

A How-To Guide for Clinicians: Treating Tobacco Use in the Context of Behavioral Health Comorbidities

- Julie C. Gass, PhD, Psychology Postdoctoral Fellow, VA Center for Integrated Healthcare
- Jennifer M. Wray, PhD, Integrated Care Psychologist, Ralph H. Johnson VA Medical Center
- Jennifer S. Funderburk, PhD, Research Psychologist, VA Center for Integrated Healthcare
- Stephen A. Maisto, PhD, Research Psychologist, VA Center for Integrated Healthcare

Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018



Slides and handouts are also available on the mobile app.

Learning Objectives

At the conclusion of this session, the participant will be able to:

- Describe the impact of tobacco use on commonly seen behavioral health issues in integrated primary care clinics
- Discuss the merits of addressing tobacco use with patients presenting for other issues
- Design and implement tobacco intervention strategies using real world clinical examples

Bibliography / Reference

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2. LaRowe, L. R., Langdon, K. J., Zvolensky, M. J., Zale, E. L., & Ditre, J. W. (2017). Pain-related anxiety as a predictor of early lapse and relapse to cigarette smoking. *Experimental and clinical psychopharmacology*, *25*(4), 255.
3. Wray, J.M., Funderburk, J. S., Cooney, J. L. & Maisto, S. A. (2017). Ways that psychologists can contribute to tobacco cessation efforts in integrated primary care settings. *Professional Psychology: Research and Practice*. Advanced online publication. doi: <http://dx.doi.org/10.1037/pro0000120>
4. Zale, E. L., Maisto, S. A., & Ditre, J. W. (2016). The role of anxiety and depression in bi-directional relations between pain and tobacco smoking. *Behavior Modification*, *40*, 7-28. doi: [10.1177/0145445515610744](https://doi.org/10.1177/0145445515610744).
5. Fluharty, M., Taylor, A.E., Grabski, M., Munafo, M.R. (2017) The association of cigarette smoking with depression and anxiety: a systematic review, *Nicotine & Tobacco Research*, *19*(1), 3–13. doi: <https://doi.org/10.1093/ntr/ntw140>



Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.

Background

- While most referrals to behavioral health providers (BHPs) in primary care (PC) are not for tobacco cessation, **smoking** is a comorbid condition that is among the **top referral questions** (e.g., psychiatric concerns, chronic pain, insomnia)
- Despite the deleterious effects of smoking on common behavioral health comorbidities and on general health, providers often view smoking as a **low priority** or feel **unequipped** to address cessation



Background

- Contrary to belief, previous research has shown that smokers seen in PC settings **are** willing to discuss smoking
 - Smokers with BH comorbidities at least moderately ready to quit
- In addition, conversations about tobacco cessation with BHPs **increase** the likelihood of eventual behavior change
- Motivational and educational strategies can be integrated with a brief tobacco cessation intervention to address the relationship between comorbidities, such as pain, depression, or anxiety with smoking
- Research supports the use of the interrelationship between these concerns as a **motivational “hook”** to helping smokers increase their tobacco cessation readiness



- We will briefly review the **basic components** of a tobacco cessation intervention
- Then, we will discuss strategies of **how to deliver** those components with patients presenting with **pain, depression, and anxiety**
- Participants in this session will receive **worksheets** that can be shared with patients and will engage in **real-time practice** in working with this type of patient

