

AIR IT OUT

Smoking: what every teen should know

Provider and Peer Delivered Youth Smoking Intervention

Intervention Training Manual

For more information, please contact:

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TRAINING OVERVIEW

Intervention Trainees:

The Air it Out Program is designed to be delivered by pediatric health care providers (pediatricians, nurse practitioners, physician's assistants, and pediatric residents) (pages 3-5) and peer counselors (pages 6-11).

Intervention Recipients:

The Air it Out Program was delivered in the pediatric primary care office setting to all adolescents regardless of their smoking status. Pediatric providers delivered the intervention in person in the clinic during a regularly scheduled office visit. Peer counselors then met with the adolescent patients in the clinic for an initial 15-30 minute session immediately following the provider visit, and followed up with 10 minute telephone calls after 2, 6, 12 and 21 weeks.

Goals of Training:

1. To be able to implement the Air It Out intervention protocol using a patient-centered approach with a variety of patient types (nonsmoker, former smoker, smoker wishing to quit, smoker uninterested in quitting).
2. To increase awareness of health and social risks of smoking (short and long-term), benefits of quitting and nicotine addiction in adolescents.

PEDIATRIC PROVIDER TRAINING

OVERVIEW

The provider-delivered component of the Air It Out Program was based on the 5A's model recommended by the U.S. Public Health Service clinical practice guideline and the American Academy of Pediatrics (AAP), adapted for use with adolescents. The intervention incorporated a patient-centered approach in which the providers ask about smoking, advise cessation or continued abstinence, and refer the patient to the peer counselor to develop a personalized strategy for cessation or maintained abstinence. A one-hour group session trained providers about adolescent smoking, nicotine addiction, health risks, benefits of quitting, and the provider's role. Clinical practice guidelines were presented and the peer counselor intervention was introduced. The providers practiced the intervention algorithm in pairs. Two to four weeks later providers met individually with the project director for practice and feedback to ensure fidelity to the algorithm. To evaluate the degree to which the provider faithfully executed their intervention algorithms patients were asked to complete a patient exit interview within 48 hours of their visit either in person or by telephone.

TRAINING SCHEDULE

Week	Time	TOPIC	CONTENT
1	1 hour	Project Kick-off	PowerPoint presentation (see Appendix A) Provider Algorithm (see Appendix B)
2 – 4	.5 hours	Individual session with Project Director	Provider Algorithm (see Appendix B)

TOTAL: 1.5 hours

WEEK 1: PROJECT KICK OFF

Learning Objectives:

1. Understand the scope of the problem and clinician's role
2. Describe the process of nicotine addiction
3. Articulate the health and social risks of smoking (short and long-term) and benefits of quitting
4. Be able to implement study algorithm using a patient-centered approach with a variety of patient types (nonsmoker, former smoker, smoker wishing to quit, smoker uninterested in quitting).

Agenda

- I. Study Design
- II. Learning Objectives
- III. Scope of the problem
- IV. Why are health care providers important to help teens with smoking cessation and prevention
- V. Estimated adult abstinence rates by clinician type and length of content
- VI. Understanding nicotine addiction
- VII. Relapse over time for heroin use, smoking and alcohol abuse
- VIII. Health Risks related to tobacco use
 - A. Health and Social Risks relevant to teens
 - B. Benefits of quitting/not smoking
- IX. Stress myth; Smokers report greater overall stress
- X. Current AAP guidelines
- XI. Provider algorithm
- XII. Intervention practice

MATERIALS

Power point presentation (Appendix A)

Provider Algorithm (Appendix B)

WEEK 2-4: INDIVIDUAL SESSION WITH PROJECT DIRECTOR

Learning Objective:

1. To be able to implement study algorithm using a patient-centered approach with a variety of patient types (nonsmoker, former smoker, smoker wishing to quit, smoker uninterested in quitting).

Agenda

- I. Pediatric provider practiced delivering the Air It Out intervention to the project director using the provider algorithm.
- II. Project director provided feedback on delivery until provider was able to deliver the intervention as intended.

