

Tobacco Dependence Adviser Training Course: Inpatient Mental Health

Trainer's guide

Module 21: FAQs: Patient and staff scenarios

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FAQs: Patient and staff scenarios

Purpose:

- To summarise key course learning outcomes through responding to patient scenarios.

Duration: 30-40 minutes

Process:

- Responding to patient scenarios in two groups

Resources:

- Breakout rooms
- Appendix 1: Patient scenarios

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Activity: FAQs: Responding to patient and staff scenarios

Activity No: 1

Resources: Breakout rooms, Appendix 1: Patient and staff scenarios

Breakout room numbers and duration: Two rooms, participants divided equally between each; 30 minutes

Duration: 30 minutes

Method:

- Advise participants that the group is now going to split into **two breakout rooms** with one trainer in each room for **30 minutes**.
- The trainer will explain what we are going to do when we get into the breakout room

Breakout room:

- Ask participants to select a **screen view that ensures everyone** in the session can see each other.
- Participants are going to consider some of the common **questions and comments received from patients and staff**.
- Remind participants of the core communication skills but to also be aware that some questions are of a technical nature. In other words, they require a straight answer
- **It's important to create a 'safe' environment for participants to feel supported to attempt a response.**
 - Explain that it's ok to get it wrong and we are all here to help should anyone need it – there may also be more than one response to each question so people may have other ideas they want to chip in too.
- Ask each participant to call a number from 1–14. You will ask the corresponding question on the patient scenario list (Appendix 1) and they will then respond as a practitioner. Score the question off once the number has been picked. There is a supplemental list of questions that can be used if time permits. You can go back around to the group with a second question, if all trainees have responded to one statement already.

Look out for:

- Not dealing with ambivalent questions by using the communication skills.

- Tendency to avoid giving straight answers to knowledge questions.
- **Uncomfortable/threatened inexperienced advisers:** allow them to pass the question on to someone who is more experienced or has encountered the question before.

Suggested trainer responses [for trainer's reference only]

1. **[Staff statement]** “The patient has a psychotic episode and is having a difficult time. We can look at stopping smoking at a later time.”

Suggested response:

- It won't be unusual for some patients to not be stable enough to speak to you as a TDA.
- Agree that support in the form of TDA consultation can be rescheduled when patient is stable. Work with care team to ensure the patient is being treated for acute nicotine withdrawal. Agree to when follow-up can occur from the Tobacco Dependence Team or at least when the team should check back in. Be sure to check back in on patient in 48–72 hours and re-assess.

2. **[Staff statement]** “Mr Jones is taking clozapine, so best not to have him try to stop smoking.”

Suggested response:

- An important opportunity to ensure that use of clozapine is not a contraindication to tobacco treatment or use of stop smoking aids. Discuss with clinician the current guidance and importance of treatment.

3. **[Staff statement]** “I have already spoken to the patient about NRT, he wasn't interested.”

Suggested response:

- This is valuable information and you may wish to learn more from staff members about the patient and any discussions they may have had.
- Let staff know that you value that information and that we will want to ensure we follow-up to see how the patient is doing with withdrawal symptoms and urges to smoke, if they are smoking.
- It's an opportunity to mention that sometimes learnings more about how safe the NRT products and that you can still smoke while you use them is helpful.
- You can also inform staff person that as part of your assessment you can see about speaking to the patients about the use of a nicotine vape or nicotine analogue.

4. **“What does my smoking have to do with my recovery here in hospital?”**

Suggested response:

- Explain the benefits to both their physical health and mental health recovery:
- *“Using this opportunity to go smokefree while you are in a no-smoking environment is really important, for your mental and physical health, there will be significant health benefits”.*

5. **“Won’t stopping smoking make my mental health worse?”**

Suggested response:

- Use as an opportunity to probe further: Have you ever tried to stop smoking before? What happened when you did?
- Stopping smoking does not have a detrimental effect on your mental health. In fact just the opposite is true. *“People who stop smoking suffer less from stress and depression than smokers and actually report being happier...”*
- *“There will be a period of adjustment but that’s why I’m here, to support you throughout that time with the help of stop smoking medications. People often feel a little bit more irritable and or depressed after stopping, this is normal and will only last for a few weeks. What could you do if this happened to you?”*

