



TTS Part Two - Module 12: Counseling Interventions

Counseling Interventions



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Objectives

- ▶ Describe foundation concepts that will support treatment approaches.
- ▶ Identify six components of treatment and strategies to support each component.
- ▶ Explore the integration of Motivational Interviewing into different areas of treatment.



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In almost all instances, the strategies discussed in this module can be applied to the treatment of smoking, pipe use, smokeless tobacco, vaping/e-cigarettes, or other tobacco or nicotine products.

Additionally, most if not all of these strategies will have some application to working with youth.



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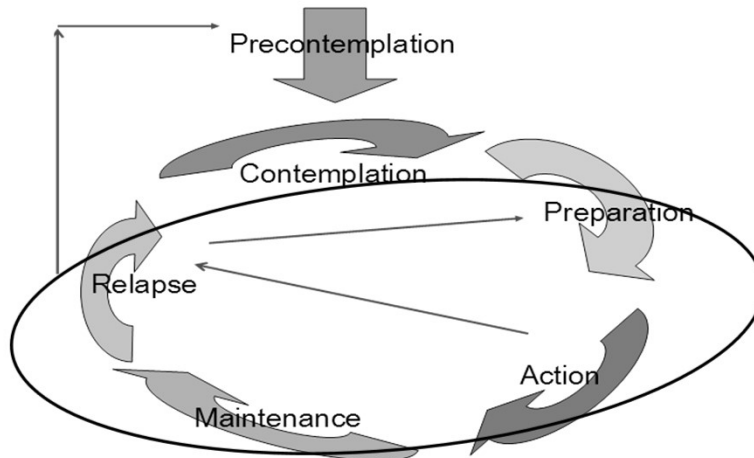
Foundation Concepts



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Stages of Change



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Motivational Interviewing

- ▶ Motivational Interviewing often has the most to offer during the motivational building phases of treatment.
- ▶ However, there is often need to focus on motivation throughout treatment, even during later phases.
- ▶ This can be related to shifts in the primary motivation or encountering different aspects of recovery.
- ▶ The Spirit of MI is a way to attend to the relationship between client and practitioner. It's a way of being client focused, rather than practitioner or clinic focused.

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The Spirit of MI

The Spirit of MI supports the following:

- ▶ Partnership: it's dancing, not wrestling
- ▶ Change is internal: it's the client's job, not yours
- ▶ Client or patient centered
- ▶ Encourages client autonomy, not provider authority
- ▶ People are the experts of their own lives
- ▶ Strengths focused
- ▶ Collaborative planning

All of these are important, even when the focus isn't on motivation building!

Demonstration

Watch the recorded demonstration looking for:

- Which behaviors are consistent with an MI approach?
- Which are not?
- What impact does the approach have on the collaborative therapeutic relationship?
- What impact does it have on the patient's movement toward behavior change?

Counseling Interventions:
MI approach video

Cognitive Behavioral Therapy (CBT)

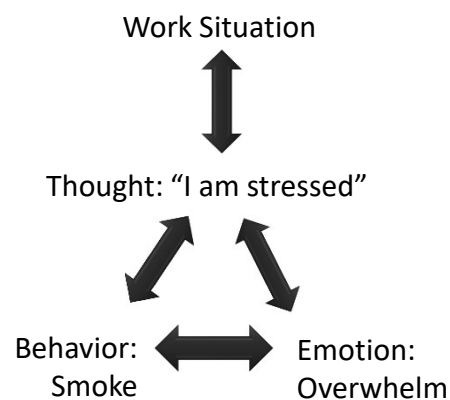
For the treatment of tobacco use and dependence, Cognitive Behavioral Therapy (CBT) is the most researched and utilized therapy modality. Key principles include:

- Changing patterns of thinking
 - Changing patterns of behavior
 - Goal focused problem solving
 - Psychoeducation
 - Body focused management techniques (breathing ex, etc.)
- ACT (Acceptance and Commitment Therapy) is another approach that is receiving more attention.

Cycle of Thoughts, Emotions, and Behavior (CBT Triangle)

Neurons that fire together wire together.

