



CS2day

**CEASE SMOKING TODAY: EXPANDING INTO CHINA**

Final Report

March 10, 2015

# TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	3
BACKGROUND .....	4
PROCESS .....	5
GOALS.....	5
IMPLEMENTATION.....	5
RESULTS .....	7
Counselor Changes in Knowledge and Practice .....	7
Client Outcomes .....	7
DISCUSSION .....	9
Remaining Issues .....	10
APPENDIX.....	11
Client Tracking Worksheet.....	12
Facilitator Guide.....	13
Practice Assessment Interview Guide.....	21



## EXECUTIVE SUMMARY

Cease Smoking Today (CS2day) partnered with Chestnut Global Partners (CGP) to introduce smoking cessation into employee assistance programs in China. This effort put the knowledge, skills, and resources developed in the original CS2day initiatives to good use in a part of the world where they are needed the most.

This project involved educating Employee Assistance Program (EAP) counselors on best practices related to smoking cessation and implementing those practices with employees interested in quitting.

The smoking cessation education resulted in significant changes in the counselors' practice in working with smokers who were trying to quit. They successfully implemented the best practices with clients, suggesting that the education was successful in this aspect. However, their perception of the importance in addressing tobacco use with clients in their everyday counseling did not change after the education, nor did their confidence in doing so.

After both on-site and remote education on smoking cessation best practices, the CGP counselors in China enrolled 147 clients in a cessation program. Fifty-nine clients (40 percent) completed the counseling sessions. Of those completing the counseling and successfully contacted for follow-up (n=52), 35 percent reported being smoke free at 90 days. The cessation rate shows impressive results in this sub-population of motivated patients. Results from this study are being submitted for publication.

### Key Findings

Cessation counseling based on best practices in assisting smokers to quit was successfully implemented through an Employee Assistance Program (EAP) in China.

Education on smoking cessation did little to change the EAP counselor's promotion of cessation with their clients unless information was sought by the client. Counselors did not increase their confidence in advising clients as to the dangers of tobacco use.

For clients motivated to quit, the counselors effectively implemented a cessation protocol designed from clinical best practices.

Thirty-five percent of clients completing the cessation program reported being tobacco free at 90 days.

## BACKGROUND

According to the 2010 Global Adult Tobacco Survey conducted by the World Health Organization, 52 percent of Chinese males over the age of 15 smoke tobacco on a regular basis while only 2.4 percent of the females smoke. Although the use by adult females is minimal, the chronic exposure to second hand smoke puts them at risk for health problems related to exposure to tobacco smoke.

Although there are recent public health efforts in China underway to address this issue, they are hampered by a prevalent workplace climate that not only tolerates tobacco use (and excessive drinking), but encourages these harmful behaviors as an expected part of conducting business. The system of state ownership and taxation that benefits from its population's use also encourages tobacco usage.

CS2day is a multi-organizational education initiative designed to provide physicians and health care professionals with effective and clinically relevant strategies targeted to increase the smoking quit rates for patients followed in multiple practice settings. The CS2day project began in the United States in 2007 to disseminate information from the Public Health Service *Clinical Practice Guideline: Treating Tobacco Use and Dependence 2008 Update*. The initial educational effort reached more than 43,000 clinicians from all 50 states and 10 foreign countries via certified education and derivative resources consisting of more than 130 live activities, four comprehensive performance improvement projects, 15 enduring activities, three educational exhibits, and a toolkit comprised of 83 educational resources. Outcomes assessments of these resources and activities demonstrated changes in knowledge, behavior, and patient health, proving that multifaceted education can impact public health.

Extending our work on smoking cessation, CS2day reached out to community-based partners with the "Building on Success" (BOS) grant in year 2. By working hand-in-hand with organizations and communities that were invested in increasing tobacco cessation rates, the CS2day collaborative was able to leverage education effectively in projects across the country. The BOS Communities projects reached more than 2800 clinicians in multiple disciplines and moreover, made contact with more than one million stakeholders through a variety of innovative methods. Chestnut Global Partners and Aetna partnered with us on one of these original BOS communities. Many of the BOS Communities continue the important work in smoking cessation today.

Chestnut Global Partners (CGP) has been providing Employee Assistance Programs (EAP) and related workplace wellness services since 1984. In 2000, CGP developed capabilities outside the US, beginning in Brazil and now has native/host country EAPs and international networks covering more than 125 countries, as well as equity-interest joint ventures in Brazil, China, Mexico, Russia, India, and Native America. CGP directly provides global EAP services to 174 western multi-national employer clients, although each Joint Venture has its own book of indigenous, in-country based employer business.

Psychcn-Chestnut Global Partners (PCGP), a division of Chestnut Global Partners, is an established and leading EAP provider in China. PCGP employs 30 full-time, in-house counselors and 116 affiliate counselors located in 36 cities throughout China. These professionals provide mental and behavioral health counseling and workshop facilitation for client employees. With promotion of health and well-being as a major component of their professional activities, the PCGP counselors are in a good position to engage tobacco users in a cessation program.

PCGP's clients include large Chinese and multinational companies, serving approximately 180,000 employees throughout China. Many of PCGP's clients have a keen interest in improving workplace health, thus will grant PCGP considerable assistance in promoting smoking cessation services among their employees.



## PROCESS

CS2day and Chestnut Global Partners adapted, tested, and transferred culturally appropriate education and intervention activities related to smoking cessation to mental and behavioral health professionals in China. More specifically, a group of Chinese counselors were educated to develop the skills needed to effectively provide their clients with smoking cessation assistance to reduce the smoking rate. These counselors not only translated these skills into their behavioral practices, but they became the seeds for disseminating the skills and resources among Chinese mental and behavioral health professionals.

