

**MASSACHUSETTS  
TOBACCO TREATMENT SPECIALIST TRAINING**

**Course Descriptions,  
Goals and Learning Objectives**

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## Table of Contents

<b>Determinants of Nicotine Dependence: Biological, Psychological and Social Factors .....</b>	<b>3</b>
<b>Module Description.....</b>	<b>3</b>
<b>Goal of the module.....</b>	<b>3</b>
<b>Learning objectives.....</b>	<b>3</b>
<b>Pharmacotherapy for Treatment of Nicotine Dependence .....</b>	<b>4</b>
<b>Module Description.....</b>	<b>4</b>
<b>Goals of the module .....</b>	<b>4</b>
<b>Learning objectives: .....</b>	<b>5</b>
<b>Counseling Theory and Practice .....</b>	<b>6</b>
<b>Module Description.....</b>	<b>6</b>
<b>Goal of the Module.....</b>	<b>6</b>
<b>Learning Objectives.....</b>	<b>7</b>
<b>Treatment Strategies .....</b>	<b>8</b>
<b>Module Description.....</b>	<b>8</b>
<b>Goals of the Module.....</b>	<b>8</b>
<b>Learning Objectives.....</b>	<b>8</b>
<b>Working With Smokers with Substance Abuse and Mental Health Disorders .....</b>	<b>9</b>
<b>Module Description.....</b>	<b>9</b>
<b>Goals of the Module.....</b>	<b>9</b>
<b>Learning objectives.....</b>	<b>10</b>
<b>Program Planning and Systems Issues.....</b>	<b>11</b>
<b>Module Description.....</b>	<b>11</b>
<b>Goal of the module.....</b>	<b>11</b>
<b>Learning objectives.....</b>	<b>11</b>
<b>Intake, Assessment and Treatment Planning.....</b>	<b>12</b>
<b>Module Description.....</b>	<b>12</b>
<b>Goal of the module.....</b>	<b>12</b>
<b>Learning Objectives.....</b>	<b>12</b>

# **Determinants of Nicotine Dependence: Biological, Psychological and Social Factors**

## **Module Description**

Until relatively recently, nicotine dependence was not recognized as a legitimate disorder, in part because its manifestations do not appear to be as severe and as potentially disruptive to everyday functioning as dependence on other drugs. However, closer study has revealed that nicotine dependence shares many features with other drug dependence, notably similar biological actions on brain reward and withdrawal circuitry, compulsive use, tolerance, etc. Moreover, because tobacco, the primary source of nicotine, is legal, availability is not a barrier. Nicotine dependence has an insidious onset, but once entrenched, takes addictive hold of the tobacco user, such that repeated efforts to quit are often met with failure, resulting in a lifetime of tobacco addiction.

This module will provide the knowledge base for understanding the biological, psychological and social basis of nicotine dependence. This will include learning about the basic brain processes that determine drug dependence in general and the development and maintenance of nicotine dependence in particular. We will look at how nicotine is absorbed, distributed and eliminated and review the diagnostic criteria for nicotine dependence and withdrawal.

## **Goal of the module**

Provide tobacco treatment specialists with knowledge of the biological, psychological and social as determinants of nicotine addiction so they can better understand and treat tobacco users.

## **Learning objectives**

1. Describe the prevalence and etiology of nicotine dependence.
2. Discuss Biological, Psychological and Social factors related to nicotine dependence and cessation.
3. Describe assessments of nicotine dependence.

# Pharmacotherapy for Treatment of Nicotine Dependence

## Module Description

The Public Health Service guideline recommends that all tobacco users trying to quit be offered pharmacotherapy. There are currently seven first-line medications approved by the FDA for use in smoking cessation: five nicotine replacement products; bupropion, an anti-depressant; and varenicline, a partial nicotine agonist. While the effectiveness of each product has been demonstrated there are multiple factors to be considered when choosing the appropriate pharmacotherapy for each individual.

