
    - Sugar-free chewing gum
    - Absorbed through the lining of the mouth
    - Chew slowly and park in the cheek
    - Available in two strengths (2mg and 4mg)
Available flavors include original, cinnamon, fruit, mint (various), and orange
Sold without a prescription as Nicorette or generic
May not be a good choice for people with jaw problems, braces, retainers, or significant dental work
Can irritate the mouth and throat and cause dryness

 ► Nicotine Lozenge:
Absorbed through the lining of the mouth
Park in the cheek
Available over the counter in two strengths (2mg and 4mg)
Available sugar-free flavors include mint and cherry
Not covered by NYS Medicaid Prescription benefit
Can irritate the mouth and throat and cause dryness

 ► Nicotine Inhaler:
Nicotine inhalation system includes:
- Mouthpiece
- Cartridge
Absorbed through the lining of the mouth
Allows for similar hand-to-mouth ritual of smoking
Sold with a prescription as Nicotrol Inhaler
Can irritate the mouth and throat and cause dryness

 ► Nicotine Nasal Spray:
About 100 doses per bottle
Quickly absorbed through the lining of the nose
Gives largest “spike” of nicotine
Sold with a prescription as Nicotrol NS
Side effects include sneezing, sore throat, runny nose and eyes

 ► Oral Medications:
Bupropion SR – Available by prescription
- Zyban; Wellbutrin SR or Generic
- Can be used with NRTs
- Effective in many types of patients, including individuals with depressive disorders
- Non-sedating, activating antidepressant
- Affects the central norepinephrine (NE) and dopamine (DA) systems
Potential side effects include headache and insomnia

- Varenicline HCl (Chantix) – Available by prescription
  - Reduces the amount of physical and mental pleasure a person receives from using tobacco, and also weakens the symptoms that come with withdrawal
  - Available in two strengths (0.5mg and 1mg)
  - Use with NRTs is not recommended
  - Recommended length of use is 12 weeks, but for patients who successfully quit this time can be extended another 12 weeks to boost their chances of remaining smoke-free
  - Some people who used Varenicline have reported experiencing changes in behavior, agitation, depressed mood, and suicidal thoughts or actions
  - Potential side effects include nausea and vivid dreams

Also highlight:

- Medicaid will pay for most tobacco dependence treatment medications when patients have a prescription from their healthcare provider, although Medicaid Managed Care plans sometimes have limits on this benefit (e.g., length of the course, how many courses a patient will have covered in a year, maximum dosage covered).
- Helping a patient to quit using tobacco entails working with them to understand available insurance benefits and helping to remove as many financial barriers to quitting as possible for that patient.
- Medications covered by Medicaid are as follows:
  - Nicotine Patch with a prescription order for over-the-counter
  - Nicotine Gum, with a prescription order for over-the-counter
  - Chantix, prescription required
  - Nicotine Inhalers, prescription required
  - Nicotine Nasal Spray, prescription required
  - Zyban (Bupropion), prescription required

Sources:

- Nicoderm CQ patches are manufactured by GlaxoSmithKline
- Commit lozenges are manufactured by GlaxoSmithKline.
- Zyban is manufactured by GlaxoSmithKline.
- Chantix is manufactured by Pfizer.
- FDA 101: Smoking Cessation Products
Step 3: **Lecturette on New York State Smokers Quitline**

Review the PowerPoint Slides 44 – 51, sharing the following points about the New York State Smokers’ Quitline:

- Located in Buffalo, New York. Administered by the Roswell Park Cancer Institute
- Explain that the following are some of the NYS Smokers Quitline services:
  - Cessation coaching
  - Nicotine Patches (phone and web)
  - Web interactive and informational services
  - Text and messaging services
  - Social media
  - Triage to health plan programs
  - Provider Referral Program
- Some of their Mobile and Web resources are offered in English and Spanish
  - Registration for FREE Nicotine Replacement Therapy (NRT)
  - Quit Guides and Factsheets
  - Information to quit and stay tobacco free
- The Quitline offers support, text tips, and cessation-related news and media via: Facebook, Twitter, Google+, YouTube
- Opt-to-Quit Model includes the following:
  - Adoption of a policy by a healthcare organization that can support the systematic identification of all tobacco using patients.
  - As an adjunct to the health site’s intervention, tobacco-using patients are referred to the NYS Smokers Quitline to be contacted and offered Quitline services. Patients are re-contacted to engage in the quit process, unless they opt out.