Throughout the implementation of the new initiative in China, the project was systematically evaluated for the effectiveness of the adapted messages, tools, and resources and the outcomes of clinician education in terms of changes in knowledge, skills, and effectiveness in delivering cessation assistance to smokers, as measured by quit rates.

The CS2day-China initiative was unique because it leveraged the infrastructures and resources of an established Employee Assistance Program in China as a launch pad and platform of implementation. As a result of rapid economic growth and integration with the global economy, more and more Chinese companies are providing EAP services as a prepaid benefit to help employees and their families with a variety of personal concerns that may have negative effects on job performance. A large proportion of employees' personal and family issues that EAPs deal with are related to mental and behavioral health. EAPs offer a useful platform for launching various health improvement services. Smoking cessation programs can be seamlessly placed under the EAP umbrella.

## GOALS

Our objectives for the CS2day-China initiative were four-fold.

- 1 Translate and localize the CS2day tools and resources for use by Chinese clinicians and other mental health professionals.**
- 2 Educate a group of mental health professionals on the adapted curriculum.**
- 3 Have counselors implement the adapted program by providing smoking cessation assistance to their clients.**
- 4 Throughout the process of program adaptation, clinician education, and field implementation, systematically and rigorously evaluate the effectiveness of the program.**

## IMPLEMENTATION

A planning meeting was held in December 2013 to develop the project implementation plan. A timeline and responsibilities were established and a kickoff meeting was held in January 2014 including personnel in China and a US-based clinical expert in smoking cessation. The kickoff meeting allowed for introductions and an explanation of roles and responsibilities. Work teams were established for efficiency and call schedules were developed. The outcomes team then worked to determine metrics for the overall assessment of the project. Institutional Review Board approval was sought and an exemption issued in May 2014.

Background information on cessation efforts in China was gathered including cessation initiatives by the Chinese Health Ministry. Materials developed for previous initiatives both in the United States and China were reviewed

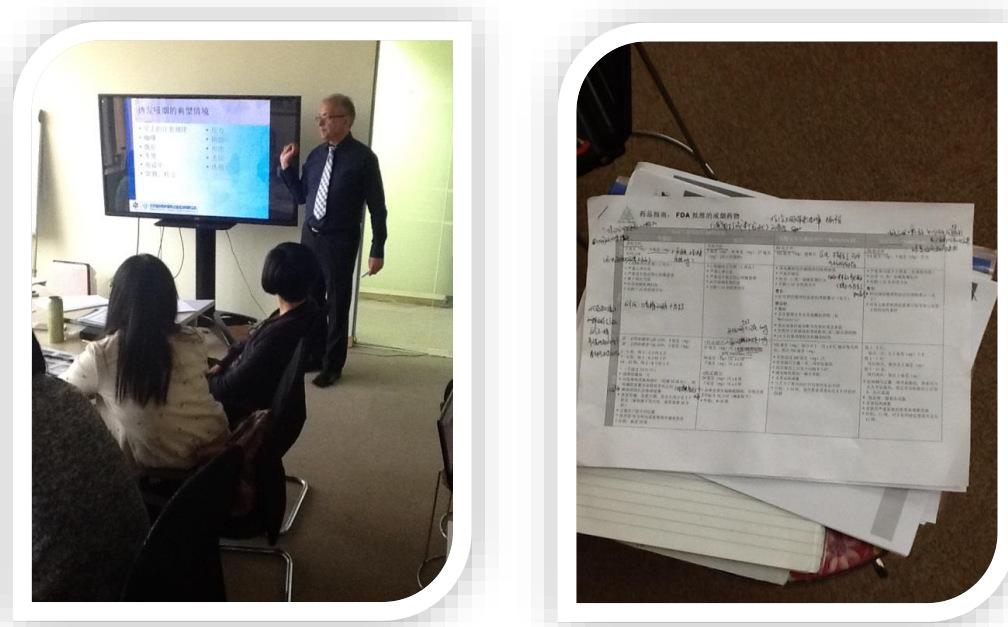
and decisions were made on additional materials needed including clinical cases, assessments, discussion topics for workshops, etc.

Meanwhile the project management team defined the smoking cessation benefit to be offered by PCGP. A project champion with CGP in China was engaged to ensure the project was optimally implemented in a timely fashion. Eight counselors were determined to be the optimal number to implement the cessation effort in China. This selection was based on the number needed as well as counselor skills and geographic placement. Target employers were identified based on interest, emphasis on smoking cessation, and location. Account representatives approached the targeted companies and gained approval for inclusion of the cessation counseling service into the EAP plan. Interviews were conducted with each of the eight counselors selected to identify each counselor's practices related to smoking cessation.

The curriculum was developed by an expert in smoking cessation working in conjunction with the China project director, who has a doctorate in psychology. The curriculum offered best practices that were culturally adapted and provided application scenarios appropriate to the population. Although all eight counselors were able to read and converse in English, all visuals and handouts were translated into Mandarin and a translator was used to repeat the faculty instruction during all live sessions.

The live on-site counselor education sessions were conducted on May 14-16, 2014 at the PCGP office in Beijing by a US-based cessation counseling expert. The education covered the demographics of tobacco use, consequences of tobacco use, and cessation strategies. Cognitive behavioral therapy, coping strategies, and stress relief were reviewed, as were medications for cessation. The education allowed for application with multiple role play sessions and case scenarios. Lastly a session on implementation of the CGP smoking cessation protocol and use of the guide allowed the counselors to envision the entire counseling process. The guide allowed for flexibility based on each client's needs.

A few pictures from the live on-site education appear below.