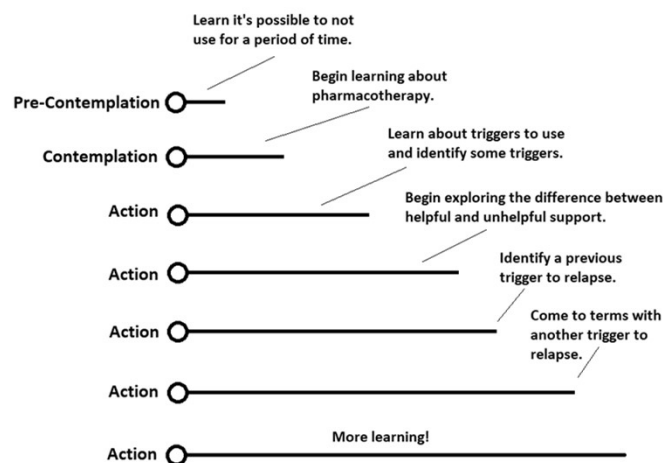
Recovery often focuses on interrupting and disrupting established patterns.



Mindfulness

- ▶ Mindfulness is the practice of being present, in the moment, without judgment. It involves slowing down, noticing, and increasing awareness.
- ▶ Mindfulness assists with many aspects of tobacco treatment:
 - Connecting with motivations for quitting (smell, discomfort, stress, emotions, interpersonal conflict, etc.)
 - Noticing and identifying withdrawal symptoms
 - Recognizing and addressing triggers activating urges to use
 - Connecting with gratitude/appreciation around the benefits of quitting
 - Rewiring the brain to allow for the development of new neuro pathways (neuroplasticity)
 - And more!

The Recovery Process = The Learning Process



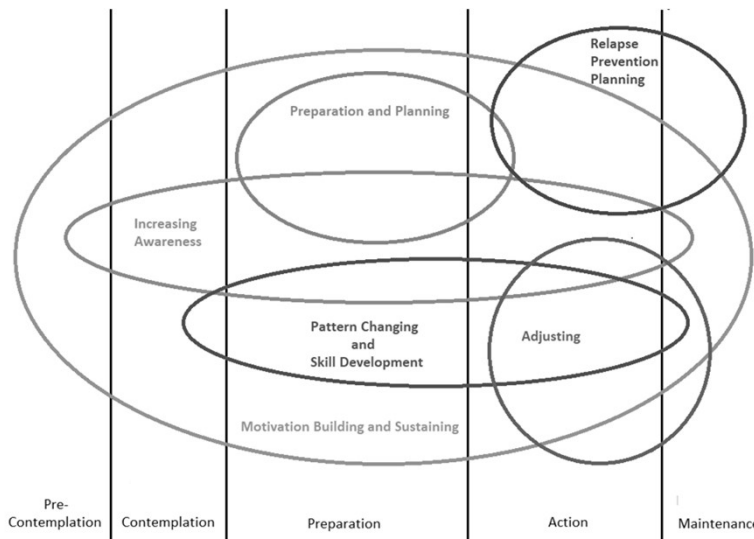
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A Framework for Intensive Multi-Component Treatment

- ▶ We will be exploring several treatment components:
 - Building and Maintaining Motivation
 - Increasing Awareness
 - Pattern Changing and Skill Development
 - Preparation and Planning
 - Adjusting
 - Relapse Prevention
- ▶ When there is opportunity, it is best practice to address all six! However, this is not always realistic. Work with the opportunities available to you.

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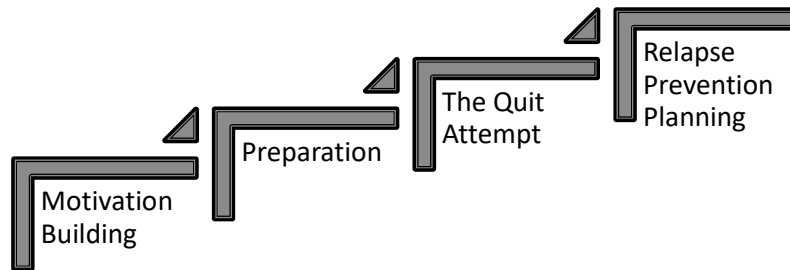
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Phases of the Quit Attempt



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The BUILDING & MAINTAINING MOTIVATION Component

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Building and Connecting with Motivation

- ▶ Motivation building often happens during the time leading up to someone preparing for the quitting process.
- ▶ However, there are many layers to quitting tobacco and nicotine use, and whether or not to quit isn't the only thing someone will need motivation to do.
 - Using pharmacotherapy
 - Disposing of that "safety cigarette"
 - Telling a family member that they are quitting vaping
 - Not chewing when going home for the holidays
- ▶ When working to build motivation, Motivational Interviewing is a key practice.