Explain to counseling staff that these services can assist them in implementing a systemic change within their healthcare settings by providing a continuum of care to patients who are working through a quit attempt.

Highlight the following (on the next page):
CASE STUDIES “PUTTING IT ALL TOGETHER”

Time Required: 15 minutes

Section Purpose
The purpose of this section is to provide participants with an opportunity to practice working with a patient who is in the pre-contemplation and contemplation stages, which requires the use of Open-Ended Questions and Affirmations.

Learning Methodologies
- Large group discussion
- Role-play scenarios

Materials Needed
- PowerPoint Presentation - Slides 52 - 54
- Pre-Contemplation Strategies Handout
- Pre-Contemplation Case Study Handout
- Contemplation Strategies Handout
- Contemplation Case Study Handout

<table>
<thead>
<tr>
<th>TRADITIONAL REFER-TO-QUIT</th>
<th>OPT-TO-QUIT™</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider decision to refer</td>
<td>Policy driven-organization focus</td>
</tr>
<tr>
<td>Patient offered referral (opt-in option)</td>
<td>Patient informed of policy (opt-out option)</td>
</tr>
<tr>
<td>Individual patient referral process (fax or online)</td>
<td>Tailored patient information exchange process</td>
</tr>
<tr>
<td>Contact made within 24-72 hours</td>
<td>Variable timeframes for patient contact (i.e., upon discharge)</td>
</tr>
</tbody>
</table>
Description

Step 1: Introduce the Video
► Show PowerPoint Slide 53.
► Explain to participants that they are going to watch a video of a counseling staff person who works in a clinic meeting a patient who uses tobacco.
► Encourage participants to observe the skills she uses to engage the patient:
  ■ Open-ended questions
  ■ Affirmations
  ■ Verbal and non-verbal
  ■ Others

Step 2: Play the Video
► Play the 5-minute Effective Counseling Video – link is on PowerPoint Slide 53.
  ■ https://www.youtube.com/watch?v=URiKA7CKtfc

Step 3: Process
► What surprised you about this video?
► What were some of the skills you observed?
► What were some of the non-verbal cues you observed?
  ■ Sample answers: body language, eye contact
► What are you taking away from this activity/video?

Step 4: Real Play Activity
► Show PowerPoint Slide 54.
► Explain to participants that they are now going to have a chance to “Pull it All Together” by doing a “Real Play” of two scenarios:
  ■ Real Play 1: Patient is in Pre-contemplation stage
  ■ Real Play 2: Patient is in Contemplation stage

Step 5: Set-up Real Play 1: Pre-Contemplation
► Distribute a copy of pre-contemplation Strategies handout.
► Review strategies participants can use with patients in the pre-contemplation stage with respect to quitting tobacco.
► Give participants a copy of Pre-Contemplation Case Study.
► Ask and discuss:
What kinds of things indicate that she is in the pre-contemplation stage?
What are some strategies you could use to help this person begin to think about stopping or reducing her tobacco use?

► Ask participants to get into pairs.
► Once in pairs, have participants choose the following roles:
  ■ Patient
  ■ Staff
► Tell participants to role-play what a visit with this patient may look like based on the information provided in the case study.

Step 6: Conduct Real Play 1: Pre-Contemplation
► Remind participants to:
  ■ Use Open-ended questions and Affirmations to engage the patient.
  ■ Use some of the strategies to help the patient begin thinking about quitting or reducing tobacco use.
► Tell pairs to begin their role-plays.
► After a few minutes, call time.