The counselors held weekly peer-supervising sessions to share experiences and discuss issues being encountered. Additional education sessions were held via conference call, allowing the reinforcement of best practices and interaction between faculty and counselors. A total of four sessions were held, each approximately 90 minutes long. The counselors provided written questions to the faculty prior to the sessions which were answered during the calls. Time was allotted for additional questions from the counselors.

# RESULTS

## Counselor Changes in Knowledge and Practice

Interviews related to cessation practices were completed both before and after the cessation program. Seven of the eight counselors involved in the program completed both interviews. The education produced uneven effects on the three sets of outcomes. The counselors' perception of the importance of treating tobacco use and confidence in doing so showed little change from before to after the training. In both interviews, they scored close to the mid-point on the scale on the importance (1=low, 10=high) of addressing tobacco use. A paired-sample *t*-test shows that the change was not statistically significant ( $p > 0.05$ ). Treating tobacco use was not the top priority in counseling and the education had little impact in changing this attitude. The counselors' confidence in advising the danger of smoking did not show significant change from before to after the education, nor did their confidence in helping clients develop quit plans.

The counselors reported little change in their current practice in addressing tobacco use in their clients in general. Asking every client about tobacco use on every call is a well-established best practice in smoking cessation as is advising all smokers to quit. Before the education, none of the counselors asked clients about tobacco use or advised smokers to quit. After the education, while none of the counselors asked about tobacco use, one began advising all smokers to quit and assessed the client's willingness to do so. The counselors attributed the reason for their lack of initiative in addressing the smoking problem to the standard practice of EAP counseling which tends to focus on the issue(s) that the client brings up. The EAP counselors were reluctant to bring up smoking unless the issue was raised by the clients themselves, for fear of being considered as side-tracking or imposing the issue of smoking on the client, a situation that might affect the client's satisfaction with the quality of counseling.

On the other hand, the counselors showed dramatic changes in their current practice in cessation counseling. Before the education, none of the counselors had ever assisted clients to develop quit plans, while all of them did so after the education. Pre-education, none of the counselors implemented any of the 13 key cessation assistance activities sampled in the interviews, while post-education all of them implemented those activities except the ones related to recommending medication and providing external resources such as quitlines. Before the education, none of the counselors recommended medication, while two of them reported doing so afterwards. None of the counselors referred clients to external resources, such as quitlines, for cessation before or after education. The reason cited for not doing so was lack of availability.

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**Before the education, none of the counselors had ever assisted clients to develop quit plans, while all of them did so after the education.**

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Seven counselors completed the evaluation of the live on-site education related to satisfaction. The evaluation queried participants about what they liked about the sessions, what improvements could be made to the education, and other topics they would like to discuss. Five of the seven counselors said they liked the role-play practices based on case scenarios provided by the faculty. The counselors also mentioned the interactive format of the education, the detailed information delivered, and the useful and detailed materials they received. With respect to possible improvements, six of the seven counselors that completed the assessment indicated that they would like to have more role-plays, scenarios, and case descriptions to explain how to do cessation counseling. Two counselors answered the question about other topics they would like to discuss. Both of them would like to receive supervision in their cessation assistance practice from the faculty.

## Client Outcomes

The EAP offered the smoking cessation program to the employees of eight clients between June 1 and December 31, 2014. These corporate clients included both multinational and local companies. EAP account managers collaborated with client contacts to publicize the smoking cessation program among employees. Promotion included putting up posters in public areas in the workplace (eg, employee cafeterias and dedicated smoking areas), circulating e-mails from Corporate Health or Human Resources departments, and posting notices on the EAP website.

Current smokers who were interested in quitting within the next 30 days were invited to participate in the program. During this period, 228 current smokers contacted the EAP call center to express an interest in the program and willingness to quit smoking. The call center staff provided information about the program and later contacted each of those callers to set up an appointment with a cessation counselor. A total of 147 (64 percent) candidates scheduled the first appointment with a counselor. The remaining 71 individuals either changed their mind about cessation and declined the invitation to participate or simply could not be reached.

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For each client, the cessation program consisted of three components: baseline assessment, intervention, and follow-up. The baseline assessment was completed by the cessation counselor verbally during the first session, after obtaining informed consent, whereas the follow-up was completed at least 90 days after either the quit day or the day of withdrawal in cases when the client dropped out before setting a quit day. The mean number of days to follow-up was 130.3 days (SD = 33.6). The baseline and follow-up assessments gathered information on the client's smoking status for calculating quit rates and a measurement of nicotine reliance. The smoking status information included (1) whether he/she smoked daily and (2) the number of cigarettes he/she smoked per day. The items for nicotine reliance were adapted from the Fagerstrom Nicotine Reliance Rating, an instrument well-accepted and widely used in smoking research in China. The six-item instrument gives raw scores ranging from 0 to 10. The Chinese Clinical Manual of Smoking Cessation assigns scores from 0 to 3 as low, 4 to 6 as moderate, and above 7 as high level of dependence.

The intervention followed the developed cessation protocol, with two caveats: recommending medication and other resources such as a quitline. The over-the-counter nicotine replacement medications were unavailable on Mainland China. The manufacturers stopped supplying them in the Chinese market, presumably because of lack of demand. The medications were used only by a few employees who work for a pharmaceutical company currently manufacturing cessation medications; these were obtained during overseas travel. The prescription medications were available sporadically at some of the cessation clinics in major cities, but were not used in this program because of lack of interest from the clients. The counselors used tapering as the primary method for helping clients overcome the physical withdrawal effects. Similarly, the counselors were unable to locate reliable resources outside of the EAP for cessation, such as quitlines.