MATERIALS

Provider Algorithm (Appendix B)

PEER COUNSELOR TRAINING

OVERVIEW

Peer counselors were female college students aged 21-25 years who had smoked as adolescents and successfully quit. They were selected via interview and reference checks for their communication skills, nonjudgmental attitude toward smokers, and for reporting quitting without pharmacologic aids and with difficulty, providing a coping model for smoking cessation for adolescent patients in the intervention condition. Peer counseling combined the 5A model with motivational interviewing and behavior change counseling. Peer counselors were assigned to one or two clinics and met with participants in those clinics for an initial 15-30 minute session immediately following the provider, and followed up with 10 minute telephone calls after 2, 6, 12 and 21 weeks. They were paid by the hour. The content of the peer counseling was tailored to the patient's smoking status and adapted to adolescents by incorporating triggers, strategies and barriers to quitting relevant to adolescents based on the literature and focus group testing conducted in the development phase of the study, and by including a discussion of tobacco advertising, promotion and social norms found to be important to adolescent smoking.

Peer counselors were trained over two days in the study protocol and in motivational interviewing counseling skills (e.g., respect, collaboration, choice, empowerment, rapport building, reflective listening, effective questioning and summarizing). They met individually with the project director for practice and feedback to ensure fidelity to the algorithm and demonstrated competency (6 hours on average). During the study, quality control was assured by monitoring interviews with adolescent participants and providing feedback. To evaluate the degree to which the peer counselors faithfully executed their intervention algorithms patients were asked to complete a patient exit interview within 48 hours of their visit either in person or by telephone.

TRAINING SCHEDULE

Day	Time	TOPIC	CONTENT
1	8 hours	Project Kickoff Motivational Interviewing	Overview of study Review of staff roles Videotapes 1) Introduction to Motivational Interviewing, 2) Phase 1: Opening Strategies, 3) Handling Resistance, 4) Feedback and Information Exchange
2	4 hours minimum	Independent Home Study	Self-study of materials (Intervention protocol, Air it Out booklet and articles)
3	8 hours	Orientation to Air it Out Protocol Motivational Interviewing	Learn about nicotine dependence, stress management, cigarette advertising and quit methods Practice each module
4-10	6 hours	Individual session with Project Director	Meet with Project Director and role play all protocols (nonsmoker, former smoker, smoker wishing to quit, smoker uninterested in quitting) until competency was demonstrated.

TOTAL: 26 hours

DAY 1: PROJECT KICKOFF

Learning Objectives:

1. To prepare peer counselors to carry out the Air it Out Program protocol with intervention fidelity.
2. To increase awareness of multiple aspects of nicotine addiction.
3. Teach basic and advanced motivational interviewing skills
4. To become knowledgeable of administrative policies

Agenda

- I. Introductions and orientation to training schedule
- II. Overview of study
 - A. Study purpose and design
 - B. Timeline
- III. Review of staff roles
 - A. Role of Research Assistants
 - B. Role of Peer Counselor
- IV. Teach Basic Skills of Motivational Interviewing
 - A. Motivational Interviewing Videos (Professional Training VHS Videotape/DVD Series 1998) casaa.unm.edu/download/mitrain98.pdf
 1. Introduction to Motivational Interviewing (41 minutes)
 2. Phase 1: Opening Strategies (39 minutes)
 - B. Practice basic behavioral change counseling skills
- V. Teach Advanced Motivational Interviewing Skills
 - A. Handling Resistance Video (61 minutes)
 1. Practice resistance skills using relevant portions of the peer counseling module
 - B. Feedback and Information Exchange Video (55 minutes)
 1. Practice feedback and information exchange skills using relevant portions of the peer counseling module

Materials

Notebook for each staff member to store training materials
Peer Counselors Intervention Protocol (Appendix C)
Booster Sessions (Appendix D)
Peer-Reviewed Articles

DAY 2: INDEPENDENT STUDY

Learning Objectives:

1. To prepare peer counselors to carry out the Air it Out Program protocol with intervention fidelity.
2. To increase awareness of multiple aspects of nicotine addiction.
3. To engage in self-study and increase knowledge about ways to help teens to stop smoking or discourage the initiation of smoking

Procedure

- A. Instruct peer counselors to read/review all materials including study protocols and articles
- B. Encourage peer counselors to bring any questions about study materials to next training session for clarification.