6. **“I’ve never gone more than a day without a cigarette before. What is it going to feel like?”**

Suggested response:

- Share how other patients have benefited from going smokefree and the benefits they have felt after this short period of withdrawal.
- *“People experience stopping smoking in different ways, however, most will find that they experience some urges to smoke and some tobacco withdrawal symptoms, for example irritability, low mood, poor concentration but these can all be eased by using a sufficient amount of NRT or a vape.”*
- *“Tobacco withdrawal is temporary and will pass (as long as you don’t smoke), it’s not dangerous and using a stop smoking medication will help.”*

7. **“Is it ok to wear a patch and smoke?”**

Suggested response:

- *“Yes, it is completely safe. The fact that you are still wanting to smoke whilst wearing your patch tells me we should so look at increasing the amount of nicotine you are receiving to ensure you are getting enough as we can increase this to help with any urges to smoke you may be getting.”*

8. **“How long will the withdrawal symptoms last?”**

Suggested response:

- Explain that the withdrawal symptoms will be lessened by ensuring that they take the maximum amount of medication based on their levels of dependence to tobacco.
- *“Most withdrawal symptoms will start to subside by the time you have been completely smokefree for around four weeks.”*

9. **"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."**

Suggested response:

- 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."*

10. **"I've tried to stop many times and never managed."**

Suggested response:

- *"Many people try several times before they manage to stop for good. You can use the experience from stopping previously to help with this one."*
- *"You have a much better chance of success when you stop with support and medication."*
- *"What's the longest you managed?" "How did you do it and how much better did you feel?"*
- *"What did you find helped you?", "What did you find difficult? You can use this to help you work through it this time."*

11. **Patient taking varenicline: "I am feeling quite nauseous."**

Suggested response:

- Explain that this is a common side effect with taking varenicline that often wears off over time (first two weeks)
- Nausea is reduced when the medication is taken after food so to ensure that they have eaten before taking each dose.
- If the nausea persists after these preventative measures have been taken, then the dose can be reduced to 0.5mg twice daily.
- If severe and putting the patient off abstaining from smoking, you may need to consider discussing a switch to NRT and/or a vape

12. **Patient using mouth spray: "My stomach is really upset."**

Suggested response:

- Advise patients this can often occur if you swallow the spray and that it can be addressed fairly easily.
- Review correct technique, which is to avoid swallowing for 15 seconds after using spray.

- Ask them to see if that works to address the stomach upset and if not that you can revisit.

13. **“I am really worried about how I am going to cope when I get back home.”**

Suggested response:

- You have done so well here in the hospital. It's really great that you are thinking ahead to when you return home.
- Being back home can mean old routines, situations where you normally would smoke. But it can also be a fresh start.
- I'd like to hear more about what you are concerned about, we can work together to make sure you have a really good plan in place to help you stay smokefree when you are at home.
- We can take it one step at a time and I am confident that you will be able to keep up with staying smokefree.

14. **[Follow-up two weeks following discharge] “I have gone back to smoking. Everyone I know smokes, what's the difference anyway.”**

Suggested response:

- A lot of people find it hard to stay smokefree once you leave hospital. You had done really well and there is no reason you can't get back on track.
- I am curious to know what caused you to go back to smoking. Tell us what has gone since you left hospital with your smoking.

Extra questions, if time permits:

15. **“Smoking is the only enjoyment I have in my life?”**

Suggested response:

- I hear that a lot from my patients. Tell me what you find enjoyable about smoking? Is there anything you don't enjoy about smoking?
- I can share with you that that enjoyment you feel may just be the cigarettes playing tricks on you. When we are addicted to cigarettes we find that a drag on a cigarette can be really pleasurable, you feel more relaxed, calm, etc. These feelings can be deceiving. Can I tell you more about how tobacco dependence presents itself?
- Outside of smoking what else do you enjoy doing?

16. **“Tell me more about the support once I am discharged?”**

Suggested response:

- You have done so well here in hospital and we will want to ensure that you have support with keeping this up after you leave hospital.
- We try to ensure you have support from colleagues after you are discharged from hospital. We have a team of advisers at the local stop smoking service that we can refer you to. They can continue to support you

with NRT products you are using and the specialist there can meet with you to ensure you have the support you need to stay smokefree and deal with any challenges that come up.

