**Community mental health tobacco treatment training**

# Day 1: Handout 4

## Initial assessment checklist and patient profile

## **“Cut Down to Stop” (CDTS)**

**Clinical Checklist**

|  |  |  |
| --- | --- | --- |
| **Intervention** | **Observed** (tick) | **Done** (tick) |
| 1. **Learn about the patient and build rapport** |  |  |
| 2. **Assess current readiness and ability to quit   and personal reasons for quitting** |  |  |
| 3. **Inform the patient about the support programme and options for quitting abruptly (in one go) or more gradually (CDTS)** |  |  |
| 4. **Assess current smoking routines and anticipated barriers** |  |  |
| 5. **Agree to the reduction plan: reduction goal, date and method   to be used** (what cigarettes will be cut?) |  |  |
| 6. **Assess tobacco dependence** (and explain how tobacco dependence develops) |  |  |
| 7. **Agree on plan for use of stop smoking medication or vape** |  |  |
| 8. **Identify smoking triggers and coping plan** |  |  |
| 9. **Summarise CDTS plan** |  |  |

**Communication skills**

|  |  |  |
| --- | --- | --- |
| Build rapport |  |  |
| Boost motivation and self-efficacy |  |  |
| Use reflective listening |  |  |
| Provide reassurance |  |  |

**Community mental health tobacco treatment training**

**Patient profile – “Cut down to stop”**

**Michael, 55 For skills practice focus on:**



**Inform the patient about the support programme and options for quitting (“in one go” or “CDTS”)**



**Assess current readiness and ability to quit   
and personal reasons for quitting**



**If appropriate, agree to the reduction goal and method   
to be used for reduction (what cigarettes will be cut?)**



|  |  |
| --- | --- |
| **History** | 55-year year-old male living with schizophrenia, taking clozapine. Lives alone or with roommates. |
| **Readiness and  ability to quit** | Does not think he could ‘just stop like that’ – tried it in past, didn’t last long.  Willing to try cutting down and will think about setting a quit date later. |
| **Motivation** | Really wants to quit, does not like the smell and just cannot afford it. |
| **Support** | Most family and friends smoke and are unlikely to be supportive of him quitting.  Keen to get professional support from you. |
| **Barriers** | Daughter he sees fairly regularly smokes and does not think he will manage it (quitting).  If he doesn’t smoke he can’t think what he will do instead. |
| **Current smoking** | Smokes around 50 cigarettes/day, more at the weekends when not doing as much. |
| **Past quit attempts** | Managed to stop a few times but only for a few days/weeks.  Last attempt two years ago. |
| **NRT history** | Tried ‘cold turkey’ last time. Does not know what he would like to use. |
| **Medication choice** | Not sure, but a friend uses a vape (e-cigarette) and he is thinking of using one. |
| **Risk situations** | Going to the pub, seeing daughter, first thing in the morning, coffee breaks. |

**Ask the following question(s) to test the advisors ‘cut down to quit response’:**

*“I thought I might just switch to using e-cigarettes all the time.”*

*“If I cut down a bit I’ll be a lot healthier and may be able to take less medication (clozapine).”*