Homework Assignment: To be read within the next day

1. Intervention protocol (Appendix B)
2. Booster Sessions (Appendix C)
3. Listing of Peer-reviewed Journal Articles:
 - Choi WS, Gilpin EA, Farkas AJ, Pierce JP Determining the probability of future smoking among adolescents. *Addiction*. 2001 Feb;96(2):313-23
www.ncbi.nlm.nih.gov/pubmed/11182877
 - DiFranza JR, Rigotti NA, McNeill AD, et al. Initial symptoms of nicotine dependence in adolescents. *Tobacco Control*. 2000;9(3):313-319.
www.ncbi.nlm.nih.gov/pmc/articles/PMC1747676/
 - Parrott AC. Does cigarette smoking cause stress? *American Psychologist* 1999 Oct;54(10):817-20. www.ncbi.nlm.nih.gov/pubmed/10540594
 - Tobacco Advertising and Promotion, IN: Growing up Tobacco Free, Lynch BS. National Academy Press, Washington, DC. 1994

DAY 3: GENERAL ORIENTATION TO AIR IT OUT PROTOCOL

Learning Objectives:

1. To prepare peer counselors to carry out the Air it Out Program protocol with intervention fidelity.
2. Introduce and practice advanced motivational interviewing skills; integrate with relevant peer counseling modules.
3. To learn about nicotine dependence, stress management, cigarette advertising, and quit methods

Agenda

- I. Provide provider training (See Appendix A)
- II. Discuss social norms
 - A. Most teens will over estimate percentage of teens who smoke.
- III. Discuss “Determining the probability of future smoking among adolescents” article
- IV. Discuss Nicotine Addiction including “Initial symptoms of nicotine dependence in adolescents”
- V. Discuss Stress myth including “Does cigarette smoking cause stress?” article
- VI. Discuss advertising including article read in “Growing Up Tobacco Free”
- VII. Discuss Stages of change
- VIII. Quit methods and quit plans
- IX. Teach Advanced Motivational Interviewing Skills
 - A. Teach behavior change negotiation using
 - a. Didactic presentation
 - b. Live demonstration
 - c. Practice of relevant module components
- X. Practice each module in its totality (Appendix C and D)

DAYS 4-10: INDIVIDUAL SESSIONS WITH PROJECT DIRECTOR

Learning Objectives:

1. Be able to implement study algorithm using a patient-centered approach with a variety of patient types (nonsmoker, former smoker, smoker wishing to quit, smoker uninterested in quitting).

Agenda

- I. Peer Counselor practiced delivery of the Air It Out intervention using the peer counselor protocol until competency was demonstrated.

MATERIALS

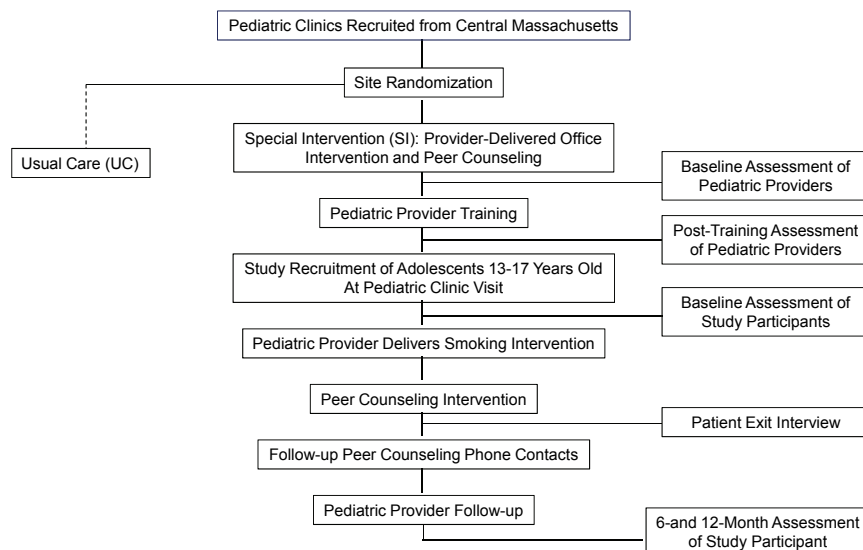
Peer Counselor Intervention Protocol (Appendix C)

Booster Sessions (Appendix D)

AIR IT OUT:

