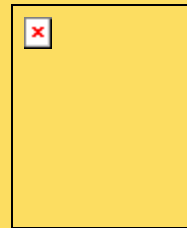




BEHAVIORAL INTERVENTIONS

An Overview

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Session Objectives

1. To define minimal, brief, and intensive behavioral interventions
2. To review the literature on behavioral interventions
3. To identify evidence-based behavioral strategies



Take Away Message

Combining treatment medications with practical counseling and behavioral therapies is the best way to ensure success for most persons dependent on tobacco.



Case Scenario

Person:

Jen, a middle-aged female overweight smoker advised to come and see you by her doctor.

YOU: "How may I help you?"

PERSON: "I was told to come and see you by my doctor because he says I have to stop smoking. I have tried in the past but I always put on weight."

****What do you say next?**



Intervention Definitions

- Minimal < 3 minutes
- Brief 3-10 minutes
- Intermediate 11-30 minutes,
- Intensive > 30 minutes

(Fiore et al., 2000; AZ Proactive Referral Workgroup, Jan. 2007)

Brief Interventions:

Five A Model

*Not Stage
Dependent*

Ask

Present and Historical use of tobacco as vital sign

Advise

Use Motivational Interviewing

Assess

Stages of Change

Assist

Stage-based interventions
Motivational interviewing

Arrange

Local and National Resources



Intensive Interventions

Because of evidence of a strong dose-response relation, the intensity of the program should be:

- Session length – longer than 10 minutes
- Number of sessions – 4 or more sessions
- Total contact time – longer than 30 minutes

(Fiore et al., 2000)

- What about the content of the sessions?

Literature Review

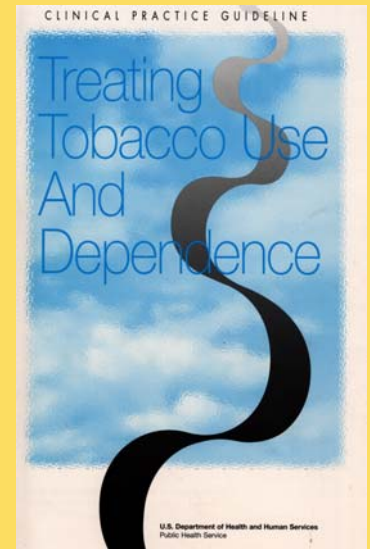
- Individual counseling, group counseling, and proactive telephone counseling are effective
- Group and individual counseling are better than self-help
- Behavioral interventions use multiple treatments
- Skills training, relapse prevention, and stress management are specially beneficial

Effective types of counseling and behavioral therapies

Practical Counseling

Social support as part of treatment

Social support outside of treatment





Practical Counseling

Recognize danger situations – Identify events, internal states, or activities that increase the risk of smoking or slips and relapse.

Examples:

- Negative affect
- Being around other smokers
- Drinking alcohol
- Experiencing urges
- Being under time pressure





Practical Counseling

Develop coping skills – Identify and practice coping or problemsolving skills. Typically, these skills are intended to cope with danger situations.

Examples:

- Learning to anticipate and avoid temptation
- Learning cognitive strategies that will reduce negative moods
- Accomplishing lifestyle changes that reduce stress, improve quality of life, or produce pleasure
- Learning cognitive and behavioral activities to cope with smoking urges (e.g., distracting attention)

Practical Counseling

Provide basic information – Provide basic information about smoking and successful quitting.

Examples:

- The fact that any smoking (even a single puff) increases the likelihood of a full relapse.
- Withdrawal typically peaks within 1-3 weeks after quitting.
- Withdrawal symptoms include negative mood, urges to smoke, and difficulty concentrating among others.
- The additive nature of smoking



Case Scenario

Person:

Michael, a middle-aged man who has been coming to your program for 3 weeks. He has been using the nicotine patch. Every time he comes back, he reports that he has had one or two cigarettes in the past week.

YOU: "How has it been this past week?"

PERSON: "I feel that I am doing very well but I did have a cigarette yesterday when I was out drinking with friends."

****What do you say next?**



Intra-treatment Social Support

Encourage the person in the quit attempt

Examples:

- Note that effective tobacco dependence treatments are now available.
- Note that one-half of all people who have ever smoked have now quit.
- Communicate confidence in the person's ability to quit.





Intra-treatment Social Support

Communicate caring and concern

Examples:

- Ask how the person feels about quitting
- Directly express concern and willingness to help
- Be open to the person's expression of fears of quitting, difficulties experienced, and ambivalent feelings





Intra-treatment Social Support

Encourage the person to talk about the quitting process

Ask about:

- **Reasons for quitting**
- **Concerns or worries about quitting**
- **Success previously achieved**
- **Difficulties encountered while quitting**



Extra-treatment Social Support

Prepare the person in support solicitation skills

Examples:

- Show videotapes that model support skills.
- Practice requesting social support from family, friends, and coworkers.
- Aid the person in establishing a smoke-free home.





Extra-treatment Social Support

Prompt support seeking

Examples:

- Help the person identify supportive people.
- Call the person to remind him/her to seek support.
- Inform the person of community resources such as hotlines and helplines.





Extra-treatment Social Support

Arrange outside support

Examples:

- Mail letters to supportive people.
- Call the supportive people.
- Invite others to cessation sessions.
- Assign patients to be “buddies” for one another.

Case Scenario

Person:

John, an older man in his fifth week of abstinence. He has been having difficulties at home and work. He calls your cell phone.

YOU: "How are you doing?"

PERSON: "I'm having a really bad day, today. I'm sitting here with a cigarette between my fingers, and I really feel like lighting it up."

**What do you say next?



A few words on *Relapse Prevention*

Key components

- **Withdrawal Symptoms**
 - ◆ Alert to the nature & time course; use pharmacotherapy
- **High-risk situations**
 - ◆ Avoid, Alert, Alternatives, Positive thinking
- **Slip & Relapse Effect (i.e., the Abstinence Violation Effect)**
 - ◆ Feelings of dejection and failure following a slip or relapse
 - ◆ Use the “T.R.U.E.” approach –
 - Think of how to approach or avoid the situation the next time
 - Reflect on the situation
 - Use it as a learning experience
 - Encourage a positive response similar to other mistakes



Smokeless Tobacco Behavioral Treatment Strategies

- Oral examinations with feedback
- Telephone counseling
- Mailed materials
- Small group cessation practical counseling
- Use relapse prevention strategies



Preliminary Research Highlights

- **People associated with not smoking might serve a protective function on slips and relapse.**
 - Pictures of people with whom they normally never smoke around.
- **Heavier smokers may be receptive to using spiritual resources in a quit attempt**
 - ◆ 80% of Americans report a belief that God or prayer can help in overcoming illness.
- **Exercise may boost quit rates**
 - ◆ An exercise component was found to be beneficial in programs designed to help women stop smoking.

Preliminary Research Highlights

- Precessation nicotine patch treatment may be associated with higher rates of continuous smoking abstinence
 - ◆ However, FDA and manufacturer labeling advise against using the nicotine patch before quitting tobacco use
- Continued use of NRT following a lapse in order to prevent relapse
 - ◆ HOWEVER, FDA and manufacturers instruct to stop using the patch if the person smokes.





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