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Maintaining Motivation

- ▶ Motivation can sometimes dip as people encounter the many challenges of quitting tobacco or nicotine use.
- ▶ Sometimes this can be addressed by making the challenges more manageable by changing the situation, adding new tools, introducing/changing pharmacotherapy, etc.
- ▶ Other times it may be helpful to revisit a client's original motivations to quit or to further explore and expand upon their motivations.
- ▶ It can also be helpful to notice what is going well with a quit attempt and to support the client in noticing and connecting with their successes (no matter their size!) and where they may be feeling better, emotionally, physically, or mentally!



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Motivation Focused Interventions

- ▶ **Pros/Cons:** Explore benefits of quitting and harms of continued tobacco use, focusing on specifics, rather than generalities
- ▶ **Cost of Use:** Breakdown annual/lifetime cost of Tobacco/Nicotine use and explore how else to use that money.
- ▶ **Financial Reward:** Set a financial reward, establishing a weekly amount to put aside with a short term goal for spending
- ▶ **Visual Cues:** Include visual cues for reasons to quit (family photos, an activity you enjoy, etc.)
- ▶ **Health Feedback:** CO levels, pulmonary function test, oral exam for smokeless tobacco users
- ▶ **Highlighting Progress:** Identifying areas of positive progress.



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The INCREASING AWARENESS Component



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Psychoeducation – It's Not Just a Habit

- ▶ Beliefs that tobacco/nicotine use is “just a habit” leads to downplaying how difficult it can be to quit and that can translate to:
 - Underpreparing / decreased readiness to prepare adequately
 - Increased self-criticism when quitting is difficult
 - Less successful quit attempts
- ▶ The antidote is to teach that it is MORE THAN A HABIT and that dependence and a person's relationship with tobacco is complex.
- ▶ Possible areas of educational focus can include:
 - Addiction and the Brain
 - Pharmacotherapy
 - The Process of Recovery
 - Withdrawal
 - Treatment approaches, skills, etc.



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Self-Monitoring Tobacco/Nicotine Use Patterns

- ▶ Paying attention to patterns around use
- ▶ Understanding tobacco and nicotine use patterns can help demonstrate how use is more than a simple habit
- ▶ Increases knowledge and awareness about factors that cue and maintain tobacco use (triggers to use)
- ▶ Can help create a roadmap of triggers to assist with treatment planning (i.e. identifying specific triggers so that the client can identify how to prepare for them)
- ▶ Increases awareness of when they DON'T use



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Pack Wrap Example

	Time	Food &/or Alcohol	Relaxation	Work	Social/ Recreational	Driving	Other (please describe)	Angry	Bored	Depressed	Frustrated	Happy	Relaxed	Tense/anxious	Tired	Need Rating		
																Most		Least
1																1	2	3
2																1	2	3
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Courtesy of the University of Massachusetts Medical School

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The PATTERN CHANGING AND SKILL DEVELOPMENT Component



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Addressing Triggers

- ▶ Triggers are internal or external stimuli that “trigger” thoughts or urges to use.
- ▶ Use information from pack-wraps or other forms of self-discovery to develop a list of triggers.
- ▶ Next, create a plan to address the triggers using a variety of strategies.
- ▶ The principle idea is to help interrupt the ingrained pattern of trigger->urge->use by changing the initial trigger or assigning a strategy to address the urge.

