"Ideas for Treatment Improvement"

ADDICTION Messenger

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Nicotine Cessation - Part 2
Building and Sustaining Motivation

"More than one cigar at a time is excessive smoking."

~ Mark Twain (1835 -1910) ~

The five major steps to interventions for Nicotine cessation (the "5 A's" - Ask, Advise, Assess, Assist, and Arrange) noted in the last issue of the Addiction Messenger are helpful tools in addressing Nicotine addiction with your clients. But what about those clients that are unwilling to quit? The "5 R's" are designed to motivate Nicotine users who are currently unwilling to quit.

The 5R's

RELEVANCE
Encourage your client to indicate why quitting is personally relevant to them at this time. Ask them be as specific as possible.

RISKS
Ask the client to identify and examine potential negative consequences to tobacco use.

REWARDS
Raise the question "What are the rewards of nicotine cessation?" with your client and explore the potential benefits of stopping tobacco use.

ROADBLOCKS
Collaborate with your client to identify barriers or impediments to quitting and note elements of treatment that could address barriers.

REPETITION
These motivational interventions should be repeated every time your unmotivated client visits you. Share with your client that Nicotine users often make repeated "quit attempts" before they are successful.

Motivational Interviewing

Motivational interviewing (MI) is a client-centered, directive method for enhancing motivation to change by exploring and resolving ambivalence. It is an interpersonal process with an emphasis on the counselor-client relationship. MI views the client as having the primary responsibility for making change while the counselor presents objective information to support that client's decisions. Using the MI approach includes:

- beginning at the client's level of readiness to change,
- understanding the client's frame of reference,
- knowing that the choice to change is the client's,
- actively exploring various options with the client, and
- eliciting the client's motivation to change.

SERIES 25

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MI techniques can be used to assess your client's motivational level: not considering cessation, considering quitting nicotine use, ready to quit, and/or has already quit. The counselor's task at each motivational level is:

Client Not Considering Nicotine Cessation

- raise your client's doubts about tobacco use,
- Increase your client's perception of stopping benefits and continued tobacco use risks,
- provide objective feedback, and
- provide additional support as needed.

Client Considering Nicotine Cessation

- elicit reasons to change,
- strengthen client's belief in ability to change, and
- develop and employ MI skills (active listening, open-ended questions, summarizing, supporting self-efficacy, and eliciting self-motivating statements).

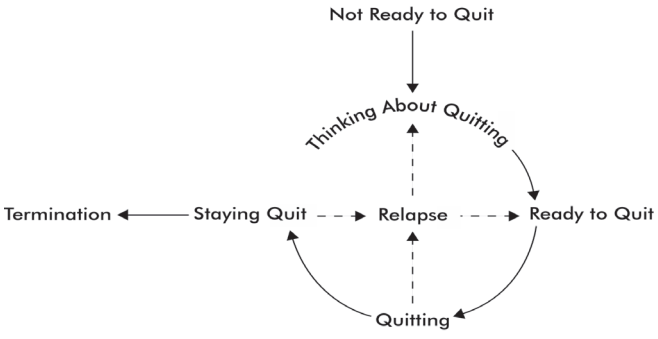
Client Ready to Quit

- determine best strategies for initiating and maintaining cessation,
- assess client's level of nicotine dependence,
- assist client in goal setting, and
- offer a variety of cessation strategies.

Client Who Has Quit

- provide positive feedback regarding health improvements,
- remind client of potential negative outcomes of relapse, and
- focus on self-efficacy for continued success.

Readiness to Change Model



(Adapted from Prochaska et al., 1997)

Understanding the Decision to Quit

Smokers often say, "Don't tell me why to quit, tell me how." There is no one right way to quit, but there are some key elements in quitting smoking successfully. These 4 factors are crucial:

- Making the decision to quit
- Setting a quit date and choosing a quit plan
- Dealing with withdrawal
- Staying quit (maintenance)

The decision to quit tobacco use is one that only your client can make. Researchers have looked into how and why people stop tobacco use. There are several ideas, or models, of how this happens.

The **Health Belief Model** says that individuals will be more likely to stop tobacco use if they:

- believe that they could get a tobacco-related disease and this worries them,
- believe that they can make an honest attempt at quitting,
- believe that the benefits of quitting outweigh the benefits of continuing tobacco use, and
- know of someone who has had health problems as a result of their tobacco use.

Below are some steps to help you prepare your client for "Quit Day". Your client can:

- Pick the date, mark it on a calendar, and tell friends and family about their Quit Day.
- Get rid of all the cigarettes and ashtrays,
- Stock up on oral substitutes – sugarless gum, carrot sticks, and/or hard candy.
- Decide on a plan (will they use nicotine replacement?),
- Practice saying, "No thank you, I don't smoke."
- Set up a support system and ask them not to smoke or leave cigarettes where they can be seen, and
- Think back to past attempts to quit. Try to analyze what worked and what did not work.

