

Telephone counseling for smoking cessation: Effects of varying the number and duration of counseling sessions

A Randomized Clinical Trial

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Quitline (1-877-Yes-Quit)

Study Phases

Enrollment phase

Participant screening and randomization

Baseline assessment

- Demographic Information
- Stage of Change
- Treatment Moderators
- Depression Indicator

Treatment phase

Intervention delivery

Evaluation phase

Assessment of smoking status

Data analysis



CLINICAL TRIAL DATES

FEBRUARY 2002 – AUGUST 2004

6233 Cases Randomized

3223 Followed for 6 Months

49% Attrition Rate

3 x 2 Experimental Design

with Self-Help control

3 Counseling Protocols x Boosters or Not

Telephone Counseling Protocols

5-Session Standard Protocol

2 Sessions – Before Quit Date

3 Sessions – After Quit Date

Total Time = 210 Minutes

3-Session Protocol

1 Session – Before Quit Date

2 Sessions – After Quit Date

Total Time = 105 Minutes

5-Session Standard Protocol

2 Sessions – Before Quit Date

3 Sessions – After Quit Date

Total Time = 50 Minutes

2 Booster Sessions – 15 Minutes Each



SAMPLE CHARACTERISTICS



Quitline (1-877-Yes-Quit)

Demographics:

- Gender – Average Age
 - 70% female –
44 years old
 - 30% male
43 years old
- Education
 - 83% high school graduate or higher
 - 18% college graduate
- Marital Status
 - 31% single
 - 40% married
- Ethnicity
 - 75% Anglo
 - 17% African-American
 - 2% Hispanic

Smoking Status:

- 23 cigarettes smoked per day
- 6 previous quit attempts
- 94% have been smoking over 5 years

Depression Indicator

- Sad and Blue 45%
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SIX MONTH CESSATION RATES BY EXPERIMENTAL GROUP

Telephone Counseling: 10.1 – 19.4%

Self-Help Materials: 6.8 – 14.4%

Telephone counseling significantly increases cessation rates
($p < 0.01$)

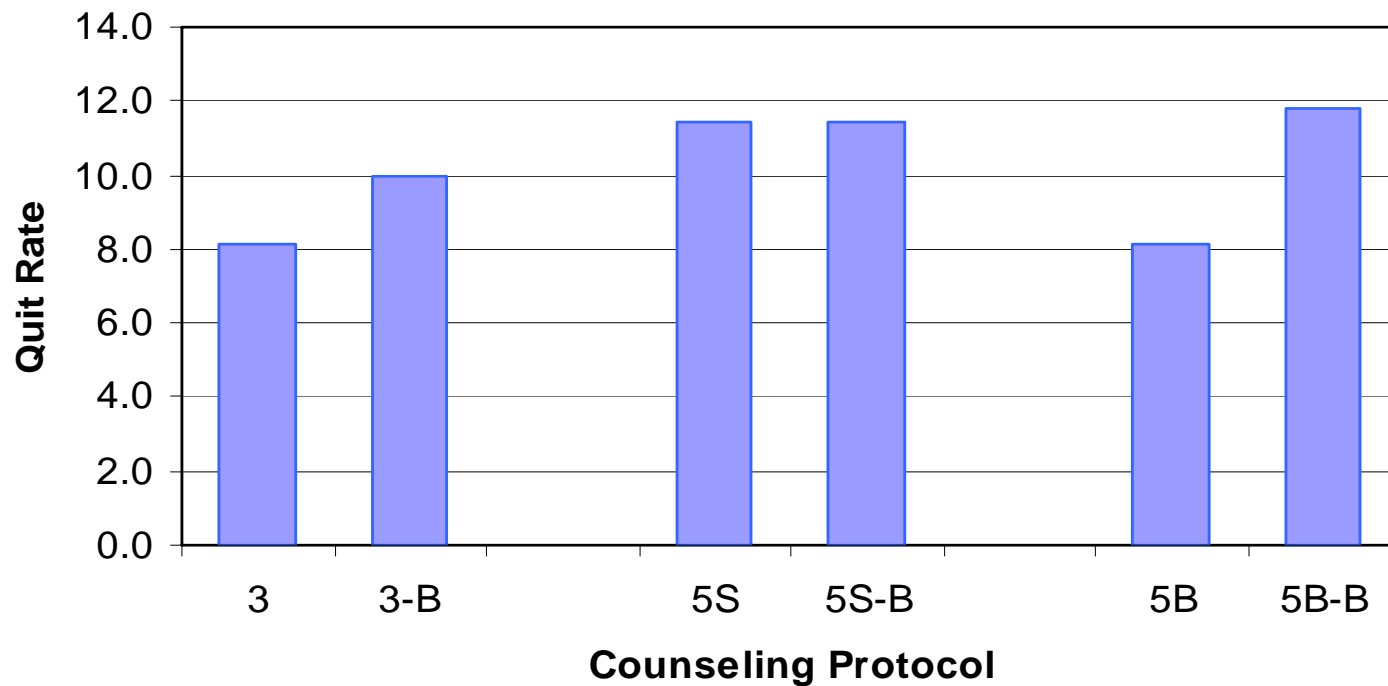
SIX-MONTH CESSATION RATES BY COUNSELING PROTOCOL

