

Community mental health tobacco treatment training

Training guide: Module 17

Responding to patient scenarios Part II

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Importance:

- It is important that Advisors know how to respond to client scenarios that may arise during treatment.

Purpose:

- To summarise key course points through responding to patient scenarios.

Process:

- *Responding to patient scenarios in two groups*

Resources:

- *Appendix 1: Patient scenarios*

Activity: Responding to scenarios [Virtual delivery instructions]

Resources: Appendix 1: Patient scenarios and breakout rooms
Breakout room numbers and duration: Two rooms, participants divided equally between each; 30 minutes
Duration: 30 minutes
<p>Method:</p> <ul style="list-style-type: none"> Advise participants that the group is now going to split into two breakout rooms for 30 minutes, with one trainer in each room. Inform participants that the trainer will explain the activity once in the breakout room. <p>Breakout room:</p> <ul style="list-style-type: none"> Ask participants to select 'gallery view' via the 'view' icon on the top right hand side of their screen (this will mean everyone in the session can see each other). Participants are going to consider some of the key questions and comments that may be received from patients across all sessions. 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 Make it clear that it's OK to get an answer wrong and that we are all here for 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 with too. Ask each participant to call a number from 1-13. 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 are 13 priority FAQs which should be completed first. If you have time you could move on to the secondary FAQs. <p>Look out for:</p> <ul style="list-style-type: none"> Not dealing with ambivalent questions by using the communication skills mainly covered in Day 1. Not identifying withdrawal symptom questions. Tendency to avoid giving straight answers to knowledge questions. Uncomfortable/threatened inexperienced advisors: allow them to pass the question on to someone who is more experienced or has encountered the question before.

Activity: Responding to scenarios [Face-to-face delivery instructions]

Resources: Appendix 1: Patient scenarios
Group numbers and duration: Two rooms, participants divided equally between each; 30 minutes
Duration: 30 minutes
<p>Method:</p> <ul style="list-style-type: none"> Advise participants that the group is now going to split into two equally sized groups for 30 minutes, with one trainer leading each group. Inform participants that the trainer will explain the activity once in the groups. <p>Once in the group</p> <ul style="list-style-type: none"> Ask the group to form a circle; if the room is small, see if there is a break-out area you can use to avoid issues of hearing the other group. Explain that participants are going to consider some of the key questions and comments received from patients before their quit/reduction date and distribute the patient scenarios (Appendix 1) among the group. Participants will take turns at playing the patient and tobacco treatment advisor. The participant opposite the 'patient' will answer the question – rotate the roles around the circle. Remind participants about 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. Make it clear that it's OK to get an answer wrong and that we are all here for 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 with too. <p>Trainer: there are 13 priority FAQs which should be completed first. If you have time you could move on to the secondary FAQs.</p> <p>Look out for:</p> <ul style="list-style-type: none"> Not dealing with ambivalent questions by using communication skills mainly covered in Day 1 Not identifying withdrawal symptom questions Tendency to avoid giving straight answers to knowledge questions Uncomfortable/threatened inexperienced advisors – allow them to pass to someone who has had that question before.

Appendix: Responding to scenarios trainer response guide Part II

1. **“Is it ok to use this nicotine gum and smoke when I’m trying to cut down on my smoking?”**

Suggested response:

- “It is absolutely safe to use the gum or other NRT products and continue to smoke. It’s the smoking that isn’t OK.”
- “In fact, it is recommended that when you are cutting down that you use NRT or a vape to help you do so.”

2. **“Isn’t using NRT or vaping just like switching one addiction for another?”**

Suggested response:

- Explain the difference between nicotine delivered via cigarettes and that delivered by NRT and/or vapes.
- Explain the role of nicotine as part of the quit plan and address concerns about safety.

3. **“My doctor has told me that, given my [SMI] I can’t use a stop smoking medication.”**

Suggested response:

- “What are your thoughts about what the doctor has told you?”
- “Did the doctor give you reasons why he thinks that is the case?”
- “Do you have your doctor’s contact details? If so, would you like me to have a chat with them to see why they think this is the case?”
- “How have you been feeling in yourself recently?”