Basic Components of Intervention

1. Starting the Conversation

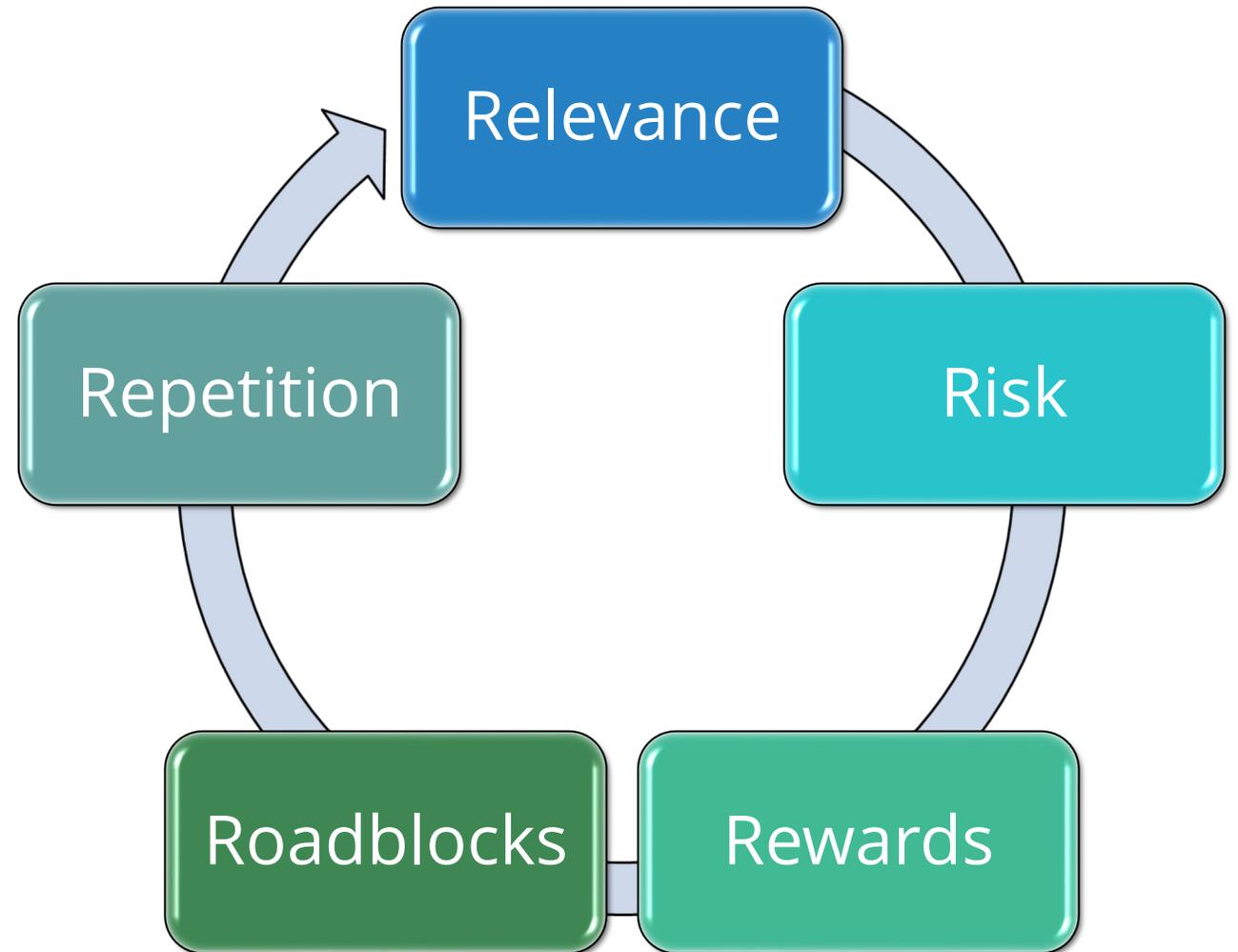
- Ask & Assess

2. Providing Education

- Advise

3. Following up

- Assist & Arrange



Starting the Conversation

- Relevant to person AND relevant to presenting concern

- *"I know that improving your _____ is a top priority for you, and I want to talk about all of the ways we can do that."*

