Evidence-based Counseling Approaches for Treating Tobacco
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Goals
- Describe empirically supported treatments aimed at cessation
- Demonstrate counseling strategies to engage smokers in treatment
- Discuss potential treatment goals

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

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

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

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

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

Claims to work like acupuncture – only without the needles.
There is no scientific evidence that e-cigarettes are safe and little evidence for their efficacy.

The 5 “A”s
- Ask about tobacco use
- Advise to quit
- Assess willingness
- Assist in quit attempt
- Arrange followup

What you fail to say sends a powerful message too.
### Psychosocial approaches

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Risk Ratio</th>
<th>95% CI</th>
<th>Sample Size</th>
<th># of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group therapy vs. self-help only*</td>
<td>1.98</td>
<td>1.80 - 2.46</td>
<td>4,375</td>
<td>13</td>
</tr>
<tr>
<td>Individual Counseling vs. minimal contact control1</td>
<td>1.39</td>
<td>1.24 - 1.57</td>
<td>9,587</td>
<td>22</td>
</tr>
<tr>
<td>Physician advice to quit vs. No advice / Usual care*</td>
<td>1.76</td>
<td>1.56 – 1.95</td>
<td>22,240</td>
<td>26</td>
</tr>
<tr>
<td>Motivational Interviewing vs. Brief advice / Usual care*</td>
<td>1.27</td>
<td>1.14 - 1.42</td>
<td>10,538</td>
<td>14</td>
</tr>
</tbody>
</table>


### Combined approaches

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Risk Ratio</th>
<th>95% CI</th>
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<th># of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased behavioral support + pharmacotherapy vs. Less or no behavioral support + pharmacotherapy*</td>
<td>1.16</td>
<td>1.09 - 1.24</td>
<td>15,506</td>
<td>38</td>
</tr>
<tr>
<td>Pharmacotherapy + behavioral interventions vs. Usual care / self-help/brief advice*</td>
<td>1.82</td>
<td>1.68 - 2.00</td>
<td>15,621</td>
<td>40</td>
</tr>
</tbody>
</table>

Practical Counseling

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

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

Practical Counseling (cont)

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

Supportive Treatment

- Encourage
  - Demonstrate your belief your patient can quit
  - Note all the available options
  - Note that ½ of all smokers have been able to quit
  - Note that you’ve helped others quit

- Communicate caring / concern
  - “How do you feel about quitting?”
  - “I’m here to help you”
  - “I know this is tough”
Supportive Treatment (cont)

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

Prepare for Quit Date

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

Treatment Goals

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

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

Smoking reduction concerns

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

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

Treatment Engagement

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

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

Characteristics of Successful Changers

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

- Accepting
- Active
- Adaptable
- Adventurous
- Affirmative
- Alert
- Alive
- Ambitious
- Anchored

- Committed
- Competent
- Concerned
- Confident
- Courageous
- Creative
- Decisive
- Dedicated
- Determined
**Desire**

- Ability
- Commitment → **Behavior Change**
- Reasons
- **Need**

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**Self-perception theory**

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


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**Responding to Change Talk**

- **Elaboration**
- **Affirm**
- **Reflect**
- **Summaries**
Tools for Eliciting Change Talk

- Decisional Balance
- Importance-Confidence-Readiness Ruler

Decisional Balance

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

<table>
<thead>
<tr>
<th>“Not So Good Things” about smoking</th>
<th>“Good Things” about smoking</th>
</tr>
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<tbody>
<tr>
<td>Bad health</td>
<td>Helps with stress</td>
</tr>
<tr>
<td>Makes me smell bad</td>
<td>Good when I’m bored</td>
</tr>
<tr>
<td>Costs a lot</td>
<td></td>
</tr>
</tbody>
</table>
### Decisional Balance

<table>
<thead>
<tr>
<th>“Not So Good Things” about smoking</th>
<th>“Good Things” about smoking</th>
<th>Alternative ways to get the “Good Things”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad health</td>
<td>Helps with stress</td>
<td>Slow breathing</td>
</tr>
<tr>
<td>Makes me smell bad</td>
<td>Good when I’m bored</td>
<td>Listen to music</td>
</tr>
<tr>
<td>Costs a lot</td>
<td></td>
<td>Listen to music</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Play on phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Talk to someone</td>
</tr>
</tbody>
</table>

### ICR - Importance

**How important is it for you right now to quit smoking?**

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

| 0 .................................................. 10 |
| not at all | extremely important |

### ICR - Confident

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

| 0 .................................................. 10 |
| not at all | extremely confident |
### ICR - Ready

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

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>extremely ready</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
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</table>

### When using ICR Ruler...

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

### ICR Ruler

How **important / confident** ....? On a scale of 0 to 10, what number would you give yourself?

**High #:** “Tell me more”

**Low #:** ”Why not zero?”

What would it take to move you from an X to a (X+1)

What can I do to help you feel more confident?

<table>
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<th>0</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>extremely important / confident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>
What about those not interested in quitting?

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

Conclusions

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

Thank you!

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Trish Dooley-Budsock, M.A., LPC,
trish.dooley.budsock@rutgers.edu
Continue the conversation

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

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

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