Step 7: Process the Activity
► Lead a discussion with the group by asking some of the following questions:
  ■ What do you think about working with a patient in pre-contemplation?
  ■ What will be challenging?
  ■ How was it to do this activity using the conversation flow questions?
  ■ What does this mean to you in regards to your work?

Step 8: Set-up Real Play 2: Contemplation
► Tell participants to switch roles with their partners and conduct a real play with a new case study of a patient in Contemplation.
► Distribute a copy of Contemplation Strategies handout.
► Review the strategies participants can use with patients in the contemplation stage with respect to quitting tobacco.
► Give participants a copy Contemplation Case Study.
► Ask and discuss:
  ■ What kinds of things indicate that they are in the contemplation stage?
  ■ What are some strategies you could use to help this patient continue to consider stopping or reducing tobacco use?

Step 9: Conduct Real Play 2: Contemplation
► Remind participants to:
  ■ Use Open-ended questions and Affirmations to engage the patient.
Use some of the strategies to help the patient think about quitting or reducing their tobacco use.
► Tell pairs to begin their role-plays.
► After a few minutes, call time.

Step 10: **Step 10: Process the Activity**
► Lead a discussion with the group by asking some of the following questions:
  ■ What do you think about working with a patient in contemplation?
  ■ What will be challenging?
  ■ How was it to do this activity using the conversation flow questions?
  ■ What does this mean to you in regards to your work?

**CLOSING**

**Time Required:** 5 minutes

**Section Purpose**
The purpose of this section is to display an example of counseling staff working effectively with a patient regarding their tobacco use.

**Learning Methodologies**
► Large group discussion

**Materials**
► PowerPoint Presentation – Slides 55

**Description**

**Step 1: Highlights**
► Show PowerPoint Slide 55.
► Thank everyone for their participation and hard work.
► Ask if anyone wants to share one highlight they are taking away from the training. (Time permitting.)
► Once everyone who wants to say something has had an opportunity to do so, wrap-up the training by thanking participants for being a part of the training.
HANDOUTS

1. Training Goal and Objectives
2. Training Agenda
3. Stages of Behavior Change Handout
4. Staging Practice Worksheet
5. Staging Practice Worksheet Answer Key
6. Open-Ended Questions Worksheet
7. Assisting a Patient in Pre-Contemplation Strategies
8. Pre-Contemplation Case Study
9. Assisting a Patient in Contemplation Strategies
10. Contemplation Case Study
11. Staging Algorithm for Tobacco Dependence Training
12. Quit Tobacco: Pharmacotherapy Chart
13. PowerPoint Slides
GOALS AND OBJECTIVES

Goal

The goal is to build the capacity of counseling staff to support the integration of evidence-based tobacco dependence screening and treatment into standard care delivery.

Objectives

As a result of this training, participants will be able to:

1. Describe the 5 As of a brief tobacco intervention.
2. Identify the Stages of Change.
3. Demonstrate counseling skills to support tobacco dependence treatment.
4. Describe the different types of pharmacotherapy available to support a quit attempt.
5. Describe several of the tobacco dependence treatment services offered by the New York State Smokers’ Quitline.
# AGENDA

## ACTIVITY

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome, Introductions, Goals &amp; Objectives</td>
</tr>
<tr>
<td>Basic Knowledge of the 5 As</td>
</tr>
<tr>
<td>Overview of Transtheoretical Model (TTM): Assessing Tobacco Dependence &amp; Patients’ Readiness &amp; Motivation to Quit</td>
</tr>
<tr>
<td>Counseling Skills Practice: Open-Ended Questions &amp; Affirmations</td>
</tr>
<tr>
<td>Overview of Pharmacotherapy and New York State Smokers’ Quitline</td>
</tr>
<tr>
<td>Case Studies “Putting It All Together”</td>
</tr>
<tr>
<td>Closing</td>
</tr>
</tbody>
</table>
### STAGES OF BEHAVIOR CHANGE

