Mayo Model: Assessment and Action Planning

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Learning Objectives

• Discuss motivational assessment strategies

• Develop individually tailored interventions for women living with complex challenges
Outline

• Motivation
• Key treatment components
• Assessment issues
• Treatment planning
Exploring and enhancing motivation for stopping smoking may be more important than helping your patients with a plan on “how to” stop smoking.
Exploring and Enhancing Motivation

Importance  Confidence
(Importance)

(Confidence)
A New Scaling Question

• The intention to quit for good falls on a continuum for pregnant women:

0 1 2 3 4 5 6 7 8 9 10

Quit only for the pregnancy

not sure

quit forever

(Quinn et al., Mat.&Child Health 2006)
Assessment

- Dependence level
- Tobacco type and amount
- Stressors
- Barriers
- Previous quit attempt(s)
- Previous relapse(s)
- Coping skills
- Support
Assessment

- Depression
  - Two screening questions (handout)
- Alcohol
  - AUDIT (handout)
- Substance Abuse
- Other Psychiatric Disorders
- Domestic Violence
  - “Do you feel safe in your home?”
Key Treatment Component
Addiction Information

- Nicotine - highly addictive substance
- Brain chemistry changes
- Affirm the difficulty in stopping
Key Treatment Components
Cognitive-Behavioral

Thoughts

• “I am strong!”
• “I’m going to be a really good mom.”
• “I can do this.”
• “I’m worth it.”

Behaviors

• Avoid certain situations
• Oral substitutes
• Problem-solving skills
• Relaxation skills
Key Treatment Component
Pharmacotherapy

• Rationale for medication(s)
  - Goal is to stop tobacco use
  - Can’t match dose delivery or concentration of nicotine
  - Double the success rate
  - “Takes the edge off” while incorporating behavioral change
**Pharmacotherapy**

**Give Patient a Menu of Options**

<table>
<thead>
<tr>
<th>Medication Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Your treatment specialist or other health care provider can help complete this page and discuss recommendations with you.</em></td>
</tr>
</tbody>
</table>

**Nicotine Patch**
- Recommendations: __mg. daily for __ weeks
- Comments: |

**Nicotine Gum**
- Recommendations: 2 mg
  - Comments: |
  - 4 mg
  - Comments: |

**Nicotine Lozenge**
- Recommendations: 2 mg
  - Comments: |
  - 4 mg
  - Comments: |

**Nicotine Inhaler**
- Comments: |

**Nicotine Nasal Spray**
- Comments: |

**Bupropion**
- Available dose: 150 mg
- Comments: |

**Varenicline**
- Available doses: 1 mg
  - Comments: |

*Not during lactation*
Carbon Monoxide Detector

- Measures CO in expired air
- Does not measure lung function
- Objective feedback
- Personalized teaching tool
Individualized Plan

Motivational Interviewing

Next Steps For your Patient

Addiction Concepts
Pharmacotherapy
Cognitive/Behavioral
Relapse prevention
Relapse Prevention Challenges:

- Quitting smoking may seem “easy” during pregnancy
  - Often report less withdrawal and less intense urges and cravings
  - May not be exposed to common triggers such as alcohol and caffeine (change in lifestyle)
  - Strong social messages not to smoke, especially for those visibly pregnant
  - Strong motivation to have a healthy infant
  - Nausea
  - Strong confidence

- A more spontaneous decision

- False confidence due to the excitement of pregnancy
Common Causes of Relapse in the post-partum period

- Never really having quit
- Nostalgia for former self
- Nostalgia for a happier, less stressful time
- “controlling” one’s smoking
- Weight concerns
- Return of triggers (alcohol, caffeine)
- Smoking spouse
- Underdeveloped coping strategies and overconfidence
- Less social pressure to stay quit
- Sleep deprivation
- Financial worries
- Inability of a pregnant woman to predict what her life will be like after the birth of her child
- Increased stress (relationship troubles, medical problems, stressful events)
Helpful Messages
(Quinn et al. Mat&Child Health 2006)

- Information on behavioral and mental coping skills
- Exercises regarding triggers to smoke
- Messages preparing them for withdrawal
- Reminders of why they quit
- Emphasizing the negative health effects for both mom and baby, including effects of ETS exposure
Helpful Messages
(Quinn et al. Mat&Child Health 2006)

• Information on weight gain
• Ways they can spend the money they save by not buying cigarettes
• The importance of establishing a non-smoking support system
• Information that focuses on the “new role” as a mother and its responsibilities
Successful Interventions

• Include the smoking habits of partners, others living in the home, and close friends