4. **“I’ve returned to smoking, I’m sorry if I’ve disappointed you. You did your best.”**

Suggested response:

- Explain it’s normal to have slips or to relapse. Let them know it can take several goes before they manage to quit for good.
- Provide positive reinforcement on any success they have had so far, however small or large it may have been (e.g. days or weeks).
- Ensure they understand they have not disappointed you but that you are keen to learn from the experience and get them back on track.

- Remind them why they wanted to quit in the first place (their personal reasons for quitting) and assess their interest in giving it another go either now or in the near future.
- It is important to keep the patient engaged in treatment, to boost motivation, and support them in getting back on track.
- Patients may benefit from knowing they can take a break and re-engage with treatment. It can be useful to schedule a time to touch base in a few weeks' time.

5. “Why are you giving me two types of NRT, do I really need a patch and these lozenges as well? Won’t I overdose?”

Suggested response:

- “The clean pharmaceutical nicotine in these products is delivered at lower doses and more gradually than what you are used to getting from your tobacco, so it’s important we try to deliver as much of this safe clean nicotine to your brain as possible to help ease withdrawal symptoms and urges to smoke”.
- “You are used to getting big hits of nicotine from your cigarettes. When you quit you may really miss these. Using two nicotine replacement products will deliver safer clean pharmaceutical nicotine to your brain, which will make it easier to resist when urges to smoke come along”.

6. “How long will the withdrawal symptoms last?”

Suggested response:

- “Some of the withdrawal symptoms last only a week or so and most go by four weeks after your quit date as long as you don’t smoke.”
- “Increased appetite and urges to smoke can last longer but usually get weaker and easier to deal with the longer that you are abstinent.”
- “Tobacco withdrawal symptoms are normal and will pass as long as you don’t smoke at all.”

7. 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 are your best hopes as to how I can help?”
- Responses to the above from the patient will help both the patient and the tobacco treatment advisor to unpick what is going on; is this a usual part of tobacco withdrawal and quitting 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.

8. Pre-quit: “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.

9. “I’ve been using this mouth spray for three months now, and it really helps to keep me away from smoking, can I carry on using it?”

Suggested response:

- “Some smokers will benefit from using nicotine replacement medications for longer to help them from slipping back into smoking. Long term use of the medications is safe and effective and has none of the health risks you would have been exposed to if you had continued to get your nicotine from smoking.”

10. “My friend told me those vapes are just as bad as smoking.”

Suggested response:

- “There’s a lot of misinformation about vaping, and I can assure you that the evidence shows that it’s the smoke in a cigarette that is harmful; the NHS encourages all smokers to give vaping a try.”
- “If you choose to use a vape and it helps you to quit and stay smokefree, it is far safer for you than continuing to smoke. Specifically, vapes do not produce carbon monoxide, which is the poison produced when you smoke cigarettes.”
- “A lot of smokers have found vaping to be really helpful in getting them off cigarettes and healthier. Vapes are the most commonly used quit aid among smokers in England.”

11. “I bought one of those ecigs years ago, it was rubbish. It’s probably still in the kitchen drawer.”

Suggested response:

- “Vapes have come on a lot in the last few years. Newer ones are much more satisfying, and you might be surprised at how well they help you stay off smoking.”

12. Patient referred from inpatient setting: “I’ve done OK with the vape while I’ve been on the unit, but I couldn’t wait to have a proper cigarette when I got home.”

Suggested response:

- “Is it OK if I ask you a little more about this? What was it about having a proper cigarette when you got home that was so important to you?”
- “You said you did OK with the vape on the unit, would you be OK to tell me a bit more about this?”
- “I hear you, you have smoked for a long time and it’s no surprise you wanted to have a cigarette when you got home. I hear it from a lot of patients I work with who leave the unit and go back to old routines as smoking was a big part of those routines.”
- “How did you feel after you had the cigarette? How are you feeling now about your smoking?”
- “You’ve done so well and you’re already breathing better than when you were first admitted. Why not think about staying smokefree now that you are home? A vape will keep you from smoking; it’s the smoke that kills, not the nicotine, so you can keep using it.”