Strategies for Addressing Triggers

- ▶ Pharmacotherapy
- ▶ Setting boundaries
- ▶ Changing thoughts or beliefs*
- ▶ Attending to stress or emotions*
- ▶ Avoiding or altering triggers*
- ▶ Distraction or developing new healthy practices*

Cognitive Strategies: Interrupting Thought Patterns

- ▶ Shift critical / limiting language to affirming language
 - “I’m weak” becomes “I will feel better after this urge passes”
 - “I’ll never quit” becomes “I’ve done hard things before”
 - “I need a cigarette!” becomes “I need to stop and do some breathing.”
- ▶ Change the narrative – what is the new story?
 - Old “This is just a habit and my difficulties quitting make me a failure.”
 - New “I have a complicated addiction that needs a lot of attention to address.”
- ▶ Address limiting or dangerous beliefs
 - The patch is just the same as smoking...
 - I can hang out with my friends while they are smoking...
 - I can still have a cigarette on my birthday...

ROTE RESPONSES

Quitting once is enough!	Let it go
Take a deep breath	It is <u>my</u> choice to quit
A cigarette won’t help	Do something pleasurable
The fun of living	I don’t smoke!
One less thing to worry about	Breathing is better
It’s not that bad, you can do it	I want to be healthy
This too shall pass	My family needs me
I can do this!	I want to be a non-smoker

Dealing with Stress and Difficult Emotions

- ▶ Stress and difficult emotions often act as triggers for use.
- ▶ If relevant, use tools that you are familiar with to support patients around their stress and difficult emotions.
- ▶ However, if you have a profession or role that doesn't allow much focus in this area, identify a few key skills or strategies that you can offer your patients.
- ▶ Examples:
 - Breathing or mindfulness exercises
 - Stepping away and breathing/distracting/cold water on the face
 - Getting physical activity or movement (even doing the dishes!)
 - Altering the stress producing situation

Breathing Practices

- ▶ Breathing Practices
 - Serves as a distraction when faced with an urge
 - Increases relaxation
 - Can attend to emotion based triggers
- ▶ Example: 4-7-8 Breath
 - Sit in a comfortable upright position
 - Inhale through the nose to **count of 4**
 - Hold breath for **count of 7**
 - Exhale through mouth for **count of 8**
 - **Repeat 4 times**
- ▶ Other Breathing Practices:
 - Square breathing
 - Alternate nostril breathing
 - Consider lung capacity, body differences, coordination
 - What else?



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Avoid or Alter the Trigger Situation

- Take work breaks outside of the smoking/vaping area
- Don't ride in the smoking buddy's vehicle
- Don't go to the bar
- Drink tea instead of coffee
- Talk on the phone while walking instead of sitting on the porch
- Enter at work/AA meeting/etc. through a different entrance
- What else?



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Distraction Techniques and Developing New Practices

- ▶ **Sensory tools:** gum, sugar free hard candy, fidgets
- ▶ **Activities or hobbies:** crochet, puzzle, yo-yo, dance, phone games, gardening, hike, playing music
- ▶ **Engage the mind:** listen to podcast, read, learn something, music
- ▶ **Adopt new patterns:** take a walk after dinner, drink a glass of water before leaving for work, adopt new social activities, start a new exercise regiment



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Managing Triggers for Smoking Worksheet

How did you manage your triggers for smoking this week?

Trigger

Strategy



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The PREPARATION AND PLANNING Component



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Social and Support Systems

- ▶ Assessing for and addressing risky dynamics and interactions can decrease the likelihood of relapse around tobacco/nicotine.
- ▶ This can include:
 - Identifying “helpers,” which could include friends, providers, or quit program support resources who can be a support when times are difficult
 - Communicating what a support person can do to be helpful if the person quitting is having a thought or urge
 - Communicating what isn’t helpful
 - Communicating to friends/colleagues/etc. to not offer cigarettes or invite the person to join them to use
 - Knowing what social situations to adjust or avoid



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What about Hypnosis and Acupuncture?