Among the 147 smokers who participated in the program, 59 individuals (40 percent) completed the program, while 88 individuals (60 percent) dropped out before completion of the counseling. Dropout was defined as unilateral withdrawal from counseling by the client before he or she had successfully stopped smoking. Those who completed the program on average received 5.69 sessions of counseling (SD = 0.93), with 66 percent and 15 percent of them completing 6 or 5 sessions, respectively. Those who dropped out on average received 1.70 sessions of counseling (SD = 1.23). The majority of them withdrew from the program during the first (27%) or second session (32 percent), when they reached the point of setting a quit date. Eighteen percent of the smokers could not be reached to set the first appointment. In the group that completed the program, 95 percent set a quit day, whereas only 18 percent of those who dropped out did so.

On average, the group that dropped out smoked slightly more cigarettes each day ( $M = 13.54$ ,  $SD = 6.55$ ) than those that completed the program ( $M = 12.47$ ,  $SD = 6.61$ ). The dropouts also showed slightly higher nicotine dependence than those who completed the program based on the Fagerstrom score. However, neither of these differences reached conventional levels of statistical significance of  $p > 0.05$ . Both groups started with low to moderate levels of dependence when they entered the program. The main differentiator between the two groups was the strength of their motivation to quit.

We examined the proportion of participants who had remained completely abstinent between their quit days and the follow-up date. Moreover, since client compliance is likely a key factor in successful cessation, we compared those who completed the program with those who dropped out. To date, 97 participants have completed the follow-up with 23 percent remaining completely abstinent since their quit date. Sixty-seven percent had smoked during this time and another 10 percent did not give valid responses to this question. The abstinence rate for the 52 clients who completed the counseling was 35% while the abstinence rate for the 45 clients that did not



complete the counseling was 9 percent. This difference between the two groups is statistically significant ( $p = 0.01$ ).

Among the self-identified daily smokers before the intervention ( $N = 111$ ), 83 individuals completed the follow-up. In this group, 45 individuals (54 percent) had stopped smoking daily. Among the daily smokers who had completed the program and the follow-up ( $N = 44$ ), 73 percent had stopped smoking daily at the follow-up date, while among the daily smokers who had dropped out of the program only 33 percent had stopped smoking daily. This difference between the completers and dropouts is statistically significant ( $p < 0.01$ ). A larger proportion of the daily smokers who completed the counseling were able to stop smoking daily than those who had dropped out.

Nicotine reliance was measured in the Fagerstrom Nicotine Reliance Rating scale before and after the intervention. A comparison was done between the groups that had completed or dropped out of the program. A two-by-two analysis of variance (ANOVA) with the reliance scores as repeated measures (before and after intervention) and completion of the program as a between-subject factor (completed vs dropped out) revealed a main effect for the repeated measures,  $F(1, 75) = 65.48$ ,  $p < 0.001$ . In both groups, nicotine reliance dropped from before to after the intervention. The main effect for the completion of the program was not significant, nor was the interaction between pre- and post-test measures and the completion of the program ( $p > 0.05$ ). However, a look at the means indicate that those who had completed the program experienced greater reduction in nicotine reliance than those who had dropped out. While the two groups did not differ significantly on reliance before the intervention ( $p > 0.05$ ), those who completed the program showed lower reliance than the dropouts during follow-up, a difference that is marginally significant ( $p = 0.05$ ).

## DISCUSSION

Educating the counselors in China presented multiple challenges. Although the Chinese government issued a Chinese Clinical Smoking Cessation Guideline that includes the use of cessation assistance with medications, access to both over-the-counter nicotine replacement therapy and prescription medication were limited. Few pharmacies had these products on hand thus limiting access by clients making a quit attempt. This limitation caused modification of the cessation counseling to recommend tapering nicotine consumption by reducing the number of cigarettes smoked over time in order to reduce the physical symptoms of withdrawal.

The Chinese behavioral health professionals involved in the program were highly qualified with experience providing counseling services. However, cultural differences in providing counseling services did make translation of practices difficult. Whereas counselors in the United States would make strong recommendations related to quitting, in China, the counselors are less directive, and recommendations are more of a suggestion. The counselors struggled with the concept of "telling" clients what might be helpful. The Chinese culture accepts smoking for myriad reasons. Smoking is a tradition among the Chinese people and a sign of respect when offered to dinner guests. Although several discussions were held between faculty and counselors about how to address these cultural issues with clients (eg, telling your host that you would not be accepting his offer of cigarettes for health reasons), the counselors all felt these suggestions were exceedingly rude and essentially did not think they could even suggest them to a client.

Additionally, poor air quality in and around large cities lessens concern of cigarette smoke among the population. There is low knowledge of the harmful effects of tobacco use and some mistrust of the information related to the health risks of smoking. For example, all the counselors expressed the belief that simply cutting down the number of cigarettes smoked per day was sufficient to reverse the negative health effects of smoking and that quitting completely was not necessarily paramount in most cases.

Among the many successes of this project, using a psychologist as faculty proved invaluable. The rapport between this English speaking faculty and the Chinese counselors found commonality in their educational background and counseling experiences. Having a faculty member with a different background or experience may not have been as effective.

Repeated exposures to the smoking cessation material along with multiple opportunities to ask questions of the faculty assisted the counselors in implementing and sustaining the cessation program effort. The initial counselor



education was provided live to increase rapport and trust while the subsequent sessions were done via telephone for efficiency. These telephone sessions provided an opportunity to reinforce best practices while answering concerns related to implementation of those practices.

The support of the CGP leadership was critical to the success of this project. Both in the United States and China, the project was embraced as a strategic offering to corporate customers and the employees of these companies. The leadership team, project management, and counselors embraced this effort leading to its success. The counselors were enthusiastic and engaged in the education and implementation. The professionalism was evidenced throughout the effort.