<table>
<thead>
<tr>
<th>STAGE IN TRANSTHEORETICAL MODEL OF CHANGE</th>
<th>DESCRIPTION OF STAGE</th>
<th>LEARNING DOMAIN</th>
</tr>
</thead>
</table>
| Pre-contemplation                        | - Not thinking about change  
- May be resigned to or feel hopeless about their ability to change  
- Feeling of lack of control  
- May not believe need for change applies to self and/or may not view consequences of behavior (to themselves) as serious enough to warrant change  
- “Pros” of smoking outweigh “Cons” of smoking  
**Time frame:** No intent to change in the near future (described as within 6 months). Individual could remain in this stage for years. | Cognitive  
Affective |
| Contemplation                            | - Aware that a problem exists and considering change. However, individual does not have a serious intent to change soon. The person is considering change within six months  
- Pros and cons of smoking are approximately equal (leads to ambivalence)  
- Feelings of ambivalence towards the behavior and idea of behavior change  
**Timeframe:** Intention to change within 6 months, but may not have a serious commitment to making a change. Individual could remain in this stage for years. | Cognitive  
Affective |
| Preparation                              | - Seriously intending to make a behavioral change soon (within thirty days)  
- Making plans for change  
- Often, person may implement some steps towards change  
- Learning how to make the change successfully  
**Timeframe:** Intention to change within the next 30 days | Cognitive  
Affective  
Behavioral |
| Action                                   | - Individual is committed to change  
- Modifying problem behavior; making the change consistently (e.g., every time)  
- Requires considerable commitment  
**Timeframe:** Person has started making the change consistently. If change is maintained during this time, this stage lasts about 6 months. | Behavioral |
| Maintenance                              | - The new behavior has been integrated into their lifestyle and is now more habitual.  
- Takes less energy to maintain behavior  
**Timeframe:** 6 months or more | Behavioral |

STAGING PRACTICE WORKSHEET

Check the appropriate box that describes best what stage a person who made the statement would most likely be exhibiting. Be certain to consider approximate time frames that each statement is possibly referring to.

<table>
<thead>
<tr>
<th>Statements</th>
<th>Pre-Contemplation</th>
<th>Contemplation</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I set a quit date two weeks from now – I’m nervous.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>2. I recently celebrated my one year anniversary of quitting.</td>
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<td>3. I don’t want to stop smoking. It’s not hurting me.</td>
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<td>4. Sometimes I dream I’ve smoked a cigarette. It’s a relief when I wake up. I’ve worked hard to be smoke-free for almost six months.</td>
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<td>5. I’m thinking that I had better stop using snus. I’m starting to worry about oral cancer.</td>
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<tr>
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<td>7. I know I should stop smoking, but I really enjoy cigarettes.</td>
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<tr>
<td>8. I tried the patch the other day. I think I need a higher dose because I still had cravings.</td>
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<tr>
<td>9. I have someone who listens when I need to talk about my quit attempt.</td>
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<tr>
<td>10. I find that doing other things with my hands is a good substitute for smoking.</td>
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STAGING PRACTICE WORKSHEET: ANSWER KEY

Correct answers have been pronded below.

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<td></td>
<td></td>
<td></td>
<td>Action</td>
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</tbody>
</table>
OPEN-ENDED QUESTIONS WORKSHEET

Rewrite the following closed-ended questions to make them open.

Are you interested in quitting using tobacco products?

Do you smoke around your children?

Do you smoke in your car?

Are you willing to discuss NRT/pharmacotherapy with me?

Don’t you think the cost for a pack of cigarettes today is outrageous?
ASSISTING A PATIENT IN PRE-CONTEMPLATION STRATEGIES

► People who are in pre-contemplation (with respect to a target behavior) need more information or awareness about the behavior. They need to personalize the consequences of the behavior. They need to become aware of the impact of their behavior on others.
► Those who have attempted to change in the past, and have not been successful, need to believe they can make a change.
► People in pre-contemplation may be defensive. In turn, the information should be presented non-judgmentally.
► Interventions should focus on cognitive and affective domains.