Teen Smoking Prevention and Cessation Project

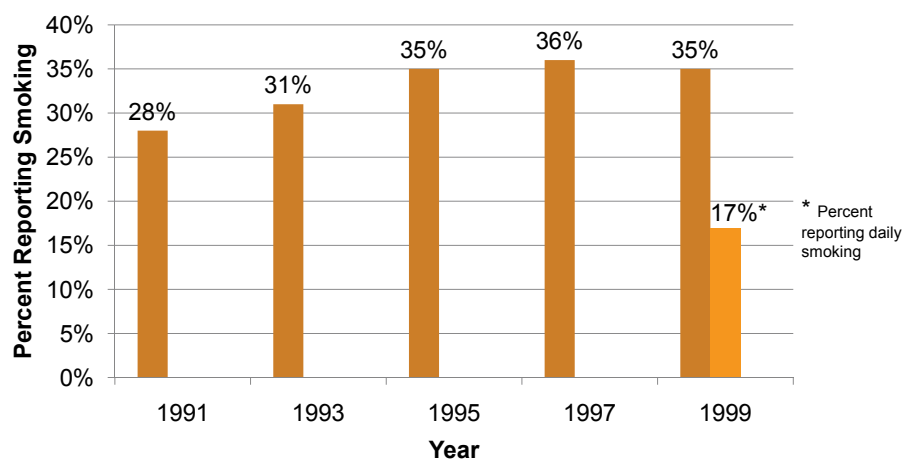
Provider and Peer Delivered Youth Smoking Intervention: Study Design



Learning Objectives

- Understand the scope of the problem and clinician's role
- Describe the process of nicotine addiction
- Articulate the health and social risks of smoking (short and long-term) and benefits of quitting
- Be able to implement study algorithm using a patient-centered approach with a variety of patient types (nonsmoker, former smoker, smoker wishing to quit, smoker uninterested in quitting)

Percent of High School Students Who Reported Smoking in the Past 30 Days



Monitoring the Future, 1999

-
- The earlier the onset of smoking, the more severe nicotine addiction is likely to be and the more difficult it will be to quit¹
 - Teens need only smoke a few times to develop the symptoms of nicotine addiction²
 - Kessler: “Nicotine addiction begins when most tobacco users are teenagers, so let’s call this what it really is: a pediatric disease”³

1. Breslau and Peterson. Am J of Public Health 1996; 2. DiFranza, NEJM 2000; 3. Kessler, NEJM 2000

-
- By age 17, one half of smokers have tried to quit and failed, 2/3 regret every starting and nearly 40% express interest in some form of treatment for tobacco dependence¹
 - Approximately 75% of teenage daily smokers will smoke as adults²
 - 1 in 3 teens who smoke will die of a smoking-related disease³

1. CDC, MMWR. 1993; 2. Report of the surgeon General. DHHS. 1989; 3. CDC MMWR. 1996



Why Health Care Providers?

- Accessibility and continuity of care: 70% seen yearly¹
- Adolescents feel it is the clinician's job to discuss health risk behaviors²
- Credibility → extends to referral sources (e.g., Peer Counselor)
- Can make a difference (?)

1. Igra. JAMA 1993; 2. Steiner, J Fam Prac 1996

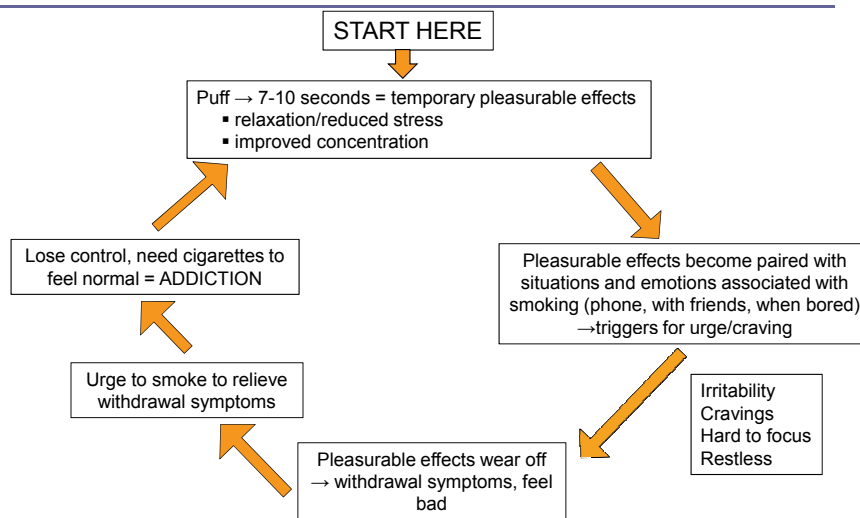
Estimated Adult Abstinence Rates by Clinician Type (n=29 studies)