### Remaining Issues

Although this small study had impressive results related to cessation, the transferability of the model to the larger Chinese population is unknown. The intensive education of the small group of counselors with access to expert faculty may not be feasible as an educational strategy. Additionally, while the number of clients seeking to quit tobacco use was impressively over 200, this pales in comparison to the number of smokers in the targeted population. Until more education is delivered on the hazards of tobacco use and the population supports a tobacco-free environment, the impetus to quit may not be sufficient. The counselors reported the difficulty of discussing the cultural issues of tobacco use with clients.

The model used for this education proved successful. Adapting best practices to the local environment enabled counselors to implement a practice protocol to assist tobacco users in their cessation efforts. Whether this model would be successful in other countries is unknown. However, in areas where support from quitlines and medications are available, the model may yield even more impressive results.



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Appendix

# Client Tracking Worksheet

## Client Identification \_\_\_\_\_

Timing/ Call sequence	Description	Date
Call #1	The client was advised/ positive reinforcement of the decision to quit using tobacco.	_____
Call #1	The client's readiness to make a quit attempt was assessed.	_____
Call #1	The Fagerstrom Nicotine Reliance Score was completed. The score was _____.	_____
Call #2	A quit plan was developed. It involves: <ul style="list-style-type: none"> <li><input type="radio"/> CBT</li> <li><input type="radio"/> Medication recommendation _____</li> <li><input type="radio"/> Stress management techniques</li> <li><input type="radio"/> Relapse prevention counseling</li> </ul>	
Each call	Follow-up counseling was arranged. Date for follow up _____ Date for follow up _____ (quit date) Date for follow up _____ Date for follow up _____ Date for follow up _____	Dates of any calls from client to counselor. _____ _____ _____
~30 days post quit date	Administer Client Satisfaction Survey	_____
~90 days post quit date	Date of the client's last cigarette? _____ If appropriate, are you smoking on a daily basis? Yes No _____ If appropriate, number of cigarettes since the quit date. _____	_____
~90 days post quit date	If date of last cigarette less than 1 month previous, administer Fagerstrom Nicotine Reliance Assessment. Score _____	_____



# CHESTNUT GLOBAL PARTNERS SMOKING CESSATION FACILITATOR GUIDE

## Session One: Orientation

- Introduce yourself. Provide a brief background of your counseling/smoking cessation experience.
- Ask the client to give you a brief history of their smoking behavior including when they started smoking, how many times they have tried to quit, and what brings them to want to quit now. Reinforce all motivations that are mentioned at this time.
- Then, as a way to build confidence, also ask the individual to state an accomplishment that they are proud of. Acknowledge their success by saying something like “If you can do that you can certainly quit smoking!”
- Outline the schedule. Typically you will be doing each of the six sessions at around the same time for six consecutive weeks. However be sensitive to individual scheduling issues and try to accommodate changes as much as possible.
- Discuss the counseling process. Remind individuals that what they discuss is confidential and that you will not be going back to their employer with specific information about their life. Everyone must feel comfortable enough to reveal whatever he or she needs to during their sessions.
- Review the “What’s in a Cigarette” handout. Most individuals have no idea about the ingredients in a cigarette and what they do to the body. Therefore, it is vital that you explain the negative health consequences of inhaling these chemicals. This helps the client begin to understand why smoking is so harmful and why it is important to quit.
- Briefly explain the three aspects of smoking and how this program will deal with each:
  - Addiction to nicotine
  - Habit
  - Psychological Dependency
  - Use smoking cessation medication
  - Learn to cope
  - Change beliefs
- Explain the importance of the quit day. Emphasize that quitting on a specific day has been shown to be the best way to stop smoking. The idea of “gradually” or “eventually” quitting does not work although slowly tapering the amount you smoke prior to the quit day is a good way to get ready to quit for some people. Generally speaking, the quit day will be the third session you have with each client.
- Review the available smoking cessation medications. Use the Comparison of Smoking Cessation Medications as a guide.
  - Help each client determine which medication they will use. Refer any questions that you cannot answer to the client’s local pharmacist or MD. Advise having a two week supply on hand at all times.  
**Each person will begin using the patch or gum the morning of their quit day, when they awaken. If the individual is using Bupropion or Varenicline they must start that a week to ten days prior to their quit day to build up a therapeutic blood level. Advise these clients to obtain and fill their prescription immediately**
  - Emphasize that these products simply reduce or eliminate withdrawal symptoms. Even though they are a very integral part of this process, they are not magic pills that “make” you quit smoking. Only the individual can do that by coping with the urges and desires to smoke.
- Coping is the key concept you want to introduce during this session. You will be focusing on teaching the client how to cope with the urges to smoke throughout the next six weeks. You want each individual to devise a personal coping plan with your help. Successful coping is the key to maintaining long term cessation.