Strategies

► Motivational Interviewing (Open-ended Questions and Affirmations)
► Provide feedback on information obtained during prior visits (e.g., length of use, past quit attempts)
► It is important to think about what type of information will motivate your patient (e.g., risks of second-hand smoke, financial implications)

Questions from the Conversation Flow

► “What would have to happen for this to be a problem for you?”
► “What warning signs would let you know that this is a problem?”
► “Have you tried to change in the past?” “If yes, what made you consider it then?”
► “What’s important to you about continuing to smoke?” “Tell me about those reasons.”
► “What qualities in yourself are important to you?” “How does using tobacco support that?”
PRE-CONTEMPLATION CASE STUDY

Keisha is a 21-year-old woman who is at your health center for a pregnancy test and sexually transmitted infection (STI) testing. She is stressed-out and distracted when you meet with her. At intake, Keisha openly answers questions about her sexual history. When you ask her about her tobacco history, she says, “I smoke, and I’m not interested in quitting.”
ASSISTING A PATIENT IN CONTEMPLATION STRATEGIES

► Individuals in contemplation (with respect to a target behavior) are aware they should make a change, but are having difficulty committing to change.
► They can still benefit from consciousness raising but really need to be able to see and accept themselves as a “changed” individual, which can be challenging to conceptualize.
► They also need to see the new behavior as beneficial, and to believe they can manage the skills and tasks necessary to incorporate this new behavior into their lives.
► Individuals at this stage are aware of a problem, but feel stuck and unable to change their behavior. They may be feeling a lot of emotions associated with both the current and the new behavior, and they may be afraid of taking the risk of changing. It is, therefore, important to help them develop a realistic sense of competence and confidence.

Strategies
► Motivational Interviewing (Open-ended Questions and Affirmations)
► Decisional Balancing
► It is important to think about what type of information will motivate your patient (e.g., risks of second-hand smoke, financial implications)

Questions from the Conversation Flow
► “What are reasons you are thinking about change at this time?”
► “What are some reasons for not changing?”
► “What are the barriers today that keep you from changing?”
► “What might help you with that aspect?”
► “What things (people, programs, and behaviors) have helped you in the past?”
► “Are those things still available to you now?”
► “On a scale from 0-10, how important is the change?”
► “On a scale from 0-10 how confident do you feel in making the change right now?”
CONTEMPLATION CASE STUDY

Mario is a 42-year-old man. He shares that he smokes, although mostly on the weekends when he’s at the bar or watching sports with friends. Even though he’s “not a smoker,” Mario is concerned because several male relatives who were smokers died of lung cancer. Still, Mario isn’t convinced that he should stop altogether; smoking is something that he does with his friends and he’s not a heavy smoker like his family members.
STAGING ALGORITHM FOR TOBACCO DEPENDENCE

