

Matching Your Strategies To The Four Stages of Change

Patients cycle through four stages in their efforts to quit smoking.

Counseling is most successful when your strategies are tailored to your patients' readiness to quit (i.e., stage of change).

- A. For Precontemplators** (Those not considering quitting): *Encourage patients to think about their smoking.*

- B. For Contemplators** (Those thinking about quitting): *Help patients weigh the pro's and con's of smoking; Reinforce patients' interest in quitting and express your willingness to help.*

- C. For Patients in Action** (Those ready to quit): *Negotiate specific strategies for quitting.*

- D. For Patients in Maintenance** (Those who have quit and are maintaining non-smoking status): *Reinforce success. If relapse occurs, reframe relapse as a learning experience, rather than a failure.*

Adapted from *The Project ADEPT Curriculum for Primary Care Physician Training*, Brown University 1989.

PHYSICIANS COUNSELING SMOKERS (PCS)

The “Five A’s” of Counseling:

1. ADDRESS agenda

- Attend to patient’s agenda.
- Express desire to talk about smoking.

2. ASSESS smoking history

Ask about:

- Smoking-related symptoms & illnesses.
- Prior quit attempts and withdrawal symptoms.
- Patient’s readiness to quit.
- Patient’s feelings about quitting;
(e.g., pros & cons, fears, concerns).

3. ADVISE quitting

- Provide a clear, personalized message consistent with your patient’s readiness to quit.

4. ASSIST your patient

- Express concern, respect, optimism, and willingness to work together.
- Negotiate a plan with your patient.
- Provide resources, help overcome barriers, and solve problems.
- Set a quit date, when appropriate.

5. ARRANGE follow-up

- Choose a plan for follow-up.
- Make referral when appropriate.