Protocol	3 Session	3 Session w/Boosters	5 Standard Session	5 Standard Session w/Booster	5 Brief Session	5 Brief Session w/Booster
ITT	8.1	10.0	11.4	11.4	8.1	11.8
RO	15.3	18.6	20.8	21.7	16.6	23.1

ITT – Intent to treat

RO – Respondent only

Six Month Cessation Rates Among All Counseling Participants:



3 = 3 session

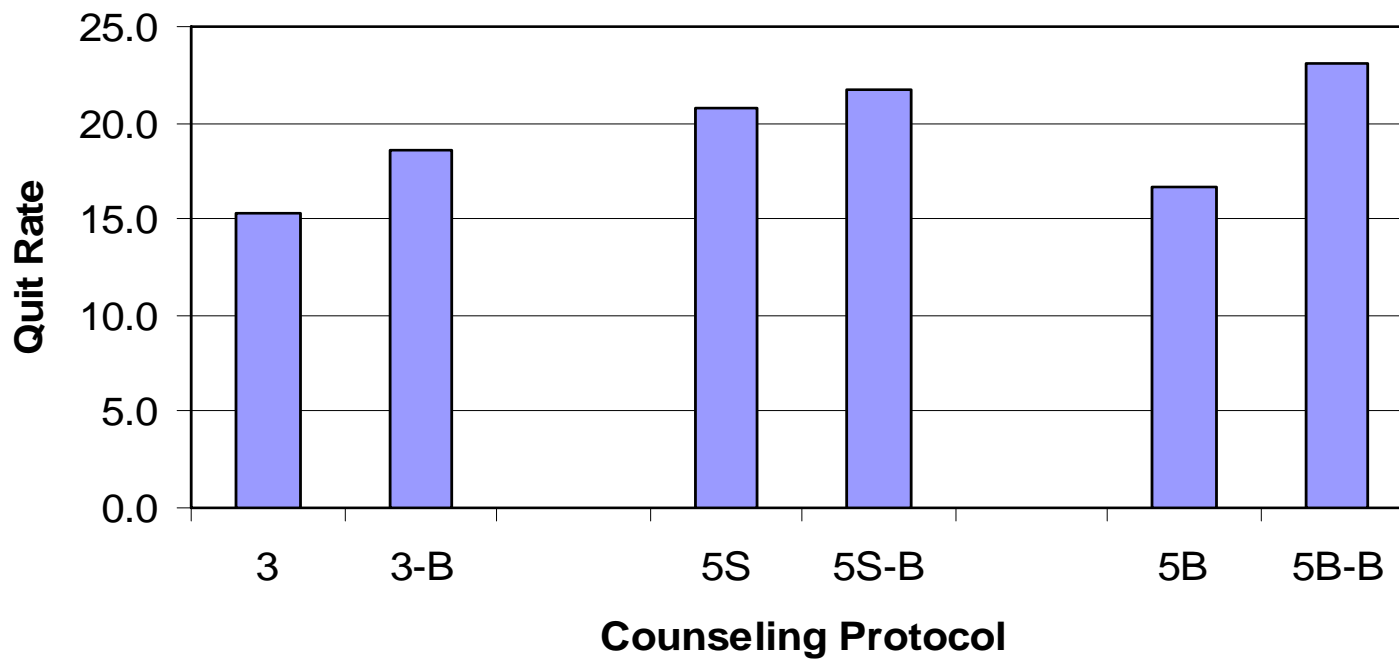
B = Boosters

5S = 5 Standard

5B = 5 Brief

Chi-Square = 12.3, df = 5, $p < 0.05$

Six Month Cessation Rates Among All Followed Counseling Participants



3 = 3 session

5S = 5 Standard

5B = 5 Brief

B = Boosters

Chi-Square = 12.1, df = 5, p < 0.05

Conclusions from 6-month follow-up

Counseling significantly increases quitting rates

The number of counseling sessions available seems to be more important than the total amount of counseling time available.

Booster sessions are more important for counseling protocols with shorter sessions or fewer sessions.

Future Research

New clinical trial to evaluate protocols specifically tailored for clients with indicators of depression (Beck Institute)

Replicate the current study