Smoking cessation is particularly important in patients who already have medical conditions caused or aggravated by smoking, yet pharmacologic treatment in these subsets may be complicated because of these same conditions. Research of smoking cessation treatment is limited for these special conditions, though there is some data available to allow for educated decision making regarding treatment.

This course will provide descriptions of pharmacologic treatments for nicotine dependence, including nicotine replacement therapies, bupropion and varenicline focusing on how these compounds might work, how they may best be used and possible contraindications. The principles of evidence-based medicine will be reviewed and applied to the pharmacologic treatment of tobacco dependence.

This course will also discuss the anticipated effects of the seven first-line tobacco treatment medications on patients with Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), Diabetes Mellitus (DM), and pregnancy. When available, research on the safety of these various therapies in medically ill patients will be reviewed. Brief attention will be paid to a subset of medical conditions for which nicotine may be beneficial. In these situations, smoking cessation without nicotine replacement may be particularly problematic.

## Goals of the module

1. Provide tobacco treatment specialists with knowledge of the actions and use of pharmacologic agents, to better understand and treat tobacco users.
2. Provide sufficient background information on the use of tobacco treatment medications in CAD, COPD, DM, and pregnant patients such that tobacco cessation specialists will feel comfortable in counseling these subgroups of patients regarding the use of pharmacologic therapies to assist with smoking cessation.

## **Learning objectives:**

1. Review current pharmacological approaches to treatment of nicotine dependence.
2. Describe and apply evidence-based medicine principles to pharmacological treatment for nicotine dependence.
3. Understand the anticipated effects of the different forms of pharmacologic treatment in select medical conditions.
4. List additional special concerns and issues that affect the choice of pharmacologic treatment.

# Counseling Theory and Practice

## Module Description

This course endeavors to teach principles of effective counseling for health-risk reduction by lifestyle change. In particular, participants will learn how to engage and assist individuals seeking to modify their use of tobacco and nicotine. These lessons are presented within the larger context of our current knowledge regarding a number of related topics including: Natural recovery and the stages of change, motivation, resistance, and behavioral self-control. The penultimate goal is to teach health care professionals how to have constructive conversations with individuals regarding the whys, whens, and hows of smoking cessation and the reduction in nicotine use.

There is perhaps nothing more frustrating to the conscientious and committed health care professional than the failure of individuals to heed sound healthcare advice regarding the modification of their nicotine use. Well known is the fact that most clients do not comply with even the simplest and most straightforward health care directive. Health care providers advise, lecture, confront, exhort, and even try to shame smokers into compliance; all to little avail. It's as if with every provider expression of concern, the client digs further into the crater of resistance and noncompliance. What is left to do?

Motivational Interviewing (Miller & Rollnick, 1991, 2002) is a style of talking with patients about health-risk reduction and behavior change that integrates the principles of patient-centered medicine, client-centered psychotherapy, and social learning theory. Based upon the tenet that most individuals already have the requisite skills to successfully modify lifestyle and decrease health-risk, MI employs strategies that will enhance the patient's own motivation for and commitment to change. Motivational Interviewing integrates an empathic, non-confrontational style of interviewing with powerful behavioral strategies for helping clients convince themselves that they ought to change. Consequently, resistance is minimized, self-motivation maximized, and treatment compliance and behavior change secured.

Motivational Interviewing provides an effective alternative to coercion, confrontation, and exhortation as a means of promoting behavior change and treatment compliance in the nicotine-dependent individual. The principles and strategies of Motivational Interviewing provide the backbone for this course, organizing a broad knowledge base and skill set pertaining to counseling the individual with nicotine dependence.

## Goal of the Module

To provide tobacco treatment specialists with the requisite knowledge and skills to effectively implement motivationally-oriented counseling strategies that promote readiness to change and subsequent abstinence in individuals who are nicotine-dependent.