1. HAVE YOU EVER SMOKED OR USED TOBACCO PRODUCTS?
   - YES
   - NO
      - STOP

2. HAS IT BEEN SIX MONTHS OR MORE SINCE YOU QUIT OR USED?
   - YES
      - ACTION
   - NO
      - MAINTENANCE

3. ARE YOU PLANNING TO QUIT WITHIN THE NEXT 6 MONTHS?
   - YES
      - CONTEMPLATION
   - NO
      - PRE CONTEMPLATION

4. ARE YOU PLANNING TO QUIT WITHIN THE NEXT 30 DAYS?
   - YES
      - PREPARATION
   - NO
      - CONTEMPLATION

5. ARE YOU PLANNING TO QUIT RIGHT NOW/TODAY?
   - YES
      - ACTION
   - NO
      - PREPARATION
<table>
<thead>
<tr>
<th>Medication</th>
<th>Usage</th>
<th>Dosage</th>
<th>Potential Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine Patch</td>
<td>• Apply patch to skin, above waist (e.g., upper arm), on a non-hairy spot. Replace every 24 hrs. Do not sleep with it unless you smoke in the middle of the night.</td>
<td>• 7mg, 14mg, 21mg</td>
<td>• Skin irritation at the site of application (e.g., rash, swelling) • Insomnia</td>
</tr>
<tr>
<td>Nicotine Gum</td>
<td>• Chew gum slowly until mouth tingles, then park it between cheek and gum. Continue this process for about 20 mins. Do not eat or drink 15 mins. before or during use.</td>
<td>• 2mg and 4mg</td>
<td>• Hiccups • Mouth sores • Dry mouth</td>
</tr>
<tr>
<td>Nicotine Lozenge</td>
<td>• Allow lozenge to dissolve between cheek and gum for up to 20 mins. Do not eat or drink 15 mins. before or during use.</td>
<td>• 2mg and 4mg</td>
<td>• Hiccups • Nausea • Dry mouth</td>
</tr>
<tr>
<td>Nicotine Inhaler*</td>
<td>• Puff gently on the mouthpiece, do not inhale vapor into the lungs.</td>
<td>• Provided 16 cartridges/day</td>
<td>• Mouth irritation • Throat irritation • Coughing • Runny nose</td>
</tr>
<tr>
<td>Nicotine Nasal Spray*</td>
<td>• Spray once in each nostril. Nicotine is absorbed through the lining of the nasal passages. Do not inhale, sniff or swallow when spraying.</td>
<td>• 0.5mg in each nostril</td>
<td>• Severe, persistent sneezing, coughing, or runny nose • Nausea • Dizziness</td>
</tr>
<tr>
<td>Bupropion SR*</td>
<td>• Does not contain nicotine. May be used in combination with a nicotine replacement product (e.g., gum, patch, lozenge).</td>
<td>Days 1-3: 150mg each morning. Days 4-end: 150mg twice daily</td>
<td>• Insomnia • Dry mouth • Shakiness • Nervousness • Nausea • Vivid dreams • Constipation • Vomiting</td>
</tr>
<tr>
<td>Varenicline*</td>
<td>• Does not contain nicotine. Do not use in combination with nicotine replacement products.</td>
<td>Take up to 12 weeks</td>
<td>• Nausea • Vomiting</td>
</tr>
</tbody>
</table>
OBJECTIVES

As a result of this training, participants will be able to:

• Describe the 5 A’s of a brief tobacco intervention
• Identify the Stages of Change
• Demonstrate counseling skills to support tobacco dependence treatment
• Describe the different types of pharmacotherapy available to support a quit attempt
• Describe several of the tobacco dependence treatment services offered by the NYS Smokers Quitline

AGENDA

• Welcome, Introductions, Goal and Objectives
• Basic Knowledge of the 5A’s
• Overview of Transtheoretical Model (TTM)
• Assessing Tobacco Dependence & Patients’ Readiness and Motivation to Quit
• Counseling Skills Practice: Open-ended Questions & Affirmations
• Overview of Pharmacotherapy & NYSSQL
• Overview of New York State Smokers Quitline
• Case Studies: “Putting It All Together”
• Closing
WELCOME & INTRODUCTIONS

Please share your:

• Name
• Agency
• Role

BASIC KNOWLEDGE OF 5 A’S

Definition of “evidence based”:
• Applying the best available research results (evidence) when making decisions about health care
• Health care professionals who perform evidence-based practice combine research evidence along with clinical expertise and patient preferences
THE 5 A’S

1. Ask
   - Each patient about his or her tobacco use status at every visit and record the patient's response

2. Advise
   - Providing clear, non-judgmental, and personalized suggestions regarding quitting
   - Tell patients that you understand quitting is difficult, but can be the most important thing they do for their health and family

3. Assess
   - Each patient’s readiness and interest in quitting
   - The patient’s responses to your questions regarding readiness to quit will affect the next step in the process:
     - If he or she is willing to quit, you’ll offer resources and assistance
     - If not, you’ll help the patient identify the barriers to quitting

Source: http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.pdf
THE 5 A'S

4. Assist
   • Each patient that is ready to quit to develop a personalized quit plan
   • This will include providing materials, resources, pharmacotherapy (preferably on-site), and/or referrals
   • Patients should be encouraged to pick a quit date