On the client's Quit Day, offer these suggestions:

- Do not smoke (not even one puff!),
- Keep active – exercise, or do other activities or hobbies.
- Drink lots of water and juices,
- Begin using nicotine replacement if that is the choice,
- Attend stop smoking class or start a self-help plan,
- Avoid situations where the urge to smoke is strong,
- Reduce or avoid alcohol, and
- Think about changing your routine (e.g. use a different route to work, drink tea instead of coffee, eat breakfast in a different place or eat different foods).

Dealing With Withdrawal

Withdrawal from nicotine has 2 parts – the physical and the psychological. Nicotine replacement can help reduce many physical symptoms. Many users find that the bigger challenge is the psychological part of quitting.

If a client has been smoking for any length of time, smoking has become linked with nearly everything they do (e.g.

waking up in the morning, eating, reading, watching TV, and drinking coffee). It takes time to "un-link" smoking from these activities and the urges associated with them. A way to overcome urges/cravings is to recognize *rationalizations* when they occur. A rationalization is a mistaken belief that seems to make sense at the time but is not based on facts. Examples include:

"I'll just use it to get through this rough spot."
"Today is not a good day; I'll quit tomorrow."
"It's my only vice. How bad is tobacco, really?"

Ask your client to write down any rationalizations as they come up and recognize them for what they are: messages that can trap them into using nicotine.

Staying Committed

- **Avoid** people and places where there is a temptation to smoke.
- **Alter** usual daily habits. Switch to juices or water instead of alcohol or coffee, take a different route to work, or take a brisk walk instead of a coffee break.
- **Use Alternatives** or oral substitutes like gum or hard candy, and raw vegetables.
- **Act** to reduce stress: take a hot bath, exercise, or read a book.
- **Breathe deeply** and picture your lungs filling with fresh, clean air. Remember reasons for quitting and the benefits that will be gained.
- **Delay** when the urge to use nicotine occurs. This simple strategy may allow a person to move beyond the urge.
- **Save money** that would have been spent on tobacco and use for a weekly treat, or save for a major purchase.

Staying Quit (Maintenance)

Staying nicotine free is the final, and most important, stage of the process for your clients. They can be encouraged to use the same methods to "stay quit" as they did while in withdrawal. Thinking ahead to those times when they may be tempted to smoke, and planning on how to use alternatives and activities to cope with those situations. Difficult situations, such as unexpected strong desires to smoke that occur sometimes months (or even years) after they've quit, are likely to occur. People can get through those without relapse by trying the following:

- Reviewing reasons for quitting and thinking of all the ben efits to their health, their finances and their family.
- Reminding themselves that there is no such thing as just one cigarette – or even one puff.
- Riding out the desire. It will go away.
- Avoiding alcohol. Drinking lowers chances of success.
- If weight gain is a worry, put energy into eating a healthy diet and staying active with exercise.

Slips? Relapse?

What if the client does use nicotine again? What's the difference between a *slip* and a *relapse* and is it within their control? Clients can use the slip as an excuse to go back to using nicotine, or they can look at what went wrong and renew their commitment to staying off nicotine for good.

When your clients relapse, encourage them to not get too discouraged. Very few people are able to quit for good on the first attempt. In fact, it takes most people several attempts before their nicotine use stops. What's important is figuring out what helped in their attempt to quit and what worked against it. They can then use that information to make a stronger attempt at quitting the next time.

The following chart can be duplicated, cut out and placed on your client's chart for your use in monitoring nicotine cessation.

Intervention Checklist

- ☐ Client was asked about tobacco use.
- ☐ Client was asked if she/he thought about quitting.
- ☐ Client was given encouragement to quit.
- ☐ Client was asked if they wanted to set a quit date.
- ☐ Discharge plan includes information about community resources available for quitting.
- ☐ Client progress/outcomes regarding smoking cessation documented in chart.

Next Issue:

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Source:

Center for Substance Abuse Treatment. **Enhancing Motivation for Change in substance Abuse Treatment.** Treatment Improvement Protocol (TIP) Series, No. 35. DHHS Publication No. (SMA) 02-3629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999. Can be downloaded from http://www.treatment.org/Externals/tips.html

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"Substance Abuse Treatment Workforce Survey 2005"
HIGHLIGHTS

✓ NFATTC workforce survey results for the Northwest and Hawai'i support the notion that the workforce is aging. Overall, 69% of agency directors, and 49% of clinicians are over the age of 50. However, it should be noted that the average age of entry into the field for directors and clinicians is 37 and 39 years old respectively, with 50% of the workforce reporting that substance abuse treatment is a second career.

✓ Clinicians appear to be entering the field at all ages, with the newest members of the workforce (0- 4 years experience) being just as likely to be over 40 as under 40. Based on this data, it is not accurate to equate age with experience in the field of substance abuse treatment.

✓ With a large percentage of the workforce being drawn to the field later in life, the aging of the workforce may be an issue that is not going to go away. One solution that has been proposed is to increase the number of younger people entering the field, via creation of more formal academic programs seated in colleges and universities, as well as more effective recruitment messages. These efforts may be needed now more than ever, as 2005 data suggest that fewer individuals in their twenties are entering the field.

For more information on this topic, and others, please go to **www.nfattc.org** Click on **HOT TOPICS** to access the full report or executive summary for Alaska, Hawai'i, Idaho, Oregon and Washington.