## **Learning Objectives**

1. Participants will apply patient-centered principles of health-risk reduction to the problem of effectively counseling individuals with nicotine dependence.
2. Participants will describe the basic principles of motivational interviewing and stage-informed counseling requisite to the effective treatment of nicotine dependence.
3. Participants will describe the limitations of the direct persuasion or confrontational interviewing style.
4. Participants will demonstrate how to effectively implement the initial phase of nicotine dependence counseling utilizing reflective listening skills.
5. Participants will describe the five categories of change talk.
6. Participants will demonstrate skills necessary for negotiating a behavioral change plan regarding nicotine use.

# Treatment Strategies

## Module Description

Recent estimates are that approximately 440,000 individuals in the United States and 47,500 in Canada die each year from smoking-related causes, yet approximately 21% of adult Americans and Canadians continue to smoke. Clearly, there is considerable need for effective tobacco treatment strategies to be developed and disseminated. This course will provide basic knowledge about the process of quitting smoking and will present smoking cessation theory and treatment from within a social learning perspective. Treatment will be presented on a continuum of intensity of clinical contact, from self-help (no contact) to minimal contact/brief advice to brief counseling to intensive counseling. Tobacco treatment strategies will be presented within a framework that includes preparation, cessation and maintenance phases. Lifestyle changes that support quitting smoking and a generally healthy lifestyle will be discussed. The empirical basis for treatment strategies discussed will also be provided. This course will provide the requisite knowledge and skills to allow tobacco treatment specialists to assist cigarette smokers to quit smoking and remain abstinent, and will include an emphasis on tailoring treatments to smokers' readiness for change, level of nicotine dependence and psychiatric comorbidity.

## Goals of the Module

1. To provide tobacco treatment specialists with knowledge of and the empirical basis for tobacco treatment strategies, ranging from minimal contact to intensive intervention.
2. To provide tobacco treatment specialists with the necessary skills to assist smokers through the preparation, cessation and maintenance phases of quitting smoking.

## Learning Objectives

1. Describe the range of treatment intensities: minimal, moderate and intensive, and the implications for matching intensity level of clinical contact with patient characteristics.
2. Review the Public Health Service recommendations for optimal structure and intensity of effective tobacco treatment intervention.
3. Discuss harm reduction as a treatment strategy.
4. Describe the specific and appropriate strategies for the *preparation phase* of treatment, including how to tailor the strategies to the unique needs of the individual smoker.
5. Describe the specific and appropriate strategies for the *cessation phase* of treatment, including how to tailor the strategies to the unique needs of the individual smoker.
6. Describe the specific and appropriate strategies for the *maintenance phase* of treatment, including how to tailor the strategies to the unique needs of the individual smoker.

# **Working With Smokers with Substance Abuse and Mental Health Disorders**

## **Module Description**

Individuals who suffer from more than one psychiatric or substance abuse disorder are more likely to smoke, have greater difficulty quitting smoking, and consequently, have a higher risk for smoking caused illness. While this group of tobacco users can achieve success in quitting, they are likely to need more intensive and comprehensive support throughout the quitting process to address their complex issues.

This course will provide the knowledge base for understanding the nature of associations between current and lifetime comorbid psychiatric and substance abuse disorders and smoking prevalence, efforts to quit smoking, and response to various forms of treatment. An emphasis will be placed on how to talk to clients about their illness, about the role tobacco use plays in helping them cope with their mental health/substance abuse (MH/SA) disorder and the implications for treatment of nicotine dependence. Techniques for brief screening and recognition of symptoms of MH/SA disorders will be examined. Included will be discussions of how to communicate and work with the client's mental health provider(s) and how to determine when referral is appropriate. Case studies will be provided to illustrate and reinforce the didactic material presented in class.

Other topics that will be addressed include: (a) The connection between smoking and relapse to other substance abuse or mental health disorders; (b) Providing support for persons recovering from multiple addictions; (c) Methods of and paths to recovery - tools, strategies, settings that people have used; (d) Using individuals' quitting experience with other substances to help them quit smoking; (e) Helping clients become aware of increasing severity of mental health symptoms during the quitting process, and (f) Knowledge of treatment resources available both to the treating professional as well as to the patient.