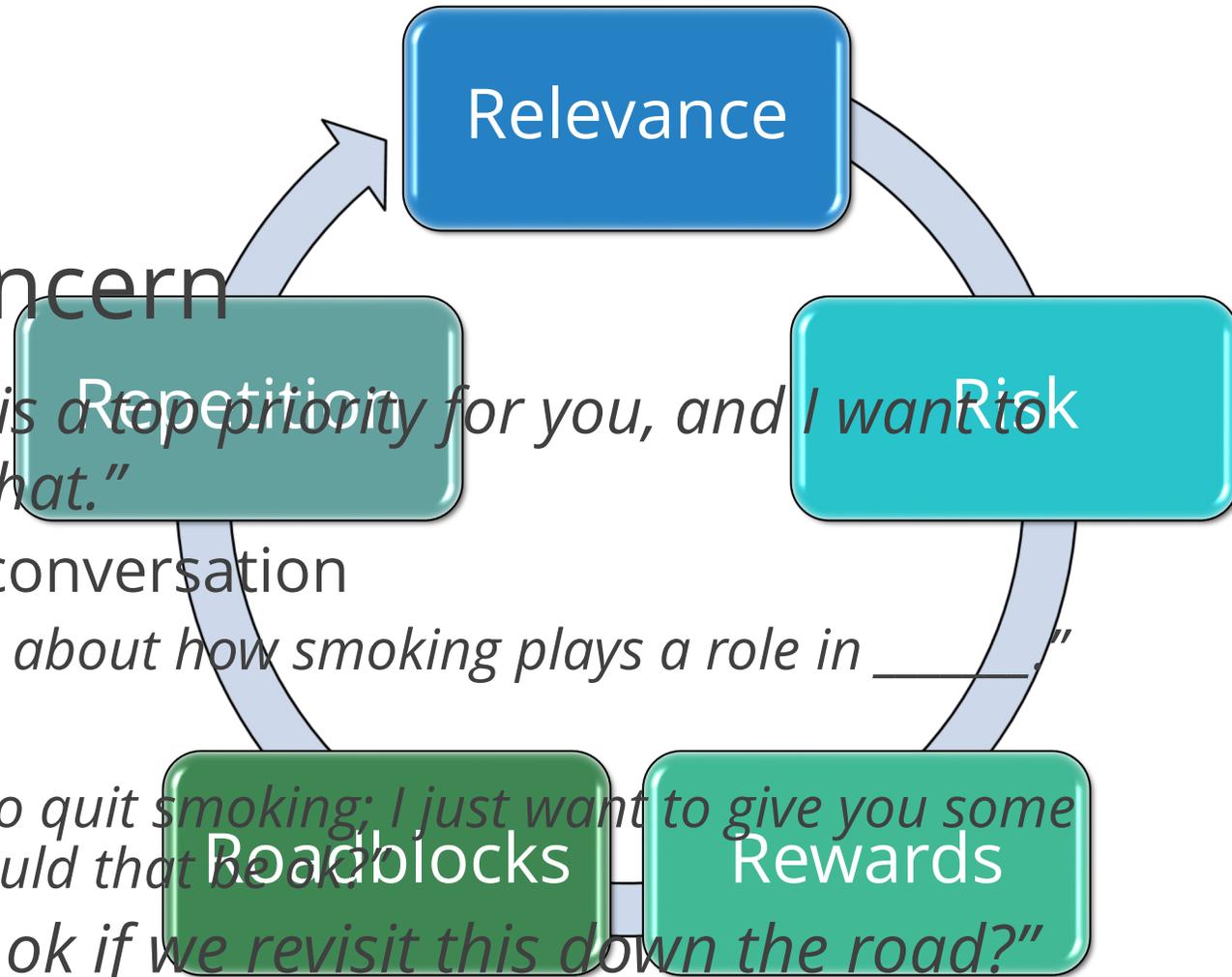
- Establish purpose and boundaries of conversation

- *"I'd like to spend about 5 minutes chatting about how smoking plays a role in _____."*

