



Study Questions
Module 14: Intake, Assessment and Treatment Planning

1. List at least four criteria for nicotine dependence, according to the DSM-5:
 - a) _____
 - b) _____
 - c) _____
 - d) _____

2. List at least 4 nicotine withdrawal symptoms according to the DSM-5:
 - a) _____
 - b) _____
 - c) _____
 - d) _____

3. What does a carbon monoxide analyzer measure?
 - a) Lung function
 - b) Cardiac risk
 - c) CO in expired air
 - d) Oxygen levels

4. What is an average CO reading for a one pack per day smoker?_____ppm

5. Fill in the correct terms for the CAGE screening tool for alcohol abuse:
C _____
A _____
G _____
E _____

6. The CES-D is a publicly available tool that can be used to screen for which condition?
 - a) Schizophrenia
 - b) Anxiety
 - c) Depression
 - d) Bipolar disorder



7. A 70 year-old male who has had bypass surgery 10 years ago is here today to try to quit smoking on the advice of his physician because he is experiencing shortness of breath and has a new diagnosis of emphysema. His questionnaire reveals the following: he smokes 2 ppd of Marlboro Lights. He has quit 3 times in the past: once with his bypass which lasted 1 week after discharge; once with hypnosis which also lasted one week; and recently he quit “cold turkey” and that lasted 2 months. He can only say the “desire to smoke” made him relapse. He says he has been smoking “for so long” that his major fear will be missing his cigarettes. He is becoming more physically limited which concerns him especially since he is divorced and lives alone. However he is not sure how much quitting will improve his health. He rates his confidence as 5/10 and wants to set a quit date in the next 30 days. Based on this information while you are interviewing him, in order to boost his self-confidence you will want to:
- Emphasize how much better he will feel once he has quit smoking.
 - Ask him how he might feel if he had to have another bypass operation.
 - Find out more about skills he has already developed that can help him quit.
 - Tell him that once he quits he will get over his ambivalence.
8. You are meeting with a client who reports a history of chronic depression but has been on a stable dose of antidepressants for 1 year. She quit smoking 10 years ago for 6 months and feels she can do it again with a little help. You request permission to contact her psychiatrist. She tells you that won’t be necessary since the psychiatrist said it would be fine if she quit. At this point you would:
- Not need to call the psychiatrist since she has been stable for a year.
 - Explain how in order to provide her with the best care it is important to work with her team of caregivers.
 - Tell her she needs to understand the link between her smoking and her depression.
 - Have the client taper her smoking first and then decide if you need to call the psychiatrist.
9. The client is a 38 year old married female with two young children. She had taught aerobics in the past but currently is at home taking care of the children. She smokes 1 ppd. Her Fagerstrom is 7/10 and her CO is 43. She sees a therapist on a regular basis and takes multiple medications for depression/anxiety. Her husband is a non-smoker but many of the people she sees frequently are smokers. She smokes only in one well ventilated room in the house and lists multiple benefits of smoking. These include “helps me relax”, “my escape” and “cigarettes are my reward”. She is ready to set a quit date in the next 30 days. In preparation for her quit date, you would do all of the following EXCEPT:
- Have her keep pack wraps and write out precise reasons for quitting.
 - Contact her husband to be sure he will be supportive.
 - Get a release form signed to allow you to contact her therapist.
 - Discuss the relationship between quitting smoking and depression.



10. In preparing a client to move from the Action Stage to the Maintenance Stage what should be the major focus?
 - a) Using the nicotine patch correctly.
 - b) Avoid social situations.
 - c) Using willpower.
 - d) Creating a new lifestyle.
11. The client is a 36 year old, single female who smoked 2 ppd. By tapering to about one pack per day, using the nicotine patch, returning to a regular exercise program and using a variety of coping skills, she successfully quit smoking. Seven months later she calls to say that over the past week she has noted increasing cravings to smoke, and she does not want to go back to smoking. List at least 4 specific questions the TTS should ask the client at this point:
 1. _____
 2. _____
 3. _____
 4. _____

Case Study

Your 40-year-old female client heard about your service and comes to see you requesting help with quitting because she knows she “can’t do it on my own”. She wants to quit because she has health concerns and is beginning to feel like more of an outcast in social situations. She has the following smoking history:

She began smoking at 16 and has averaged 2 ppd. Recently she cut down to 1 ½ ppd because of a no smoking policy at her company where she works as an executive office assistant. Her parents who live nearby both smoke. She just learned her father resumed smoking after quitting for 6 months following bypass surgery. She remembers starting to smoke around the time her older sister died in a motor vehicle accident. She recalls her parents being grief stricken and smoking seemed to help them. Her Fagerstrom score is 8. She states on her questionnaire that she would like to quit but is not sure she can and rates her confidence at 4/10. She quit once cold turkey for 4 weeks but resumed when she had to fly which causes anxiety. She lists mood regulation as a major benefit from smoking, especially in controlling anger and in helping her to relax. This is especially true when she is menstruating. It also curbs her appetite and is something to do with her hands. The negatives are shortness of breath with exercise, which she just started, lingering colds, and the smell. Her concerns about quitting are gaining weight especially since she ‘just lost 15 lbs.’, ‘recurrence of emotional problem’, and inability to quit. She has a history of depression 14 years ago for which she sought counseling. This was related to a job change and breaking up with her boyfriend. She was never on medication. Fifty percent of her close friends smoke, however her roommate does not smoke and would be supportive. Her current medications are Seldane, which she just started for her current cold which she has had for 3 weeks, and an occasional Xanax, which she takes before flying.



12. Describe the strengths and potential barriers this client brings to the intervention.

Strengths:

Potential Barriers:

13. Based on the information given what specific treatment strategies would you recommend for this client during the pre-cessation and cessation phases of treatment? Why?

14. Describe how you might help this person avoid relapse.