- We also have a community pharmacist that follows patients after discharge and that might be an option that suits you.

17. **“I’ve got a lot going on. I’m worried about how I’ll cope with stress when I stop smoking”**

Suggested response:

- Normalise that this is a common concern.
- Can I give you some information on how nicotine works....[dispel stress myth]
- Using a stop smoking medication (enough for long enough) will help with cravings and tobacco withdrawal
- “What do you usually find calming?” Some examples that may help e.g. deep breathing, walking, talk to someone.

18. **“I’ve been smoking for so long that you can’t expect me to stop just like that; shouldn’t I cut down first.”**

Suggested response:

- Empathise that for this patient smoking has been a part of their life for a long time and stopping feels like a big step.
- *“What worries you about stopping completely?”*
- *“Have you tried cutting down in the past? What happened?”*
- **Explain the rationale for abrupt cessation and that research and clinical experience shows that the best way of stopping is to do it abruptly.**
- *“The last few cigarettes can become really 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 when you were smoking more cigarettes. This also means that you will get similar amounts of tar and carbon monoxide and so the health benefits aren’t really there.”*
- **Provide reassurance about using a stop smoking medication (combination NRT) and use of nicotine containing vape to manage tobacco withdrawal.**
- *“If you do not feel ready to quit in one go, a structured reduce to stop approach, where we start by cutting back and work our way towards stopping, is a great option and I can support you along the way.”*

19. **“It’s all I’ve got to be honest, I don’t have much else in my life, smoking passes the time”**

Suggested response:

- Empower people to develop skills to plan their own time in a meaningful, individual way.

- We can assist patients with cultivating a variety of interests and activities. Rather than just staying busy it can be helpful to specifically seek out activities that the individual finds meaningful or rewarding. Ideally this would include spending time with other non-smokers and making meaningful connections.
- Given that many patients with SMI have limited disposable income, it can be important that when planning activities for addressing boredom or stress that these be low cost.
- In your Day 2 Handouts you will find the “activity and interest ideas” planning tool. This tool can be used to help discuss with patients activities they may enjoy. Patients can independently review the activities and check off those that would interest them, or this can be facilitated through a conversation: *“Here is a list of activities that you might find of interest, check those that appeal to you.”*
- We know that some mental health trusts have organised regular walking or exercise groups that provide alternative activities for people with SMI who smoke, and this may be something that other trusts wish to consider.

20. **“I also smoke cannabis.”**

Suggested response:

- *“How do you smoke it?”* (Note: most people smoke it with tobacco).
- *“The best thing for your quit attempt is to completely stop smoking both cannabis and tobacco. Even in the long-term, a return to using cannabis puts you at high risk of relapsing back to cigarette smoking. What are your thoughts about this?”*
- If the patient is prepared to stop using cannabis with tobacco but feel that they cannot, or don’t want to, stop using cannabis altogether, then there are a number of alternatives to reduce the harm caused by their cannabis use and to maintain their chances of abstinence from smoking.
- Switching to a non-combustible cannabis product or method is a harm reduction approach that can be considered for patients making a quit attempt as they do not involve tobacco. It is important to note that switching the way that cannabis is used may alter the effect of it.

21. **Two weeks post-quit: “I feel really down about stopping smoking. It’s making my mental state worse.”**

Suggested response:

- *“Can you tell me more about the ways in which stopping smoking is making your mental state worse?”*
- *“When you say really down, how does this feel? How down have you felt like this?”*
- *“What’s the hardest thing right now, for you, about not smoking?”*
- *“How is this affecting your day-to-day life?”*
- *“In sharing this with me, what you are best hopes as to how I can help?”*
- Responses to the above from the patient will help both the patient and the tobacco treatment adviser to unpick what is going on; is this a usual part of tobacco withdrawal and stopping or something else? They can consider

whether it will be sufficient to provide information about feeling down being a normal withdrawal symptom, reassurance, encouragement and enhanced support, or whether there is something else going on. For example, if the person is really struggling with their mental ill health, liaising with their care coordinator may be helpful.

- It is important to empower the patient, reminding them that it is always their choice as to whether to continue with a quit attempt. They can choose to stop at any point and they can always opt back in. The door is always open and they can build on the progress they have already made.
- Listing pros and cons might help the patient reflect more on whether to continue with the quit attempt or to pause.

