



Mayo Model: Assessment and Action Planning

Jennifer S. B. Moran, MA, TTS
Mayo Clinic
Nicotine Dependence Center



Learning Objectives

- Discuss motivational assessment strategies
- Develop individually tailored interventions for women living with complex challenges

Outline

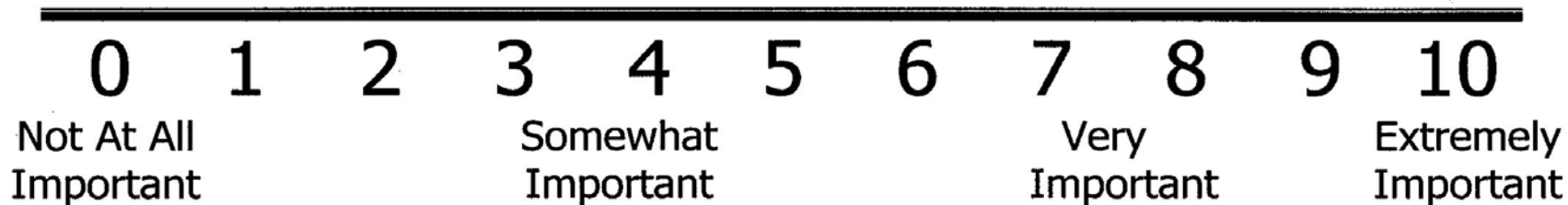
- Motivation
- Key treatment components
- Assessment issues
- Treatment planning

Exploring and enhancing motivation for stopping smoking may be more important than helping your patients with a plan on “how to” stop smoking.

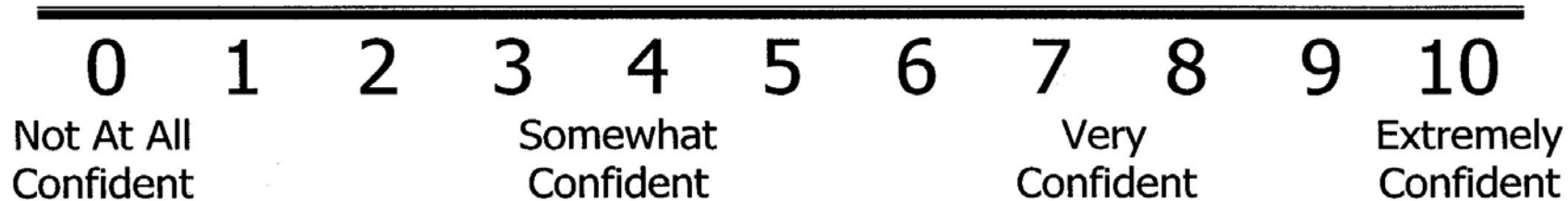
Exploring and Enhancing Motivation

Importance **Confidence**





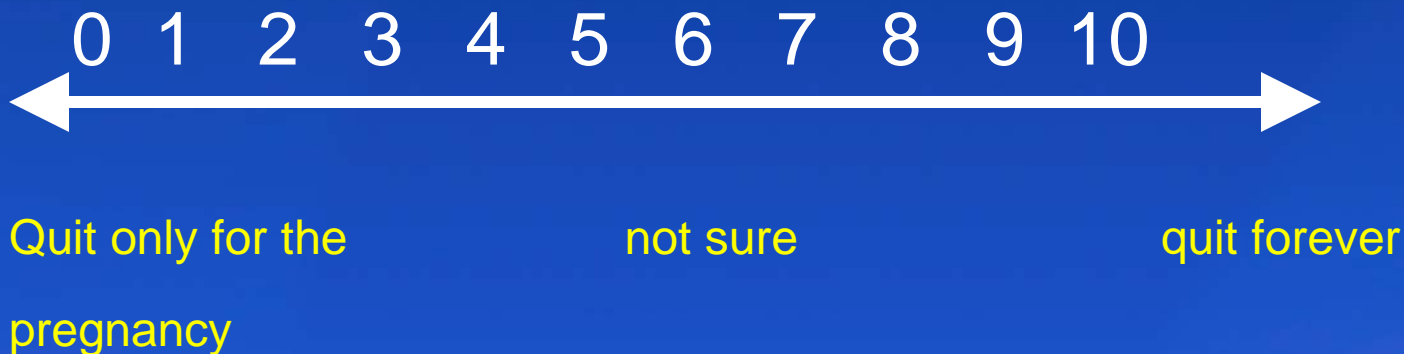
(Importance)



(Confidence)

A New Scaling Question

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



(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

Medication options

Your treatment specialist or other health care provider can help complete this page and discuss recommendations with you.



Nicotine patch

Recommendations:

___ mg, daily for ___ weeks
 ___ mg, daily for ___ weeks
 ___ mg, daily for ___ weeks
 ___ mg, daily for ___ weeks
 ___ mg, daily for ___ weeks
 ___ mg, daily for ___ weeks

The suggested taper schedule above can be adjusted if necessary.