## **Goals of the Module**

1. Teach tobacco treatment specialists how to have a constructive dialogue with a client around his/her substance use or psychiatric disorder and how it relates to his/her tobacco use and quit attempts.
2. Provide TTSs with knowledge and understanding about the association between tobacco use and psychiatric and substance use disorders so that the TTS will be able to recognize symptoms of mental illness or substance abuse, make appropriate referrals to other providers, and be able to tailor nicotine dependence treatment to the needs of the individual client.

## **Learning objectives**

1. Assess for current or past substance abuse and discuss the implications for tobacco dependence treatment.
2. Assess for potential mental illness and describe key considerations for providing tobacco treatment
3. Identify a referral network of substance abuse and mental health services and professionals in the participant's local region and know how to access this network.
4. Discuss when and how to refer clients to other health care providers.

# **Program Planning and Systems Issues**

## **Module Description**

The role of a tobacco treatment specialist may vary depending upon the setting and other professional training of the individual clinician. This module will address some of the programmatic issues that should be standard across all settings including the role of clinical supervision and self-care issues for the treating professional, setting boundaries and termination of treatment. In addition, the importance of communicating with other health care professionals through complete and accurate clinical notes in order to provide the most effective treatment for clients with substance abuse or mental health disorders will be discussed.

This module will also present elements of program protocol and evaluation. Finally, systems level issues will also be addressed in this module with an opportunity for participants to consider the barriers and facilitators present in their own systems.

## **Goal of the module**

The goal of this module is to help the tobacco treatment specialist understand their role within a system and provide information regarding the basic elements of program management.

## **Learning objectives**

1. Discuss clinical practice protocols for note taking, supervision and communication with other providers
2. Describe program management components
3. Describe potential barriers and opportunities to implementing tobacco treatment in healthcare systems

# **Intake, Assessment and Treatment Planning**

## **Module Description**

Smoking rates in the United States have declined from 50% to 21% over the past 40 years. The majority of ex-smokers quit smoking on their own. The decline in smoking rates has reached a plateau for 2 reasons: 1) The constant feed of teenage smokers; and 2) smokers who could quit easily have done so. This leaves a group of hardcore smokers resistant to traditional quit methods. Clearly, a more in depth understanding of smokers is required to help them achieve their goal of smoking cessation. It is important to appreciate that for some people quitting smoking and staying quit is the hardest thing they will ever do.

To understand and treat your smoking clients, you must do a comprehensive evaluation of their smoking history and smoking behavior. This is a multi-level process that begins with your first encounter with the client and continues throughout your treatment program. This session will address how to initiate this process in order to establish a foundation for an effective working relationship. It will review the questioning skills needed to assess key factors of your client's smoking and quitting history, level of addiction, psychological, environmental, and social factors which may support or inhibit quitting smoking. This session will also provide the learner with materials and the skills needed to work with the client to customize a treatment plan based on the comprehensive assessment. In addition, it will address the importance of ongoing assessment and evaluation of the client's response to the interventions, the aftercare plan, and referrals to other resources to offer reinforcement to help the client maintain a smoke-free lifestyle.

## **Goal of the module**

To apply knowledge of counseling theory and practice, nicotine dependence, and other psychosocial factors to assess your smoking clients to determine effective strategies for quitting smoking and to tailor the intervention to help clients achieve long-term abstinence.

## **Learning Objectives**

1. Describe the key components of a comprehensive intake process including;
  - Demographics
  - Nicotine dependence/smoking history
  - Quitting history
  - Social/environmental factors
  - Medical/psychiatric history
  - Beliefs/stage of change/self-efficacy
2. Identify strengths, potential barriers to treatment.
3. Review the information gathered during an initial assessment in order to develop an appropriate treatment plan.
4. Define elements of program protocol, evaluation and follow up.
5. Demonstrate how to use a carbon monoxide monitor.