- Atmosphere of informed consent

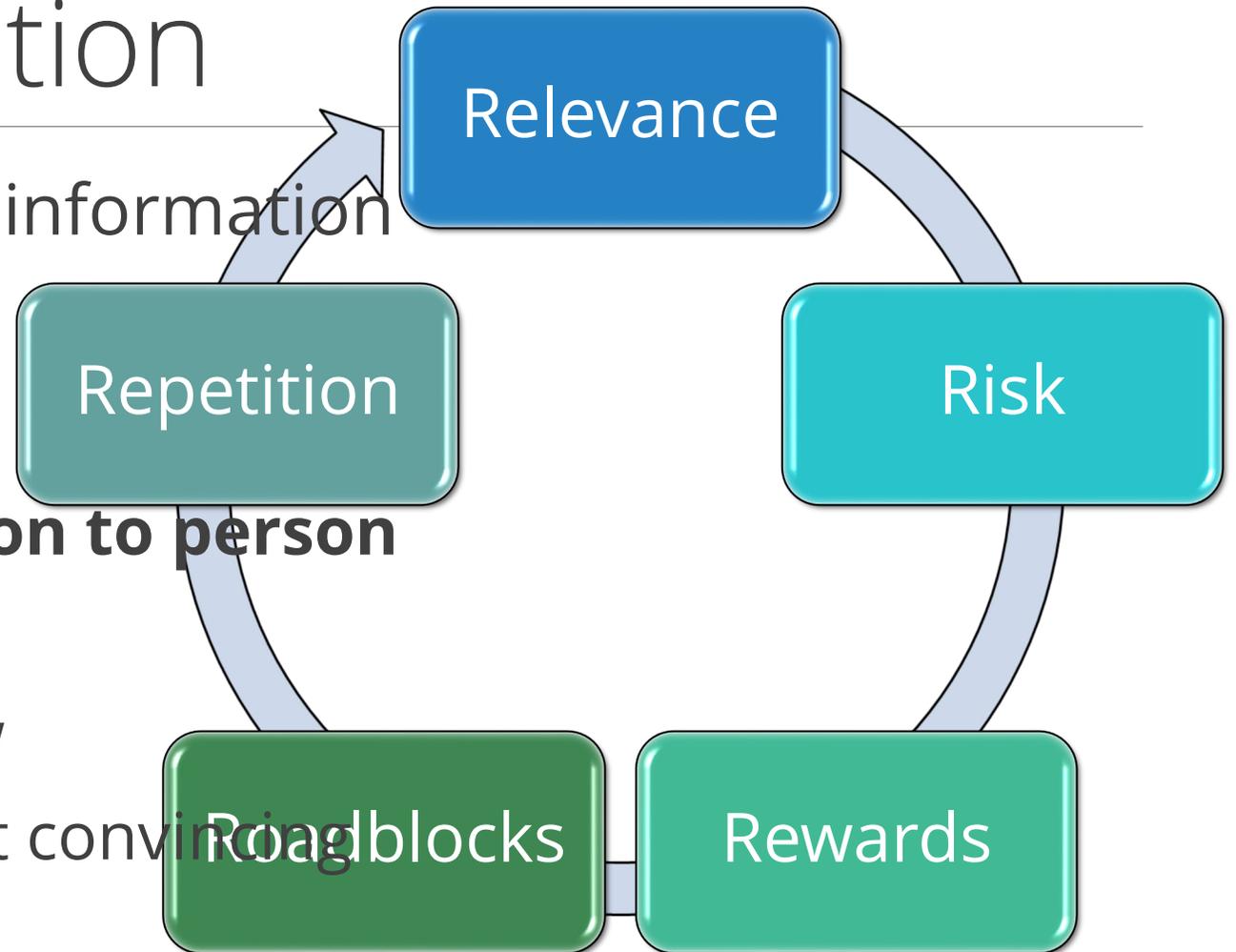
- *"My goal is not to lecture or convince you to quit smoking; I just want to give you some information and see if it relates to you. Would that be ok?"*

- If no: Respect that, ask: *"Would it be ok if we revisit this down the road?"*



Providing Education

- Use of handouts to illustrate information
- *Basic Principles:*
 - **Connect handout information to person**
 - *"Have you ever noticed this?"*
 - Don't assume they don't know
 - Goal is *sharing information* not convincing