Comments:



Nicotine gum

Recommendations:

2 mg
 4 mg

Comments:



Nicotine lozenge

Recommendations:

2 mg
 4 mg

Comments:



Nicotine inhaler

Comments:



Nicotine nasal spray

Comments:



Bupropion
 Available doses:
 150 mg

Comments:

Not during
 lactation



Varenicline
 Available doses:
 0.5 mg
 1 mg

Comments:

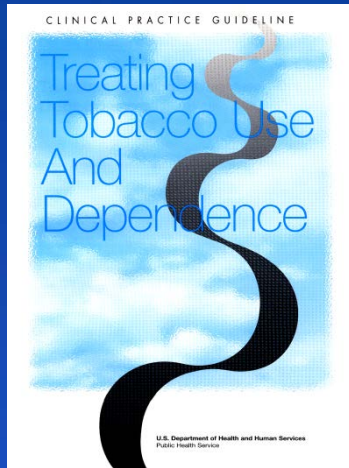
Images courtesy of Lexi-Comp

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 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 the 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**

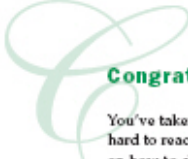
- Increase the patient's awareness of the potential for relapse
- Reaffirm her commitment to abstinence
- Begin to change the motivation for quitting from extrinsic sources to intrinsic sources

Individualized Action Plan

For Those Patients Not Ready to Quit

Important points

Next steps


 **Congratulations!**

You've taken some important steps toward quitting smoking. You've worked hard to reach this point. You probably learned a great deal and have many ideas on how to change your lifestyle. Continue to use the information in this booklet to guide you along your path to a healthier, smoke-free future.

To be completed with your tobacco treatment specialist

Important points:

Next steps:



30

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 clients' 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 **O**ptions, **A**rrive 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.

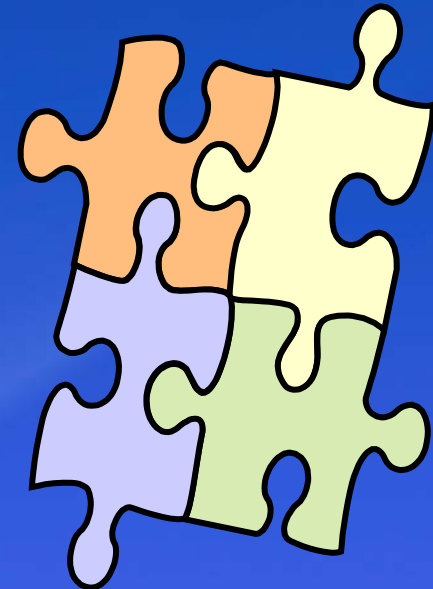
- Discuss “red-flag” thinking
 - Example: This is too hard – I give up.
- Consider using SOAR again
- Don’t stick with a goal that isn’t working – reassess or start fresh
- Consider using self-monitoring
 - Example: a smoking journal
- Use the Scaling tool for importance and confidence

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

Ershoff DH, et al. (2000). Predictors of intentions to stop smoking early in prenatal care. *Tobacco Control*, 9(Suppl III):iii41-iii45.

Fang WL, et al. (2004). Smoking Cessation in Pregnancy: A review of Postpartum Relapse Prevention Strategies. *JABFP*, vol 17, 4, 264-275.

Solomon LJ, Quinn VP (2004). Spontaneous quitting: Self-initiated smoking cessation in early pregnancy. *Nicotine & Tobacco Research*, vol 6 (Suppl 2) S203-S216.

Ershoff DH, et al. (2004). Helping pregnant women quit smoking: An overview. *Nicotine & Tobacco Research*, vol 6 (Suppl 2) S101-S105.

Quinn G, et al. (2006). Adapting Smoking Relapse-Prevention Materials for Pregnant and Postpartum Women: Formative Research. *Maternal & Child Health Journal*, vol 10; no 3.

Mullen PD (2004). How can more smoking suspension during pregnancy become lifelong abstinence? Lessons learned about predictors, interventions, and gaps in our accumulated knowledge. *Nicotine & Tobacco Research*, vol 6 (Suppl 2) S217-S238.

References

- Nicotine & Tobacco Research. 2004.
Volume 6, Supplement 2.
- 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>

Resources

Dunn, C. & Rollnick, S. (2003). Lifestyle change. London: Elsevier Limited.

Miller, W.R. & Rollnick, S. (1991). Motivational Interviewing (1st ed.)
New York: The Guilford Press.

Miller, W. R. & Rollnick, S. (2002). Motivational interviewing (2nd ed.). New York: The Guilford Press.

Rollnick, S., Mason, P., & Butler, C. (1999). Health behavior change. New York: Churchill Livingstone.

Rosengren, David, B. (2009). Building Motivational Interviewing Skills: A practitioner workbook. New York: The Guilford Press.

www.mayoclinic.org/ndc-rst