• Support the women with positive encouragement rather than negative nagging

• Encourage a woman’s social networks to support her

• Take place throughout pregnancy through early childhood care
Successful Interventions

*Discuss the risks of relapse immediately after childbirth

• Increase the patient’s awareness of the potential for relapse
• Reaffirm her commitment to abstinence
• Begin to change the motivation for quitting from extrinsic sources to intrinsic sources
Individualized Action Plan
For Those Patients Not Ready to Quit

Important points

Next steps
Individualized Action Plan For Those Patients Ready to Quit

• Physical
  • Medication

• Cognitive/behavioral
  • Coping skills
    • Alter routines
    • Positive self-talk

• Emotional
  • Support
Treatment Plan

Patient’s Name: __________________________
Today’s Date: __________

Motivation: ____________________________
CO Level: __________

Barriers: ____________________________
Quit Date: __________

Triggers: ____________________________
Follow-up appt: ________

Coping skills: ____________________________
Strengths: ____________________________

Medication plan: __________________________
Notes/other: __________________________

Support: ____________________________

Next steps: ____________________________
Action Plan/Next Steps

Every plan should include reiterating to the patient the strengths that she has to succeed with stopping tobacco use.
Goal-setting within the MI framework

• Goal-setting is a collaborative process

• Client goals should be connected to the client’s strengths, values, and desires
  • What does your client aspire to be, to feel, to do in the area of wellness?
  • Explore their motivations, past experiences, resources, and possibilities for health behavior change

• S.O.A.R.
  Set Goals, sort Options, Arrive at a plan, Reaffirm commitment

Rosengren, 2009
Set Goals

- Our goals for the client may not match their goals for themselves. Inquire about hopes and expectations, and THEN narrow them down into specific goals.
- How would you like your life to be different?
- What would you like to see change?
- If things were better, what would be different?
- What would you like to have more of? Less of?

- Follow up each question with your OARS!
Sort Options

- Practitioner expertise can be particularly beneficial here, but be careful not to be overly directive! (Use E-P-E!)

- **Brainstorm** a range of ideas (even some that may be unreasonable)

- If they can’t think of any, offer a menu of options

- The client will select options that they feel will work best for them
Reaffirm Commitment

• You may: review the plan, and ask a simple closed question
  • Is this what you plan to do?
  
  OR

• In the case of “hope, try, or consider”:
  • Explore with a double-sided reflection
  • Switch back to OARS
  • “Set the Alarm”
    • It sounds like you may not be ready yet. As you look down the road, when do you see this happening? What would have to happen for that to occur?
Arrive at a Plan

• Goal-setting is a negotiated process – we are active collaborators
  • What will you do first?
  • What specific steps need to be done?
  • What’s your plan?

• Be a “sounding board” in the process. If something appears unworkable, ask permission to share your concern
  • Too much?
  • Too little?
Good goals are S.M.A.R.T. goals

- Specific
- Measurable
- Achievable
- Relevant
- Time-limited
Follow-up

• Focus less on attainment and success than on lessons learned
  • Ok, so it didn’t go perfectly. Let’s focus on what did work.
  • Hey, goal work can be kind of an experiment. We tried something, now we have to take what we learned and set up another experiment. This is progress.

• Frame barriers as opportunities to learn and to practice problem-solving

• Offer authentic affirmations. Small steps = progress
Follow-up, cont.

• Discuss “red-flag” thinking
  • Example: This is too hard – I give up.

• Consider using SOAR again

• Don’t stick with a goal that isn’t working – reasses or start fresh

• Consider using self-monitoring
  • Example: a smoking journal

• Use the Scaling tool for importance and confidence
Road-blocks to patient success

• Lack of transparency.
  • Let the client in on the secrets to good goal-setting and attainment. The idea is you want them to not need you anymore!

• Unhelpful changes in the relationship.
  • Professional disappointed by patient lack of progress
  • Professional becomes less collaborative, more advice-giving
  • Client feels inept and has less autonomy, withdraws from process
Putting It All Together

• Cessation is a process, and all aspects of assessment and treatment are individualized

• Four principles to address during treatment are addiction, cognitive-behavioral, pharmacology, and relapse prevention

• Use a Motivational Interviewing approach
References


References

- American College of Obstetrics & Gynecology: acog.org
- Helppregnantsmokersquit.org
  - Pregnancy and post-partum quitline toolkit
- Smokefreefamilies.org
  - Implementation of Pregnancy-Specific Practice Guidelines for smoking cessation
- Smokefree.gov/fffbam.html
- cdc.gov/tobacco/
- [http://www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco)
Resources


www.mayoclinic.org/ndc-rst