

Counseling in Managing Tobacco Dependence

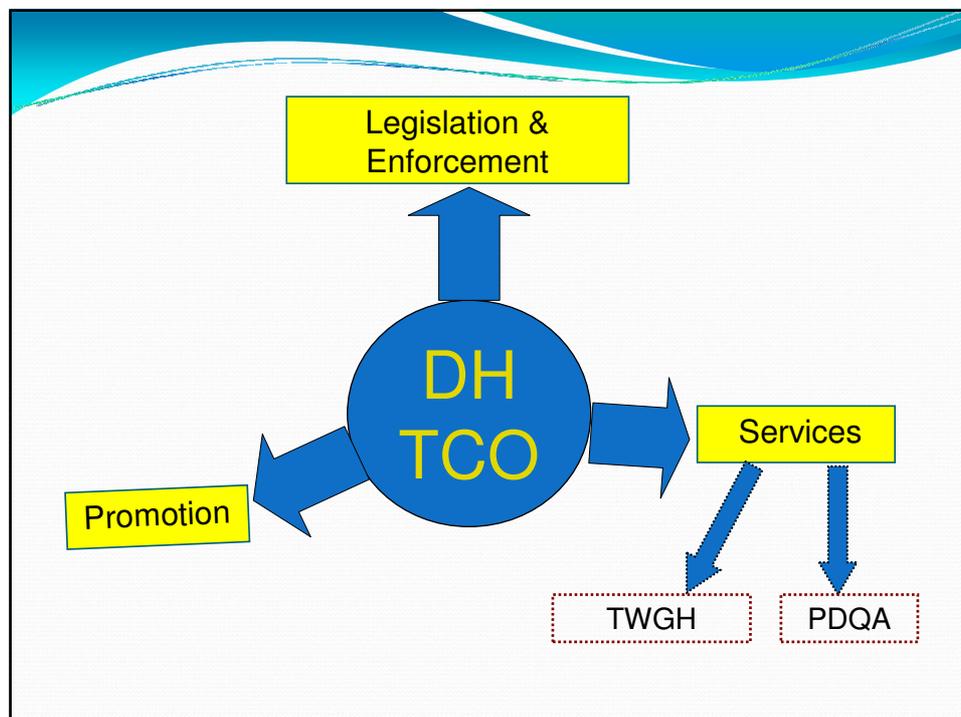
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Headings

- Service Providers
- Organisation of service within DH
- Targeted Approach
- Current Approach
- Quit Rates
- Feedback
- SS Study

Counseling providers

- Friends and Family
- Private practitioners : medical, pharmacists, psychologists
- Academic Units
- COSH
- NGOs (UCNCHS, TWGH)
- Public health services : HA, DH



Services PDQA

- Walking along the steps of Giants
- Began in 2003
- 4 clinics
- Group Counseling
- Nicotine Replacement Therapy

Counseling Approaches and Tools

5 A's Approach

5R's Approach

Decision Balance Sheet

Transtheoretical Model of Change

The 5 A's

1. *Ask* about tobacco use

2. *Advise* to quit

3. *Assess* willingness to make a quit attempt

4. *Assist* in quit attempt

5. *Arrange* follow-up

Adapted from: Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use & Dependence. Clinical Practice Guideline US Department of Health & Human Services June 2000

The 5 R's

- *Relevance* - quitting is personally relevant
- *Risks* - identify negative consequences
- *Rewards* - identify benefits
- *Roadblocks* - identify barriers
- *Repetition* - repeatedly encourage



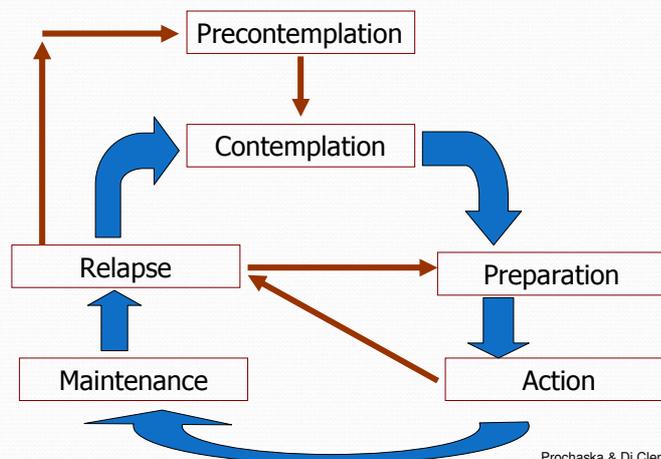
Adapted from: Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use & Dependence. Clinical Practice Guideline US Department of Health & Human Services June 2000

Decisional Balance Sheet

examine the Pros & Cons
resolve ambivalence

No Change	Change
Costs I'm going to die young Bad example for my children	Costs How to deal with stress? What to do about my friends?
Benefits Smoking helps me to concentrate Enjoyment	Benefits Better health for family and self Save money

The Transtheoretical Model (Stages of Change)