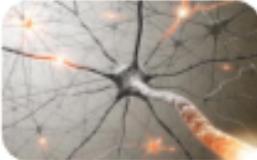
Use of Handouts - Pick a few key points

HEALTH FACTS

Smoking and Pain



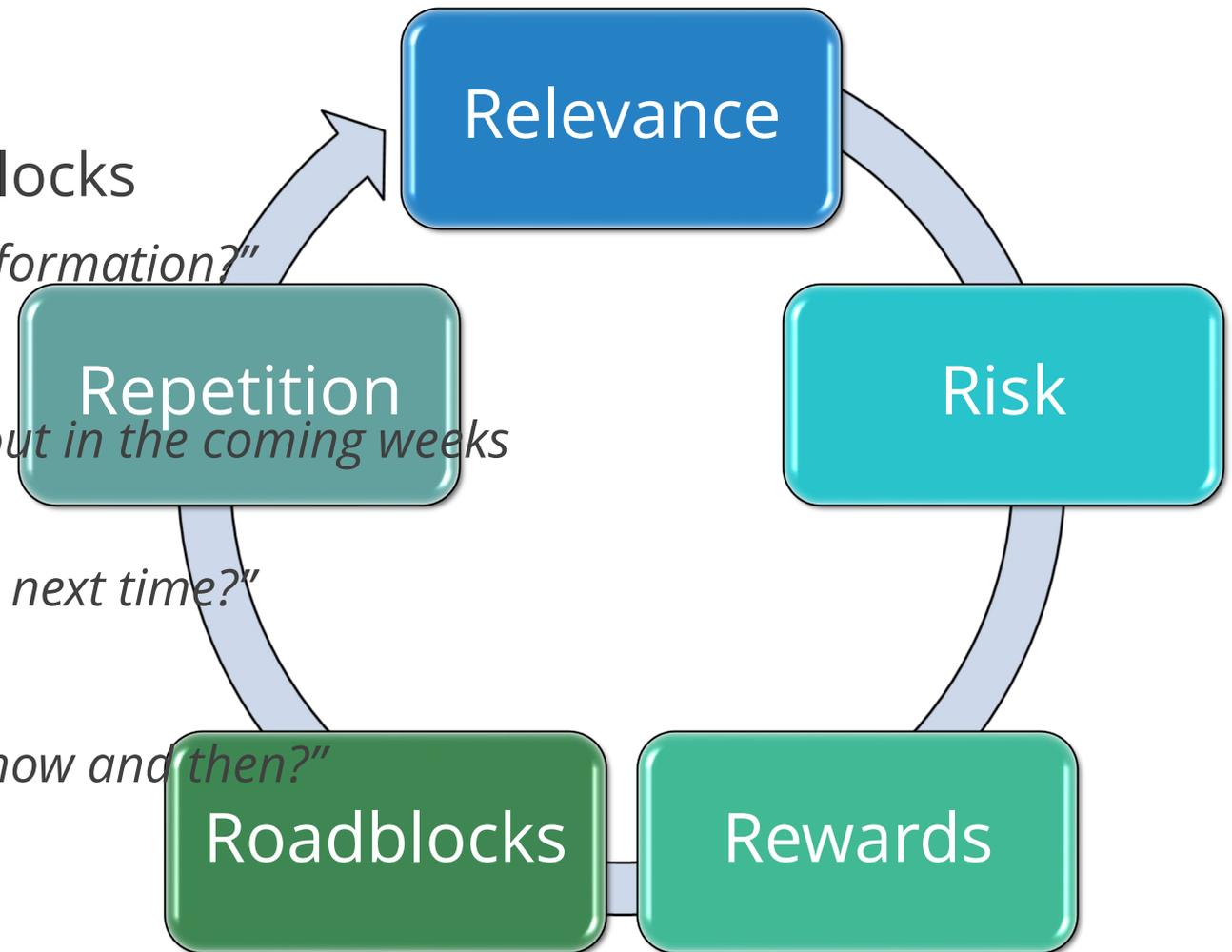
Some Facts You Should Know

- Smoking actually increases **pain sensitivity** by stimulating neurons that process pain
- Smokers are three times more likely to have **back pain** than nonsmokers
- Smoking aggravates **joint pain** and **gastrointestinal distress**
- • Within weeks of quitting smoking, patients with chronic pain experience a **decrease** in pain severity
- **Does it seem like taking a smoke break relieves your pain?**

It's probably **what else you are doing**, not the smoking, providing

Following Up

- Identify any understanding roadblocks
 - *"Do you have any questions about this information?"*
- Assess willingness to take a step
 - *"Is there anything you might want to try out in the coming weeks based on this conversation?"*
 - *"Are you willing to think about this before next time?"*
- Preview repetition
 - *"Would it be ok to revisit this topic every now and then?"*
- At subsequent sessions, check in!



Example Role Play – Chronic Pain

Look for: What are the “hooks?” What is the “vibe”?

Worksheets and Practice

Now you try – pair up and try a 2-3/min role play



Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