- You will begin to introduce specific coping techniques during next week's session. For the time being *briefly* introduce the following concepts:
  - Coping is learning to deal with the thoughts, urges and desires for a cigarette without smoking.
  - There are two types of coping techniques, changing what you do and changing how you think.
  - You can make these changes before getting into a tempting situation to eliminate urges.
  - You can also make these changes right in a situation to deal with urges that do come through.
  - Coping must be actively worked on for at least six to eight weeks to break all the triggers and connections to smoking.
  - Over the next weeks we will be devising a personalized plan from the list of techniques found in the "**Coping Dictionary**" Handout.
- End the session by suggesting the following: "During the next week pick one situation when you used to smoke and do not smoke in that situation. Record what happens when you do this. Pay attention to how you feel. We'll discuss the experience next week."
- *Many clients may be interested in your own smoking experience. By all means, tell the truth.*
  - *If you have never smoked don't be afraid to say so. Some individuals will come to counseling with this attitude-- if the counselor has never smoked he or she cannot "really" know what it is like to quit and therefore cannot effectively help me. This comes from the Alcoholics Anonymous model in the U.S.*
  - *However, you do not have to be an ex-smoker to effectively provide smoking cessation counseling. Remind doubters that most health care professionals treat individuals for conditions that they have never had. Or, you may simply say, "I have been specifically trained as a smoking cessation counselor. I have the knowledge and information that you need to quit successfully." Besides, you have undoubtedly made some behavioral change in your life. That experience can help you connect with these individuals. Refer to that experience if someone is especially resistant. Also remember that this individual is probably looking for some reason not to quit! Do not let "never being a smoker" be a barrier to doing this counseling. Many successful smoking cessation counselors have never smoked.*
  - *If you are a former smoker use the experience as a way to empathize with the client. However, do not fall into the trap of thinking that everyone will go through exactly what you did when you quit. Remember that each quitting experience is unique and a successful counselor tailors his or her advice to each quitter's specific needs.*

## Session Two: Preparation

- Allow a few minutes at the beginning of the session for feedback about last week's assignment. Also solicit feelings about quitting, reactions to the information from last week, and then deal with any pressing questions.
- Proper preparation is half the battle in quitting successfully. Review these important steps to take during the next week. Use the "**Planning for Change**" handout as a way to organize this session. You can complete this along with the client or have them complete it on their own after the phone consultation.
  - Clean house. Tell the client to get rid of ***all*** of their cigarettes by the quit date. **There are no exceptions.** If someone keeps a few cigarettes "just in case", they will smoke them! Instruct everyone to get rid of all smoking related paraphernalia as well. Ashtrays should be washed and put away if they are valuable. Otherwise, throw them away also.
  - Understand motivations. Have the client write his or her motivations on a 3x5 card for future reference. Be specific. "Health" has no impact. "Keeping myself from getting emphysema" does.

- Break through barriers. Even though someone wants to quit there can still be powerful reasons that they use as rationales to continue to smoke. Identify these barriers now. This will be the bulk of what you will deal with in the last few sessions so lay solid groundwork here.
  - Lay this groundwork by teaching “Anticipate—Plan—Rehearse”. In other words, know what situations or areas will be a problem ahead of time. Devise a plan to deal with that situation before it is encountered. Then practice that plan until comfortable. You can role play these scenarios if the person is comfortable doing so.
- Get more specific about coping techniques today. Give an example of coping by showing what else someone could do after a meal instead of smoke. Then discuss how to change the morning routine. You can get very specific here. Make sure to include cognitive and behavioral techniques in each example. You want to make it very clear that these techniques are practical, doable, changes that can easily be incorporated into everyday life.
- Remind the individual that we will begin to develop a personalized coping plan next week. In the meantime, encourage him/her to identify three specific trigger situations on their “**Planning to Quit**” form and to think about ways to cope with these situations. You and the client will decide the specific coping techniques to be used during the next session.
- By the next session, have the caller identify at least one individual who will act as his or her support person. This should be someone the quitter can call upon when needed not someone who will nag or police. Remind them not to pick individuals who will give them cigarettes or otherwise sabotage their efforts.
- Identify which cessation medication the client will be using and remind the individual to have their supply ready for next week. If someone is using Bupropion or Varenicline they should begin today, at the latest.
- *Other smokers in the household. If there are other smokers in the household suggest that the quitter:*
  - *Negotiate with the smoker when and where he or she will smoke. Limit smoking to one room, section of the house, or outside.*
  - *Ask the smoker to keep their cigarettes out of site.*
  - *Ask the smoker to use one ashtray that is kept clean and stored when not in use.*
  - *Finally, after three or four week, take the housemate out for a special dinner to thank them for cooperating.*
- **Suggest a quitting ceremony. In many cases, the quitting ceremony can have significant emotional impact for the quitter. It is a tangible moment to mark the transition from smoker to nonsmoker. Don’t be specific as you probably don’t know the client well enough at this point to tell them what to do. Suggest that the ceremony be an individualized, meaningful event. The ceremony should take place the night before their quit day after they have had their last cigarette.**
- Normalize ambivalent feelings. Even though someone may have a strong desire to quit they still may be unsure about proceeding. They may have tried before and failed. Or, this may be their first quit attempt and they are somewhat frightened of the unknown. In any case, let the individual know that these feelings are normal. Help them focus instead on their motivations for quitting and the fact that they have decided to take this step.
- Allow for questions and conclude the session

## Session Three: Quit Day

- Congratulate the individual for taking this big step. Be upbeat and positive. At all times emphasize that quitting is doable.
- Give the caller a few minutes to describe how he or she prepared for today. Have them describe their quitting ceremony. Work through any feelings of ambiguity or anxiety they may still be feeling. Ask if they have gotten rid of all their cigarettes. If they haven't, encourage them to do so right now while they are on the phone with you.
- This session will focus on teaching coping. Your key tool is the **"Coping Dictionary."** Emphasize that the quitter can refer to this to determine coping techniques for their particular trigger situations even if you do not cover those specific situations during this session.
  - Review the concept of coping and the importance of using these techniques for the next few months.
  - Briefly describe cognitive coping and give some basic examples.
    - Thought stopping
    - Distraction
    - Visualization
    - Accepting the thought
  - Briefly describe behavioral coping and give basic examples.
    - Deep breathing
    - Avoidance
    - Escape
    - Changing patterns/routines
  - Get specific. To expedite matters review techniques for these five common trigger situations unless you know they do not apply to this particular client. Make sure to describe both cognitive and behavioral techniques. Ask, "What else could you do instead of smoke?"  
for each of these situations prior to providing specific suggestions:
    - Morning Routine
    - After meals/coffee/tea
    - Alcohol/Socializing
    - In the car
    - On the phone
- While reviewing all these techniques instruct the individual to take notes about which coping strategies they will use on their **"Planning the Quit"** handout.
- After completing the section on the top three trigger situations ask the individual to identify other specific problems areas that have not been covered.
- Now, have the individual identify at least one specific barrier that they anticipate will give them a problem in the weeks to come. Strategize possible solutions and formulate specific plans to deal with each barrier. Use the Anticipate-Plan-Rehearse model.
  - Note that many individuals will mention stress as their barrier. Although we will spend a good deal of the next session discussing stress management, give these general suggestions to deal with stressful situations during the coming week:
    - Be sure to eat right, get plenty of sleep and begin a walking program. Walk for at least twenty minutes at a brisk pace every evening this week.