Additional FAQs

13. “Since wearing the patch I’ve been having strange dreams and disturbed sleep. Is this normal?”

Suggested response:

- “It’s worth bearing in mind that in the first week or so after quitting disturbed sleep can be down to tobacco withdrawal, this will pass as long as you don’t smoke at all.”
- “How was your sleep before using the patch? Are you using the 24-hour patch? Disturbed sleep can be a side effect of the 24-hour patch.”
- “How are you coping with cravings and withdrawal?”
- “If this is troublesome you could take the patch off at night and replace with a new one in the morning. Make sure you have your second product ready for morning cravings.”
- It may be useful to ask about sleep prior to providing the 24-hour patch to understand if disturbed sleep is an issue for the patient.

14. One week post-quit: “I’ve cut down, but I haven’t been able to stop completely.”

Suggested response:

- “How do you feel about having cut down?”
- “You seemed sure about quitting completely when we spoke last week, did anything happen that changed your plan, such difficulty with cravings or withdrawal symptoms?”
- Discuss compensatory smoking and the rationale for abrupt quit.
- Review medication use and ensure the patient understands how to maximise this.
- If there a pattern to the cigarettes smoked, discuss a plan for these times.

15. “My friend has just stopped after having hypnotherapy and I was thinking of doing the same, what do you think?”

Suggested response:

- “It’s great that your friend managed to stop smoking. People may quit smoking while undergoing hypnotherapy, but the percentage who remain smokefree is no greater than those who go ‘cold turkey’ without any support. Hypnotherapy can be costly so it’s important you know this because I wouldn’t want you to spend all that money on something that is unlikely to work.”

- “Getting support from the stop smoking service and using a stop smoking medication is the most effective way to stop smoking.”

16. “Will I become addicted to the gum?”

Suggested response:

- “It is highly unlikely, only a very small percentage of people continue to use the gum long term. In fact, the biggest problem with these nicotine medicines is that people don’t use enough of them for long enough and then they relapse back to smoking.”
- “Most people use the gum for around three months and find they use less the longer they are quit. However, to reassure you if you are one of the people who need to use gum for longer than three months, it is safe to do so.”

17. “I haven’t smoked at all for over two weeks, should I try a day without the patch and just use my inhalator?”

Suggested response:

- “It’s great that you haven’t smoked and are feeling confident, what makes you want to try without the patch?”
- “It’s not uncommon for people to want to reduce their medication early but the problem with this is that the patch is helping you through this at the moment by reducing your withdrawal symptoms and to stop it too early could derail all your hard work so far. It’d be best to keep going with the patch and the inhalator for now, we recommend using nicotine replacement for 12 weeks.”

18. “These cravings to smoke are driving me mad and everything is annoying me!”

Suggested response:

- “It can be hard in the early days, it can seem that there is little relief from the thought of smoking and other withdrawal symptoms.”
- “Tell me a little about your medication use, how are you using it and how often?”
- Discuss optimum use of stop smoking medications.
- Discuss other strategies like deep breathing, exercise/walking, distractions, etc.

19. “I’ve tried patches, gum, the lot! None of them work!”

Suggested response:

- “Medications, when used 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?”
- “What have you tried? How have you used the medicines [investigate the patient’s technique]?”
- “How long did you use the medicines for and how much did you use?”
- “Why do you think the medicines didn’t work?”

20. “I’m not planning to use a stop smoking medication, it’s all about will power isn’t it?”

Suggested response:

- “What’s putting you off using a stop smoking medication?”.
- Dispel myths and explain the cycle of nicotine dependence and how this can undermine motivation and ‘willpower’.

21. “I’m using about four lozenges a day, that’s really good isn’t it?”

Suggested response:

- “How are your cravings and other withdrawal symptoms?”
- “Four lozenges is a very small amount to use, is there any reason you are using so few?”