THE 5 A'S

5. Arrange
   • Follow-up contact, preferably within the first week after the quit date
   • If a patient relapses, let him or her know you and your staff will be there to help get back on track
OVERVIEW OF TRANSTHEORETICAL MODEL (TTM):

• Assessing Tobacco Dependence & Clients Readiness and Motivation to Quit

STAGES OF CHANGE MODEL

• Developed by Prochaska and DiClemente
• Behavior change does not happen in one step, but in stages
• An individual progresses through the stages at their own pace, depending on their goals and sources of motivation

THE STAGES OF CHANGE
PRECONTEMPLATION
There is no intention to change behavior in the foreseeable future:
• Others are aware of problem
• Unaware or under-aware
• Change due to outside pressure
• No plans to change (6 months)
• Coerced by others to change

CONTEMPLATION
Aware that a problem exists and begins to think about overcoming it:
• No commitment
• Struggles with loss
• Decisional-balancing
• Can get stuck and remain so

PREPARATION
Making Plans for the intended change:
• Intending to take action within 30 days
• Taking steps/making plans
• May/may not have taken unsuccessful action in past year
**ACTION**

Modification of behavior, experiences, or environment in order to overcome problem behavior

- Taking an action is not being in action
- Runs from one day to six months
- Requires Considerable Commitment

**MAINTENANCE**

Integrated the new behavior into present lifestyle

- More than six months
- Stabilizing change
- Avoiding relapse
- Can last a lifetime

**THE STAGES OF CHANGE**
LEARNING DOMAINS FOR CHANGE

Cognitive
• What a person thinks related to the change

Affective
• What a person feels related to the change

Behavioral
• What actions related to the change

INDIVIDUAL ACTIVITY

COUNSELING SKILLS PRACTICE
OPEN-ENDED QUESTIONS
AND AFFIRMATIONS
MOTIVATIONAL INTERVIEWING

- Developed by Miller and Rollnick
- Person-centered approach
- Utilized in multiple settings
- Most effective working with individuals in pre-contemplation and contemplation

O. A. R. S.

- Open-ended Questions
- Affirmations
- Reflective Listening
- Summarizing

OPEN-ENDED QUESTION STEMS

- How...
- What...
- Tell me...
- In what ways...
INDIVIDUAL OPEN-ENDED QUESTIONS ACTIVITY

AFFIRMATIONS
• Statement of understanding and appreciation for something someone has tried, done, or achieved
• Genuine and honest
• Positive
• Encouraging

AFFIRMATIONS
• Make someone feel good and recognized
• Recognize efforts, experiences, and feelings; this can include intent
• Build rapport
AFFIRMATIONS ACTIVITY

OVERVIEW OF PHARMACOTHERAPY & NEW YORK STATE SMOKERS QUITLINE

PHARMACOTHERAPY

• Why use Nicotine Replacement Therapy (NRT) or pharmacotherapy?
  – Improves chances of quitting
  – Makes individuals more comfortable while quitting
  – Allows consumers to focus on changing their behavior
  – Does not have the harmful ingredients found in cigarettes and other tobacco products
PHARMACOTHERAPY

Over the counter (no prescription needed):
• Nicotine Patch (7mg, 14mg, and 21mg)
• Nicotine Gum (2mg and 4mg)
• Nicotine Lozenges (2mg and 4mg)

Prescription only:
• Nicotine Inhaler (the puffer)
• Nicotine Nasal Spray

All NRT can be used alone or in combination
Common side effects: headache, nausea, dizziness

NICOTINE PATCH

• Nicotine absorbed through skin
• Can take up to 6 hours to reach peak nicotine levels
• Wear waist above, non-hairy spot
• Do not cut in half
• Reapply every 24 hours
• Common side effects – headache, nausea, dizziness, rash at the site of contact