- ▶ There is not a wide body of evidence supporting the efficacy of hypnosis, acupuncture, and related therapies (laser therapy, electrical stimulation)
- ▶ However, there may be systemic factors limiting the research completed in these areas
- ▶ Because of the limited evidence, hypnosis and/or acupuncture should be used supplementally, rather than as a primary form or major component of smoking cessation treatment

PHS Guideline, 2008; Barnes et al, 2010; White et al, 2014



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Pharmacotherapy

- ▶ If applicable, client schedules and attends a visit with their medical provider (for Rx or insurance provided NRT)
- ▶ If applicable, client starts the pharmacotherapy in advance (i.e. Bupropion or Varenicline)
- ▶ Review instructions with client, how to use, and discuss the importance of use as prescribed
 - “Creative” or uninformed use often leads to the products to not work and contributes to the belief that they aren’t helpful
- ▶ If client is using a faster acting product (gum, lozenge, etc.) identify critical (trigger) moments to have these ready (start of day, after work or dinner, etc.)

Tapering or Gradually Decreasing Use

- ▶ Tapering can be a form of harm reduction for those who aren’t ready for a quit attempt, but are ready for change (i.e. decreasing from 2 packs/day to 1pack/day).
- ▶ Gradually reducing nicotine intake can help to decrease withdrawal symptoms prior to a quit attempt. However, reducing too much can trigger withdrawal symptoms.
- ▶ Having experienced success in decreasing can sometimes boost confidence towards making a quit attempt.
- ▶ The majority of recommendations focused on tapering also include the use of NRT.



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Practice and Confidence Building

- ▶ Practice quit day
- ▶ Practice pharmacotherapy day
- ▶ Add brief delays before use
 - Wait 5 extra minutes before first use of the day
 - Wait 3 minutes to use after the urge
- ▶ Eliminating a cigarette or time of use
 - Limit “conversation” use when socializing
 - Skip use before dinner



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Setting a Quit Date

- ▶ Pre-established date for full abstinence
- ▶ While not necessary, for many people it can be a very useful way to set structure and support preparation
- ▶ Should allow time for preparation but not be too far in the future (2-6 weeks is typically recommended)
 - Avoid setting it to start on a particularly stressful day
 - Consider pharmacotherapy needs that take time (setting medical appts, obtaining pharmacotherapy, starting in advance (Bupropion/Chantix), etc.)



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Shifting Use Patterns Prior to the Quit Date

- Switch your cigarettes – brand, non-menthol, etc.
- Only use while alone (eliminate social factor)
- Stop using in the car / house / porch / work
- Shift the home environment to help with brain rewiring



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Final Prep

- Dispose of tobacco/nicotine products & paraphernalia the night before
- Gather fidgets, gum, etc. to keep the mouth or hands busy
- Ensure any pharmacotherapy is available and ready for use
- Have completed list of how to address triggers
- Have skills and practices ready to use
- Set needed boundaries



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Breakout Activity

1. Of the interventions discussed so far in this module, what are 2-3 interventions that are new to you and that you would most like to try with your clients after the training?
2. Additionally, what do you feel like will be your biggest challenge around using the material discussed so far and what can you do to overcome that challenge?



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The ADJUSTING Component



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Adjusting and Adding to Trigger Strategies

- ▶ Once tobacco/nicotine use has stopped, it is time to put certain tools and practices into action, including NRT
- ▶ With time, it is often important to make adjustments, including adding or adjusting strategies, setting or adjust social boundaries, or dealing with unaddressed triggers
- ▶ If the patient is struggling to address a trigger, it can be helpful to frame it as part of the recovery process and a learning experience

Pharmacotherapy Adjustments

- ▶ As the attempt progresses, revisit and review for any adjustments that might be needed in dosage or use
 - Increase/decrease in dose or frequency or adding faster acting NRT as needed
- ▶ Work with the client around scheduled dosage decreases (gum, patch, etc.)
 - Watch out for premature decreases or under use
- ▶ Stay alert for any signs of off label use that may be rendering the pharmacotherapy ineffective and be prepared to offer information and direction



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The RELAPSE PREVENTION Component



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Slips vs. Relapse

- ▶ It is important for clients to distinguish between a **slip** and a **relapse**
- ▶ **Slip**: One (or several) instances of smoking after the quit date
- ▶ **Relapse**: A return to the usual smoking pattern

Ockene et al, 2000; Gwaltney et al, 2009



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Keep the Slip from Becoming a Relapse