22. **“Last time I stopped smoking I had a lot of negative side effects, I was jittery all the time, couldn’t concentrate and I’m not sure if there’s anything I can do to make it easier this time.”**

Suggested response:

- Normalise withdrawal and discuss what they can expect, how long symptoms last and the importance of having a plan to help with managing withdrawal and cravings, including sufficient, regular and proper use of stop smoking medications or vapes.
- Ask if the patient drinks a lot of coffee or other caffeinated drinks. Feeling jittering is not a withdrawal symptom but can be related to caffeine intake. Caffeine consumption should be reduced after stopping smoking. Discuss caffeine intake and the importance of reducing to ensure they are not over caffeinating. Reduction may need to be up to half for heavy coffee drinkers.

23. **“Why are you giving me two types of NRT, do I really need a patch and these lozenges as well?”**

Suggested response:

- *“We have good evidence to show that using two types of NRT significantly increases the likelihood of you staying smokefree for good. You will also be less likely to have urges to smoke or experience any withdrawal symptoms from the tobacco.”*

24. **“My doctor told me it’s a good idea to be thinking about stopping now.”**

Suggested response:

- *“Plenty of our patients do get asked to stop smoking by their doctor as it is something that is very important to your physical and mental health”*
- *“What did your doctor say about your smoking?”*
- *“What did your doctor tell you about the support and treatment you could get?”*
- *“What would be the advantages of you stopping smoking right now?”*
- *“Have you tried stopping previously? What’s the longest period you managed to stop for?”*

25. **“You’ve given me a patch and six cartridges for the inhalator, but I still feel irritable and can’t concentrate. Can I have more cartridges?”**

Suggested response:

- Check that the patient is using the medication correctly and maybe check the HSI dependence score to ensure the dosage is sufficient to manage any withdrawal symptoms
- *“If you are still feeling uncomfortable after taking the maximum dose for your inhalator then maybe we should explore some other faster acting products for you to try or increase the dose of your patch?”*

26. **Patient using patch: “I have a lot of skin irritation from the patch.”**

Suggested response:

- Check first that the patient is using the patch as prescribed.
- Check that they have tried changing the placement.
- Some skin irritation is normal but not if it is causing a lot of discomfort.
- Sometimes a change of brand can help

27. **“If I use a vape wouldn’t I just be swapping one addiction for another?”**

Suggested response:

- *“Not at all, the nicotine you receive from a vape is in a safer form than in your tobacco and much less addictive.”*
- It is nicotine in cigarettes that is addictive and vapes contain nicotine, so there is no swap in addiction. But with vapes, there is no burning and therefore no tar, carbon monoxide and other harmful products that are inhaled from tobacco smoke.
- Vaping offers a significantly less harmful way of consuming nicotine than smoking and can be an effective way of stopping smoking.

28. **“I can’t afford to put on any weight and I know, if I do, I’ll start smoking again.”**

Suggested response:

- Has this happened to you before?
- If you achieved your goal to stop smoking, how much weight gain could you accept?
- What is your biggest concern about weight gain?
- What measures could you take to keep the weight down?
- Would you like some suggestions from me on how to avoid weight gain?
- What’s more important to you right now, stopping smoking or your weight?

Short response:

“Putting on weight isn’t inevitable, but you would probably have to exercise more or eat less to not gain some weight when you stop smoking. This is a lot to ask and most people decide to concentrate on one thing at a time – and stopping smoking is the best thing that you can do for your health. Most smokers who put on weight when they stop do not go back to smoking because of it, they wait until they are confident that they are a non-smoker (two or three

months) and then they think about dieting or exercising – is this something that you could consider?”

29. **“I’ve tried patches, gum, the lot! - and none of them work for me.”**

Suggested response:

- *“What have you tried? Tell me how you used the medicines (technique)?”*
- *“How long did you use the medicines for and how much?”*
- *“Why do you think the medicines didn’t work?”*
- Medications, and using them properly, are an important part of a quit attempt, but they are not a magic cure. Being determined to quit, getting specialist help from someone like me, changing your routines, getting the support of friends and family – and a little bit of luck – are all components of a successful quit attempt. Shall we talk about how you might be able to get all of these things in place?