NICOTINE GUM

• Sugar-free
• Absorbed through lining of mouth
  - Chew Slowly and Park
• Two strengths (2mg and 4mg)
• Flavors are: Original, cinnamon, fruit, mint, and orange
• OTC as Nicorette or as generic
• May not be good choice for people with jaw problems, braces, retainers, or significant dental work
• Can irritate the mouth and throat and cause dryness
NICOTINE LOZENGE
• Absorbed through lining of mouth
  - Park in the cheek
• OTC in two strengths (2mg and 4mg)
• Sugar-free flavors:
  - Mint
  - Cherry
• Can irritate the mouth and throat and cause dryness

NICOTINE INHALER
• Nicotine inhalation system:
  – Mouthpiece
  – Cartridge
• Absorbed through lining of mouth
• Mimics hand-to-mouth action of smoking
  – Prescription only
• Can irritate the mouth and throat and cause dryness if not used properly

NICOTINE NASAL SPRAY
• About 100 doses per bottle
• Quickly absorbed through lining of nose
• Gives largest “spike” of nicotine
• Prescription only as Nicotrol NS
• Side effects include sneezing, sore throat, and runny nose and eyes
NICOTINE WITHDRAWAL

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness/impatience
- Depressed mood/depression
- Insomnia
- Impaired performance
- Increased appetite/weight gain
- Cravings

SMOKING WITH NRT

- Relatively safe
- Harm reduction
- Less reinforcing effects

ORAL MEDICATIONS

- Bupropion SR – prescription only
  - Zyban, Wellbutrin SR or Generic
  - Can be used with NRTs
  - Effective among many clients, including those with depressive disorders
  - Non-sedating, activating antidepressant
  - Potential side effects – headache, insomnia
ORAL MEDICATIONS

- Varenicline HCl (Chantix) – prescription only
  - Reduces the amount of physical and mental pleasure received from tobacco
  - Two strengths (0.5mg and 1mg)
  - Use with NRTs not recommended
  - Recommended length of use is 12 weeks, but can be extended for patients who successfully quit so they can boost their chances of remaining smoke-free
  - Potential side effects: nausea and vivid dreams

NEW YORK STATE SMOKERS QUITLINE
NYS SMOKERS QUITLINE SERVICES

- The NYS Smokers Quitline offers the following tobacco dependence treatment services:
  - Cessation coaching
  - Nicotine patches (phone and web)
  - Web interactive and informational services
  - Text and messaging services
  - Social media
  - Triage to health plan programs
  - Provider Referral Program

NYS SMOKERS QUITLINE SERVICES

- Nysmokefree.com (Available in English and Spanish)
  - Registration for FREE Nicotine Replacement Therapy (NRT)
  - Quit guides and factsheets
  - Information to quit, and stay quit
- Social Networks
  - The Quitline offers support, text tips, cessation-related news and media via:
    - Facebook
    - Twitter
    - Google+
    - YouTube

NYS SMOKERS QUITLINE MOBILE & WEB SERVICES

- Text Messaging
  - On-demand (sample right)
  - Customizable text messaging
  - Quick Response code (QR code)
- Online Community
  - Customizable text messaging
  - Forum
  - Chat room
  - Journal
  - Savings Calculator
NYS SMOKERS QUITLINE OPT-TO-QUIT SERVICES

• Health care organizations first adopt a policy to systematically identify all tobacco-using patients
• As an adjunct to this intervention, tobacco-using patients are referred to the NYS Smokers Quitline, to be contacted and offered support services
  – Patients are re-contacted to engage in the quit process, unless they opt-out

NYS SMOKERS QUITLINE SERVICES

For additional questions, materials or more information, please contact:
  – Patricia Bax, R.N., M.S., New York State Smokers’ Quitline
  – Roswell Park Cessation Services
  – patricia.bax@roswellpark.org
PULLING IT ALL TOGETHER

EFFECTIVE COUNSELING VIDEO

Video link: https://www.youtube.com/watch?v=URiKA7QcTfc

PRE CONTemplATION & CONTEMPLATION ACTIVITY