Prochaska & Di Clemente's
Transtheoretical Model for change

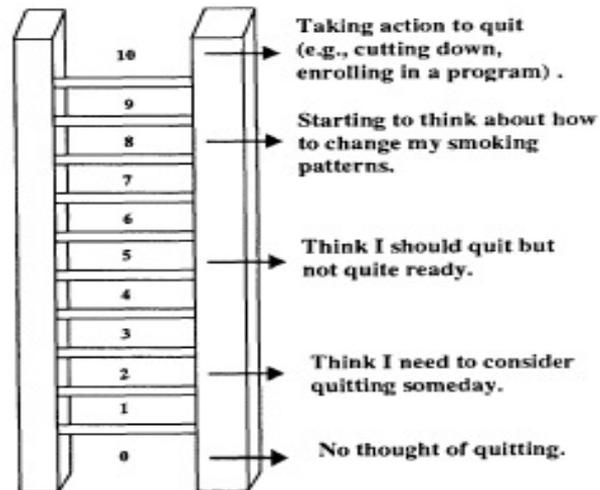


FIGURE 1 The Contemplation Ladder. (Copies suitable for reproduction are available from Lois Biener.)

HEALTH PSYCHOLOGY, 1991, 10(5), 360-365
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Round mid 2008

- Addition of another counseling approach
- Elements of *motivational interviewing* was introduced

Motivational Interviewing (MI)

- A client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence
- Has been used in alcohol, drugs, diets and exercise
- Helps clients get “unstuck”
- Freed to use their own resources to change

Principles of MI (Miller & Rollnick 2002)

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self efficacy



The Spirit of MI

- Collaboration “Not confrontation”
- Evocation “Not Education/Advice”
- Autonomy “Not Authority”



Motivation to change

- Readiness – A matter of priorities
- Willingness – The Importance of Change
- Ability – The Confidence for change

Tools and Techniques

- Scaling questions
- Reflective Listening
- Change talk
-

Scaling questions

- A set of simple questions
- It opens up a very productive discussion in which the patient is doing most of the talking and is thinking hard about change (Rollnick et al 1997)

Assessing Importance and Confidence: Scaling



Importance



Confidence

Reflective Listening

- Limit the counselor's talking, use open-ended questions
- Interest in what the patient says
- Statements of understanding
- Test the counselor's hypothesis of what the patient means
- Encourage self-exploration, elaboration
- Navigate towards change

Reflective Listening

- to roll with resistance
- defusing resistance
- change talk

Change Talk

- Client's argument to change
- **D**esire : wants, prefers, wish
- **A**bility: able, can, could, possible
- **R**easons: specific argument for change
Why do it ? What would be good ?
- **N**eed: important, have to, need to
- **C**ommitment language: "I could", "I will"



DARN-C

Quit rates

- 3000 patients since 2003
- Overall Quit Rate at 26 weeks : 45.8%
at 52 weeks : 39%

Feedbacks from Counselors after addition of MI tools

- Groups more interactive
- Scaling questions useful to encourage timid clients to participate in discussions
- Much better understanding of the clients' level of importance and confidence which further enhance Counselors' facilitation of group discussion

Feedbacks from Counselors after addition of MI

- Clients were more able to “vent” from his/her point of view
- Clients more able to self-reflect on their own situation
- Advices were more easily accepted
- Resistance was better diffused

A Small Short Study (SSS)

- To check clients' satisfaction before and after the incorporation of the *Motivational Interviewing (MI)* counseling style
- Only those who attended all the 4 meetings were selected

Participation in the smoking cessation group could:

- S₁=Help me assess my *own situation* and identify my *roadblocks* for quit smoking
- S₂=Help me understand *how serious* I am *in the action* of quit smoking
- S₃=Boost up my *confidence* to quit smoking
- S₄=Enforce my understanding of the *importance* of quitting to me
- S₅=Allow me to understand more my own *motives* to quit

- S₆=Allow me to *realise* my smoking cessation plan
- S₇=Enhance my understanding of my *determination* to quit
- S₈=Help me *seek for solutions* to overcome my barriers to quit
- S₉=Allow me to commit to the *appropriate quit date*
- S₁₀=Allow me to know my *readiness* to enforce my smoking cessation plan

A Likert scale was used to rate the score.

Result

- Total score of satisfaction/questionnaire = 50
- Group A (not using MI) mean score = 46
- Group B (using MI) mean score = 44.58

Clients' Feedback



Limitation

- Sample size was small
- Inherent disadvantages of Likert scale, the middle choice might mean really no opinion or an on the fence position
- Staff had only newly learned the skills and techniques of MI

In conclusion ...

- Cessation rate unchanged since mid-2008
- Longer duration and a larger study in future
- Smoking cessation is a continuing public health concern

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- New approaches will continue to evolve
 - Innovative thinking and a learning team approach are appropriate strategies
 - Appropriate interventions need to be developed for our own circumstances



Reference

- Miller, W.R. & Rollnick, S. (2002) Motivational Interviewing (2nd ed.) New York: The Guilford Press
- Rollnick, S., Mason, P., & Butler, C. (1999). Health Behavior Change. New York: Churchill Livingstone
- Tobacco Treatment Specialist Certification Course Nov 2007, Mayo Clinic Nicotine Dependence Center Education Program, Rochester, Minnesota

Smoking Cessation Hotline
Department of Health
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Thank you!