- Practice deep breathing throughout the day. Use a cinnamon stick or a straw to help draw in the air if you need to.
- When you encounter a stressful situation, take a step back and say to yourself, “I am in control” or “I can handle this”.
- Talk to someone about the situation before you act.
- Make sure the client understands how to use their cessation medication correctly. If questions remain refer them to their local physician or pharmacist.
- Remind the caller to contact their support network throughout the next week.
- End the call by congratulating the individual on taking this step in whatever way you feel comfortable.

## Session Four: Stress Management

- Begin the session by soliciting comments about the prior week’s experience. Ask the individual to describe his or her “wins”. In other words, focus on success, on what worked for each person. Reinforce successful coping strategies.
- Then review challenges. What was the biggest hurdle encountered this past week? How did the individual deal with it?
- If someone slipped deal with it as follows:
  - Address negative emotions. Redirect the individual to focus on the success of the quit rather than “failure” of the slip. Use the “Here’s-how-many-cigarettes-you-didn’t-smoke” example reviewed in the training session.
  - However, be very careful not to make the slip itself seem like a positive event. If you do so they will only slip again.
  - Once you have successfully dealt with the negative emotion, strategize about specific coping techniques for that slip situation. Get a brief description of the slip scenario to help the strategy session.
- Review medication use and deal with any specific problems.
- Deal with any withdrawal symptoms that may still be an issue.
- Discuss the individual’s coping plan. Refine the plan where necessary.
- Present stress management material. Refer to the **stress management handout**. Again, as you discuss general ideas about stress management encourage the caller to develop a personal stress management strategy. This will be the same process you used in developing the individual coping strategies.
  - Practice “Relaxation Technique” if possible.
  - Review these five main stress management strategies:
    - **Exercise.** Refer interested parties to appropriate local programs. (Aerobics, personal training, weight training, etc.) If this is not an option, encourage the client to walk vigorously for at least twenty minutes a day.
    - **Visualization.** Ask the individual to visualize a stressful situation. Then suggest that they see themselves successfully dealing with the situation without a cigarette. If you have the time you can take them through the situation while you are on the phone.
    - **Separate the cigarette from the situation.** Have the client describe a specific stressful situation where the individual used to smoke. Challenge the client to prove that smoking helped them deal with that situation. Ask “How did smoking make this situation better.” Remind him/her that every problem has a solution that does not involve smoking.

- **Challenge the belief that there is some ingredient in a cigarette that calms or relaxes.** Remind the individual that they have always dealt with their own stress.
- **Allow some “down” time every day.** Listen to a meditation or relaxation tape. Get a massage once a week. Refer interested parties to local stress management programs.
- End the session with some encouraging words for the coming week as you see fit

## Session Five: Benefits of Quitting

- Begin the session by soliciting comments about the prior week’s experience. Ask the individual to describe his or her “wins”. In other words, focus on success, what worked for the caller. Reinforce successful coping strategies.
- Then review challenges as you did last week.
- If someone slipped deal with it as follows:
  - Address negative emotions. Redirect the individual to focus on the success of the quit rather than “failure” of the slip. Use the “Here’s-how-many-cigarettes-you-didn’t-smoke” example reviewed in the training session.
  - However, be very careful not to make the slip itself seem like a positive event. If you do so they will only slip again.
  - Once you have successfully dealt with the negative emotion, strategize about specific coping techniques for that slip situation. Get a brief description of the slip scenario to help the strategy session.
- If someone has relapsed deal with it as follows. Use the “**Help I’m Smoking**” handout as a guide:
  - Get a brief description of the sequence of events that precipitated the relapse.
  - Strategize about targeted coping. “What else could you have done in this situation other than smoke?”
  - Frame the relapse as a learning experience. “What do you now know about yourself that you did not know before?”
  - Frame quitting as a process where this new information can be used to make the next quit attempt successful.
  - Encourage the client to set another quit day.
  - If yes, set the day as soon as possible. Remind the individual to get rid of any remaining cigarettes, etc.
  - If no,
    - Ask “What else do you need now from me to help you get back on track?”
    - Deal with “What’s keeping you from trying again?”
    - Review medication use. If someone is smoking intermittently they can continue to use their medication. Stop medication entirely if someone is smoking on a regular basis throughout the day.
    - Invite them to still participate in the call next week.
  - Avoid using the word failure when discussing relapse.
- For those individuals still quit, review medication use. Make sure the individual is committed to using their cessation medication for the proscribed period.
- Emphasize the positive aspects of quitting. Ask the caller to compile a list of reasons that show they are happy they quit. Help him/her to shift from focusing on “what I have lost” to “what I have gotten” by quitting.

- Refine coping plans if necessary. Focus on newly discovered trigger situations as many people may not be aware that a particular situation is a trigger until they quit.
- End session by congratulating the client of their successes to date.

