Module 3: Behavioural Counselling
Part 1

START
After completing the Course you will be able to:

01 Understand the role of counselling in assisting clients with quitting.

02 Increase knowledge of behaviour change techniques used to support smoking cessation including cognitive behavioural counselling.
Psychological support for smoking cessation must be integrated in the medical treatment of the patient addicted to nicotine alongside pharmacotherapy. (Level of evidence A)
Counselling
Skills for dealing with situations when they would normally smoke

Pharmacotherapy
Eases physiological withdrawal symptoms
- Identify the behavioural causes of smoking, the long-term and immediate smoking factors that leads an individual to smoke
- Increase motivation to quit and decrease fears of quitting and of becoming a non-smoker
- Learn how to deal with emotions
Minimal Intervention
- Brief counselling (3-5 minutes)

Specialised Treatment Support
- By patient’s own clinician
- Referral to specialised quit smoking service
There is a strong relationship between the number of sessions of counseling. To the extent possible, clinicians should provide multiple counseling sessions, in addition to medication, to their patients who are trying to quit smoking (level of evidence A).
<table>
<thead>
<tr>
<th>INTERVENTION TYPE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Self-help</td>
<td>Includes print, video or online materials that provide self-directed support with quitting.</td>
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<tr>
<td>Brief physician/ health professional advice</td>
<td>Verbal instructions from the physician or other health care professional with a ‘quit smoking’ message lasting 3-5 minutes.</td>
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<tr>
<td>Individual counseling</td>
<td>Individual counseling is defined as more than 10 min face-to-face encounter between a patient and a counselor trained in assisting smoking cessation.</td>
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<tr>
<td>Group counseling</td>
<td>Small group based counseling support most often facilitated by a counselor trained in smoking cessation.</td>
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<tr>
<td>Telephone counseling</td>
<td>Telephone services provide information and support for smokers often delivered by government funded ‘help-lines’, which may deliver proactive (counselor initiates) or reactive (smoker initiates) telephone contact.</td>
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<tr>
<td>Internet-based</td>
<td>Services delivered online either self-help or interactive formats</td>
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<tr>
<td>Text messages</td>
<td>Counselling support and guidance delivered via text messages. Often as an enhancement to individuals of group counselling.</td>
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Stages of Change

- Pre-contemplation
- Contemplation
- Preparation
- Ready to Quit
- Quit
- Abstinent
- Relapse
It is recommended to assess the patient’s motivation to quit smoking (level of evidence C)
Assessing Motivation to Quit

Do you want to quit smoking now?

What are your feelings about quitting smoking right now?
ASK - Does the patient use tobacco?

- Yes
  - ASSESS
    - Is he/she willing to quit smoking now?
      - Yes: ASSIST
        - Provide practical counselling, behavioural support, pharmacotherapy
      - No: ASSIST
        - Create the smoking cessation motivation
  - No
Helping the motivated smoker to quit
ASK - Does the patient use tobacco?

Yes

ASSESS
Is he/she willing to quit smoking now?

Yes

ASSIST
Provide practical counselling, behavioural support, pharmacotherapy

No

No

ASSIST
Create the smoking cessation motivation
Cognitive behavioural therapy (CBT)

CBT has been extensively evaluated in rigorous clinical trials and has solid empirical support as an effective techniques for increasing smoking abstinence.
Cognitive behavioural therapy (CBT)

- CBT is structured, goal-oriented, and focused on the immediate problems faced by tobacco users attempting to quit.
- CBT emphasizes the development of new skills that are valuable in assisting people in quitting smoking and sustaining abstinence.
- Involves the mastery of skills through practice.
The specific types of behavioural counseling that have been shown to result in higher abstinence rates include:

1. Providing smokers with practical counseling (problem solving skills/skills training/stress management)

2. Providing support and encouragement as part of treatment via direct contact with the clinician

3. Intervening to increase social support in the smoker’s environment
Practical counselling

❖ Motives for quitting
❖ Concerns about quitting
❖ Past experience with quitting and lessons which can be learned
❖ Personal triggers for smoking and high-risk situations that increase the risk of relapse
Set a “Quit Date”
The “Not a Puff Rule”

Emphasize the importance of committing to the “not a puff rule”.

Smoking (even a puff) increases the likelihood of a full relapse.
Preparing for Quit Date

- Tell friends and family you are quitting and ask for their support
- Identify a support person (if appropriate)
- Write on a piece of paper the reasons why he/she wants to quit smoking and keep it in a visible location
- Identify what he/she will optimally replace the smoking gesture with
- Identify situation where when he/she might be tempted to smoke and consider plan for what to do instead
Tips for Quitting

- Throw away all your cigarettes, ashtrays and lighters
- Make a conscious effort not to be around people who smoke
- Change daily routines, habits or space that are associated with smoking for you
- Avoid places in which you may be tempted to smoke especially those involving alcohol
- When stress hits to have other ways of coping rather than turning to cigarettes
Explain nicotine dependence and the quitting process
Inform patients that withdrawal symptoms typically peak 1-2 weeks after quitting but can persist for months and that this is a normal part of the quitting process.

Review typical withdrawal symptoms including changes to mood, difficulty smoking.
Cravings

Generally are intense for 3 to 5 minutes and will reduce in frequency over time
4Ds Strategies to cope with craving

- Delay
- Distract
- Drink water
- Deep breaths

Use of short acting NRT
Smoking “routines” are daily routines which patients have associated with smoking.

- Morning coffee
- Driving
- Breaks
- After Dinner
A “trigger” is a “thing” or an event or a time period that has been associated with drug use in the past. Situations that involve triggers and have been highly associated with tobacco use are referred to as high-risk situations.
Triggers & Cravings

- Trigger
- Though
- Craving
- Use
CBT - Identify and problem solve

❖ Identify high risk situations in which the patient may be tempted to smoke

❖ Discuss alternative responses to dealing with triggers and stress other than smoking

❖ Discuss how to reduce exposure to high risk situations
Reinforce the importance of compliance with quit smoking medications

“It is important that you continue to use the medication for the full course of treatment”

“Please be sure to speak to me if you have any concerns about the medications”
Patients who have recently quit
Does the patient use tobacco?

Yes

Is he/she willing to quit smoking now?

Yes

Provide therapy

No

Create the smoking cessation motivation

No

Has he/she ever smoked?

Yes

Prevent smoking relapse

No

Ensure maintaining abstinence
Triage questions

Do you still feel the need/urge to smoke?

What would it take to further increase your chances of quitting?
Module 3 - Behavioural counselling
Part 2 – Enhancing patient motivation to quit