- ▶ Frame a slip as both part of the recovery process AND critical to address strategically
- ▶ It is KEY to identify the trigger that led to the slip and explore needed adjustments, which helps with increasing self-awareness and sufficiently planning for triggers
- ▶ Self-criticism, shame, and self-doubt are frequent visitors around slips and can contribute to relapse
- ▶ It is important to get rid of cigarettes / chew / etc. leftovers after a slip



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High Risk Situations

- ▶ A **high risk situation** is any situation that has a higher likelihood of leading to the resumption of use
- ▶ They can include client's triggers to use, special circumstances, common points of relapse, and more
- ▶ Being prepared to handle high-risk situations can have a significant impact on someone's ability to STAY quit
- ▶ Preparing involves accepting that such situations exist, outlining a plan to address the related triggers, and reviewing the plan for familiarity



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Common High Risk Situations

- Negative OR positive mood situations, especially social situations involving the use of nicotine, or other substances
- Significant and/or unexpected stressors
- Events that may involve celebration, stressful experiences, or past tobacco or nicotine use (ex: weddings, birthdays, holidays, family gatherings, etc.)
- Grief or trauma related anniversaries
- Seasonal events that may have involved use (fishing, change in weather, start of school, etc.)
- The absence of withdrawal symptoms creating a belief that they are “no longer hooked”

Common Slips and Adjustments

- ▶ **Trigger:** Withdrawal symptoms
 - **Adjustment:** pharmacotherapy changes
- ▶ **Trigger:** Stress
 - **Adjustment:** learn breathing or other stress management tools
- ▶ **Trigger:** Co-worker asked them to smoke
 - **Adjustment:** talk to co-worker about not asking them to smoke
- ▶ **Trigger:** Friends that were smoking around them
 - **Adjustment:** plan to step away from friends when they smoke
- ▶ What else?

Supporting Long Term Healthy Changes

- ▶ Creating, re-establishing, or expanding healthy practices or making needed life changes can help improve a person's well-being and act as a preventative layer to returning to use
- ▶ Examples:
 - Stress management
 - Movement or exercise
 - Time in nature
 - Hydrating
 - Nutrition patterns
 - Sleep patterns
 - Adjusting beliefs
 - Hobbies
 - Playing music
 - Changing jobs
 - Moving
 - Making new friends
 - Addressing other addictions
 - And so much more!
- ▶ It's important that changes are: 1) patient led, 2) customized, and 3) attainable and reasonable based on the patient's experiences

Longer Term and Ongoing Supports

- ▶ Nicotine Anonymous
 - Based on the 12 step groups and can be a good fit for those who like this framework
 - A mixture of in-person, phone, video, and internet meetings
 - Also includes email chains and pen-pals
 - Support for multiple languages
 - Includes support for quitting nicotine vaping
- ▶ State Quit Lines
 - Can reach out for supports in the event they have had a slip in use or are concerned they might slip
 - They are shown to be 60% more effective than no/minimal counseling, or self-help
- ▶ Schedule periodic points to check in with you or other providers supporting their recovery



Revisiting Motivational Interviewing

Integrating MI and TTS Roles: What does it look like?

- ▶ Staying in the Spirit of MI during all treatment components
- ▶ Interrupting the righting reflex
- ▶ Staying in a curious and listening posture in order to tune into and respond to your patient's reality, readiness, and needs
- ▶ Offering information and guidance after asking permission and assessing for openness
- ▶ Remembering that you can't control your patient's recovery
- ▶ Working collaboratively and customizing planning
- ▶ OARS (open ended questions, affirmations, reflections, and summaries) have uses throughout treatment



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Group Activity – MI and Relapse Prevention

“I failed again! It’s just that things are so stressful. I was good for a few weeks, but then I forgot to put on the patch. I was actually feeling pretty good. Funny, things were starting to taste good and my partner was so happy. To be honest, I’m not sure if I can pull this off.”

- ▶ Which is the sustain talk?
- ▶ Which is the change talk?
- ▶ What might you explore to prevent further slips?
- ▶ What open ended questions could you ask to further explore their motivation to stay quit?



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Final Thoughts and Comments



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