## Session Six: Relapse Prevention/Maintaining the Quit

- Begin the session by soliciting comments about the prior week's experience. Ask the individual to describe his or her "wins". In other words, focus on success, what worked for the caller. Reinforce successful coping strategies.
- Then review challenges as you did last week.
- If someone slipped deal with it as follows:
  - Address negative emotions. Redirect the individual to focus on the success of the quit rather than "failure" of the slip. Use the "Here's-how-many-cigarettes-you-didn't-smoke" example reviewed in the training session.
  - However, be very careful not to make the slip itself seem like a positive event. If you do so they will only slip again.
  - Once you have successfully dealt with the negative emotion, strategize about specific coping techniques for that slip situation. Get a brief description of the slip scenario to help the strategy session.
- If someone has been relapsed since their quit day or has just relapsed since the last session, offer the client the opportunity to participate in another series of six counseling sessions *if this current counseling period is their first encounter with the program and you feel that they are truly committed to quitting again*. In any case, follow the relapse protocol from the prior sessions and complete the session as outlined below.
  - Get a brief description of the sequence of events that precipitated the relapse.
  - Strategize about targeted coping. "What else could you have done in this situation other than smoke?"
  - Frame the relapse as a learning experience. "What do you now know about yourself that you did not know before?"
  - Frame quitting as a process where this new information can be used to make the next quit attempt successful.
  - Encourage participant to set another quit day.
    - If yes, set the day as soon as possible. Remind the individual to get rid of any remaining cigarettes, etc.
    - If the individual cannot participate in another round of calls with you discuss other treatment options.
    - If no,
      - Ask "What else do you need now from me to help you get back on track?"
      - Deal with "What's keeping you from trying again?"
      - Review medication use. If someone is smoking intermittently they can continue to use their medication. Stop medication entirely if someone is smoking on a regular daily basis throughout the day.
  - Avoid using the word failure when discussing relapse.
- For those who have currently quit, devise relapse prevention strategies:

- Solicit specific potential problem situations from the client that may be occurring in the near future. (Use real situations when possible. For example, someone may be going to a wedding in a few weeks or has a loved one going into the hospital.)
- Have the caller role play possible coping scenarios.
- Create individual prevention strategies for as many situations as time allows.
- Address weight gain issues if this is a concern. Refer to local programs if appropriate.
- Encourage an exercise/walking program if the participant has not already started one. Refer to local facilities if interested.
- Reinforce benefits of quitting. Assess change in attitude. How do the benefits of quitting now outweigh the loss of cigarettes?
- Investigate plans for long term support.
- Discuss what life style changes have been made that will reinforce the quit status?
- What is the individual doing that might undermine long term success? Strategize about ways to change this behavior.
- Review medication use. Since most individuals will start tapering in the next two weeks (gum and patch users) briefly discuss the concept and what to expect. Make sure the client has adequate resources for any future questions about medication use.
- End the session by thanking the client for their participation in the program and by congratulating them on any successes they have experienced since entering the program. Refer to additional follow up as appropriate.

### Suggestions for Counseling: The Process

- Always keep a positive attitude. Although you rationally know that everyone you work with will not quit, approach each session as if you are absolutely sure that this particular client will quit. This confident attitude will surely be transmitted to your client.
- Stay away from negative, emotionally loaded words. Avoid using words like agony, torture, and the like when talking about withdrawal or quitting in general. Many quitters tend to frame the process with these concepts on their own. If we use these words it only reinforces an already skewed perspective which is not helpful to quitting. While withdrawal may be uncomfortable and quitting somewhat challenging, **stopping smoking never killed anyone.**
- Do not focus on how hard it is to quit. We all already know that. Repeatedly pointing this out does not give the potential quitter much confidence. Instead, always emphasize that quitting is doable. It takes work to be sure, but it can be done!
- Although this is serious work, have fun. Keep the mood light and upbeat but don't forget that for many individuals quitting is one the most important accomplishments of their life.

## Practice Assessment Interview Guide

1. How important do you think it is to address a client's tobacco use?

Low importance...					...High importance				
1	2	3	4	5	6	7	8	9	10

2. How confident are you in your ability to advise someone of the dangers of smoking and advantages to quitting?

Not very confident...					...Very confident				
1	2	3	4	5	6	7	8	9	10

3. How confident are you in your ability to assist someone in developing a quit plan?

Not very confident...					...Very confident				
1	2	3	4	5	6	7	8	9	10

4. Is every client asked on every call about tobacco use?

Yes                      No      If no, why not? \_\_\_\_\_

5. Do you advise all tobacco users to quit using clear, strong & personalized language?

Yes                      No      If no, why not? \_\_\_\_\_

6. Do you assess every tobacco user's willingness to quit?

Yes                      No      If no, why not? \_\_\_\_\_

7. If a client is unwilling to quit at this time, do you help motivate the client by identifying reasons to quit and build the client's confidence about quitting?

Yes                      No      If no, why not? \_\_\_\_\_

8. Do you assist tobacco users in developing a quit plan?

Yes                      No      If no, why not? \_\_\_\_\_

If yes, how? \_\_\_\_\_

- Assist in setting a quit date?
- Encourage the client to remove tobacco products from their environment?
- Assist the smoker to get support from family, friends and co-workers?
- Review past quit attempts –what helped and what led to relapse?
- Assist the smoker to anticipate challenges, particularly during the first few weeks?
- Teach the client how to cope with their specific triggers to smoke?

- Assist the smoker to identify reasons for quitting and benefits of quitting?
- Give advice on successful quitting?
- Encourage the use of medication?
- Select the appropriate medication for the client?
- Provide resources such as quitlines?
- Arrange for follow-up visits to review progress toward quitting?
- Encourage repeat quit attempts, if relapse occurs?