

**Tobacco Dependence Adviser Training
Course: Acute inpatient**

Trainer's guide

Module 11: Addressing ambivalence and resistance

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Addressing ambivalence and resistance

Purpose:

- To outline the person-centred approach and behaviour change techniques required when working with patients who are ambivalent or resistant.
- To gain confidence in techniques that elicit the patient's views and questions on smoking and smoking cessation, providing reassurance, and dispelling myths in a non-judgmental, clear, and accurate manner.

Duration: 1 hour

Process:

- Presentation
- Quiz
- Small group work
- Group discussion

Resources:

- PowerPoint presentation
- (Virtual) whiteboard/sticky notes
- Breakout rooms
- Module 11 Handout 1: Patient statements

Instruction:

- See notes in presentation slides

1**Activity: What affects a patient's ability to quit?****Activity No: 1****Resources:**

Virtual delivery: Jamboard (or chat)

In-person delivery: Sticky notes (or flip chart)

Duration: 5–7 minutes

Method for virtual course:

- Ask participants to note on the virtual whiteboard responses to the following question:
 - ***What affects a patient's ability to quit?***
- Give participants 2–3 minutes to provide responses and then summarise using the summary slide that follows.

Method for in-person course:

This exercise can be run as a large group call out, flip charts, post-it notes.

- Ask participants to share responses to the following question:
 - ***What affects a patient's ability to quit?***
- Give participants 3–5 minutes to provide responses and then summarise using the summary slide that follows.

2

Activity: Applying skills to practice – patient statements

Activity No: 2

Resources: Breakout rooms, Module 11 Handout 1: Patient statements, Appendix 1: Patient statements – trainer response guide

Breakout room numbers and duration:

Option 1: 3–5 participants per group; 10 minutes

Option 2: Trainer-facilitated group discussion

Duration: 20 minutes

Method:

- Advise participants that we are now going to bring the session back to applying general communication skills to tobacco dependence treatment. These communication skills are particularly useful to address those ‘heart sink’ statements that may arise as part of the initial consultation and usually come from some ambivalence about stopping smoking.
- Ask participants to open Handout 1.
- In their groups participants will discuss, agree on, and write down **ONE** person-centred response to each of the statements on the handout which are commonly posed by patients (If time is tight provide each group with one or two statements to consider).
 - If time is tight provide each group with one or two statements to consider.
- **After 10 minutes**, bring the group together for feedback.
- **Read out a statement and then ask each group to respond.**
Repeat the process for each statement.
 - Ask the group which responses they feel would be most effective and reinforce that there are several effective communication styles which work [Use Appendix 1: Patient statements – trainer response guide to support – for trainer use only].

What to look out for:

- If a participant is wildly off in their response, the trainer can gently make another suggestion, or continue with the round allowing other participants to share their examples.
- Responses should generally include:
 - Acknowledgement of issue.
 - Elicit patients understanding of the issue.
 - Work with the patient to find a solution.

Statement 1

“Stopping smoking is the last thing on my mind right now!”

- *“It sounds like you have a lot on your mind.”*
- *“Can you tell me what are the things that are worrying you at the moment?”*
- *“It’s perfectly normal to worry about stopping, what are you worried might happen when you quit smoking?”*
- *“There are good and bad times to embark on a quit attempt, how do you feel about stopping smoking at the current time?”*
- *“What do you find most challenging when you think about stopping?” “Have you thought about some of the good things, that would come from stopping?”*
- *“What have other people explained to you about the risks of smoking?”*
- Empower patients: *“While I’d love for you to stop smoking, as we know how important it is for your health. The time to stop will always be your decision.”*
- *“Your doctor is concerned about your smoking and we are here to help with support while your in hospital. You have got nothing to lose and you might just surprise yourself.”*

Statement 2

“I used to smoke a lot. But I’ve cut down to just a few cigarettes a day. I am not willing to give those up.”

- Congratulate the patient on managing to do so well in cutting out so many cigarettes and ask them what benefits they have noticed. If they are not quite ready to abstain completely, explain that they can follow a ‘cut down, then stop’ plan with you supporting them throughout the process until they have stopped altogether.
- *“The last few cigarettes can become important to you and very difficult to give up. Also, because you are used to a certain dose of nicotine you will end up smoking the fewer cigarettes more efficiently to make sure that you get the same amount of nicotine from them as you were previously when smoking more cigarettes. This also means that you will get similar amounts of tar and carbon monoxide and so the health benefits aren’t there.”*
- Offer you support, including just providing information or support while in hospital. Making it easy for patient to engage in treatment.

Statement 3

“Don’t waste your time on me. The first thing I am going to do when I get out of here is have a cigarette.”

- Acknowledge its completely normal to be wanting to have a cigarette and that you understand they must be finding it difficult to be in the smokefree environment.
- Let them know you can support them with feeling more comfortable while in hospital.
- Focus conversation on how smoking fits in their life, removing any pressure from making a decision to stop: *“I am not here to pressure you in to stopping. I’d be interested in hearing more about how smoking fits into your life. How many cigarettes are you smoking a day. What does a day typically look like for you...when you wake up when do you have your first cigarette?”*
- Learn about any past attempts to stop: *“Have you ever tried to stop in the past?”*
- Acknowledge how they are feeling, congratulate on any past success, support them with addressing urges to smoke while in hospital, offer support with building on that success. Keep the door open.

Statement 4

“And what do you know about my smoking and my life? Have you ever smoked?”

- *“What makes you interested in that?”*
- *“Is it important for you to know if I have smoked?”*
- Tell the truth:
 - *“No, though I have been trained to understand the addiction and treatments on offer. I have helped X people stop. We offer an NHS evidence-based service that’s based on your needs and although everyone’s different, my experience can help you get through one of the most difficult addictions and become a successful non-smoker.”*
 - *“Yes, I smoked and in that way can understand first-hand how challenging it can be to stop.”*
 - *“If you do smoke currently, it is up to you whether you share or not.”*
- Acknowledge the patient’s feelings and that you don’t know about their life, but you are here to support them while in hospital. I know how hard it can be just to think about stopping.
- *“I don’t know much about your life, but I am here to support you with feeling comfortable while here in hospital and would be really pleased to sit down and learn more about how you are doing while in hospital.”*
- *“There is no pressure from me. But I can help make your stay here in hospital just a little easier, and maybe help you reduce your smoking a little. Set a small goal in the right direction.”*