



Components of a Treatment Plan

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Mayo Clinic Tobacco Treatment Specialist Certification

Amy – Successful Real Estate Agent

- Age 45
- Smokes 2 ppd (for the past 25 years)
- Three serious past quit attempts
 - Cold turkey – lasted 8 hours
 - Hypnosis – lasted 24 hours
 - Longest abstinence was 3 days when using the patch (purchased OTC)

Amy

“I just can’t quit smoking right now. I’m a single mother and trying to deal with problems I’m having with my teenage son. I work 50 hours a week and my boss doesn’t appreciate me. On top of all that, I’m taking care of my sick father.”

Amy

Importance – 10

Confidence – 5

Decisional balance

Pros

- Relieves stress
- Happy hour on Friday
- Controls my weight

Cons

- Smell
- Cost
- Embarrassing

Discrepancies

- Wants to be a good role model to her son
- Doesn't fit in with her “professionalism”

Get to Know Her

- Elicit her hopes, fears, values, concerns, challenges and smoking history
- Learn more about her relapses
- Build her confidence
 - Point out strengths
 - Perseverance
 - Determination
- Emphasize personal choice & control
- Ask permission to give her information

Reassess readiness

Strength commitment

Medication Plan

42 mg patch, inhaler as needed

High-risk situations

Stress (work, teenager, sick father)
Alcohol (Happy hour)
Friends (socializes with some smokers)

Behavioral

Alter routines, cinnamon sticks, drink water, distraction, jigsaw puzzles

Cognitive

Positive self-affirmation

Stress Management

Yoga, deep breathing, music, warm baths

Reward

Gold bracelet

Support

Son, co-worker

Follow-up

Major Points

- Motivational Interviewing
- Pharmacotherapy
- Cognitive-Behavioral
- Triggers
- Coping Skills

Motivational Interviewing

- Use MI to join with the patient
- What are the patient's reasons for being here today?
- How important is change?
- How confident are they in making change?

Pharmacotherapy

- What is the patient's type and level of tobacco use?
- Has this changed in the past six months?
- Past use of medications – pros and cons
- Patient preference
- Contraindications – Varenicline, Bupropion

Cognitive – Behavioral

- Utilizing positive thoughts
- Altering routines
- Behavioral substitutes

Triggers

- Identify high risk situations for relapse
- What behaviors are associated with smoking/chewing?
- People that patient has used with (work, family, friends)

Coping Skills

- What has worked in the past?
- Identify their support people?
- What coping skills have they used or are they interested in trying?
- Physical activity
- Deep breathing

Bill – College Sophomore

- Age 20
- Smokes approximately 8 cpd
- One past quit attempt
 - No medication (abstinent for 5 days)

Bill

“I’m not an addict or a ‘smoker.’ I just smoke because it’s basically what college kids do. It doesn’t control anything I do. I plan on quitting when I graduate.”

Bill

Importance – 3

Confidence – 10

Decisional balance

Pros

- Helps for concentration
- Something to do
- Enjoy it

Cons

- Costs money
- Bad breath
- Folks get on your case

Discrepancies

- He said tobacco has no control, yet it does control his ability to concentrate more

Get to Know Him

- Elicit his hopes, fears, values, concerns, challenges and smoking history
- Learn more about his one quit attempt
- Point out discrepancies
 - “On the one hand you say you don’t need to smoke. At the same time you do need to smoke in order to concentrate and to study”
- Emphasize personal choice & control
- Ask permission to give him information

Reassess readiness

Reach agreement

CASE EXAMPLES

Kelly

John

Connor

Case Study – Arthur Smith

- 52 yr old, married male, finance & insurance manager at a car dealership
- Referred by MD for COPD
- Hx of 40 yrs of smoking, 2 1/2 ppd
- Several quit attempts (once tried to taper, once tried the patch) Longest abstinence 3 days. Reports relapses due to cravings and stress, severe withdrawal
- Recently completed inpatient alcoholism tx program (6 months sobriety)
- Wife and sponsor are both smokers
- Wants to quit next week

Follow-up for Arthur

- How do you engage Arthur in follow-up?
- What will you assess in Arthur's follow-up visits?
- If Arthur is struggling, what might be some options?