



## Study Questions & Answers

### Module 14: Intake, Assessment and Treatment Planning

1. List at least four criteria for nicotine dependence, according to the DSM-5:

**Any four of the following:**

- a) **Taken in larger amounts or over longer period than intended**
- b) **Persistent desire or unsuccessful efforts to cut down or quit**
- c) **Great deal of time spent to obtain or use**
- d) **Craving**
- e) **Recurrent use resulting in failure to fulfill major role obligations**
- f) **Use despite persistent social or interpersonal problems**
- g) **Giving up or reducing important activities because of use**
- h) **Recurrent use in physically hazardous situations**
- i) **Use despite persistent physical or psychological problems**
- j) **Tolerance**
- k) **Withdrawal**

2. List at least 4 nicotine withdrawal symptoms according to the DSM-5:

**Any four of the following**

- a) **irritability**
- b) **restlessness**
- c) **anxiety**
- d) **anger**
- e) **difficulty concentrating**
- f) **sadness**
- g) **appetite increase/weight gain**
- h) **sleep disturbance**

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? **20-25 ppm**

5. Fill in the correct terms for the CAGE screening tool for alcohol abuse:

**Cut down**  
**Annoyed**  
**Guilty**  
**Eye-opener**



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:
- a) Emphasize how much better he will feel once he has quit smoking.
  - b) Ask him how he might feel if he had to have another bypass operation.
  - c) Find out more about skills he has already developed that can help him quit.**
  - d) 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:
- a) Not need to call the psychiatrist since she has been stable for a year.
  - b) Explain how in order to provide her with the best care it is important to work with her team of caregivers.**
  - c) Tell her she needs to understand the link between her smoking and her depression.
  - d) 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:
- a) Have her keep pack wraps and write out precise reasons for quitting.
  - b) Contact her husband to be sure he will be supportive.**
  - c) Get a release form signed to allow you to contact her therapist.
  - d) 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 could ask the client at this point:

**Options include:**

- a) When do the cravings occur?**
- b) Who else is present?**
- c) What are you thinking when you get the craving?**
- d) How do you feel when the cravings occur?**
- e) How can you handle the situation differently?**
- f) How are you using your coping skills?**
- g) How is this craving affecting your confidence to stay quit?**

## 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:

**Concerned about her health; Socially motivated to quit; Roommate doesn't smoke and is supportive; No smoking policy at work; Has already started to cut down; Successfully quit once before for 4 weeks; Recent success with weight loss.**

Potential Barriers:

**Parents and 50% of friends smoke; Uses cigarettes to deal with different emotions (anxiety, grief, anger, PMS) and to relax; Fear of weight gain; Nicotine dependent; History of depression; low level of confidence; long history of smoking**

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?

**Pre-cessation phase: Self monitoring, personalize health concerns, do decisional balance exercise; set quit date (post-menses). Focus on successful weight loss and last quit attempt.**

**Cessation phase: Nicotine fading, self-management techniques, use urge coping strategies, pharmacotherapy plan could include use of bupropion to help with mood control and 21 mg. patch to relieve withdrawal symptoms. Maximize social support (get roommate involved!); encourage continued regular exercise to help with weight gain as well as mood control. Suggest group support program. She would also benefit from some sort of stress management class at this point.**

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

**Continue with support group like NA; develop coping strategies for high risk situations, coping rehearsal, deal with slips to prevent them from becoming a relapse; stress management techniques. In addition, encourage her to continue her exercise program for weight and anxiety control; Emphasize balanced, healthy diet; Continue use of stress management techniques (deep breathing, muscle relaxation); Try to avoid flying anywhere while still in active cessation phase; Continue to review reasons for quitting/benefits of change; Recommend a local Quitline or the website [www.smokefree.gov](http://www.smokefree.gov)**