<i>Type of Clinician</i>	<i>Estimated Abstinence Rate</i>	<i>Estimated Odds Ration</i>
No clinician	10.2	1.1
Non physician clinician	15.8	1.7
Physician clinician	19.9	2.2

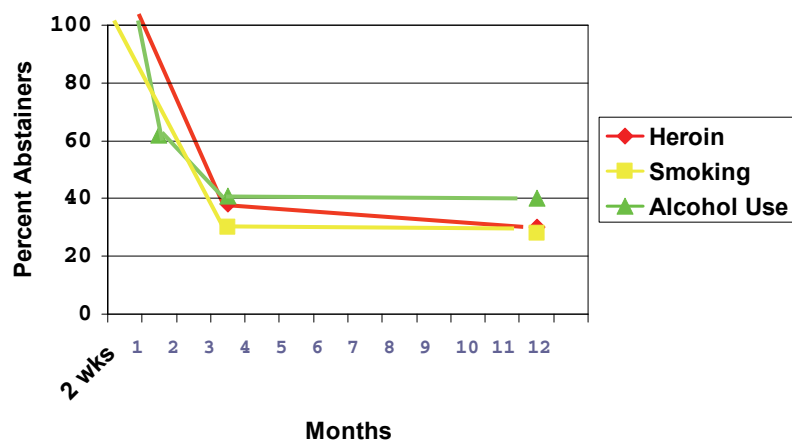
Estimated Adult Abstinence Rates by Length of Contact (n=43 studies)

<i>Length Contact</i>	<i>Estimated Abstinence Rate</i>	<i>Estimated Odds Ration</i>
No contact	10.9	1.0
Counseling < 3 minutes	13.4	1.3
Counseling 3-10 minutes	16.0	1.6
Counseling > 10 minutes	22.1	2.3

Nicotine Addiction



Relapse Over Time for Heroin Use, Smoking and Alcohol Abuse



USDHHS. The Health Consequences of Smoking. Nicotine addiction. (CDC) 88-8406, 1988

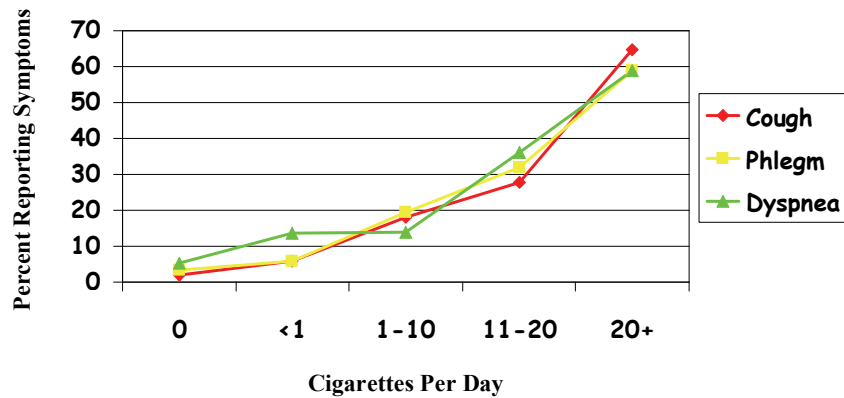
Health Risks Related to Tobacco Use

Myocardial Infarction	Spontaneous Pneumothorax	Peptic Ulcer Disease
Angina	Emphysema	Lung Cancer
Atherosclerosis	Pulmonary Embolus	Stomach Cancer
Hypertension	Increased Colds	Cancer of Larynx
Aortic Aneurysm	Interstitial Lung Disease	Cancer of Oral Cavity
Heart Failure	Increased Colds	Cancer of Esophagus
Decreased HDL	Modifies Leukocyte Function	Bladder Cancer
Elevated Heart Rate	Increased WBC	Miscarriage
Elevated Serum Potassium	Eosinophilic Granuloma	
Peripheral Vascular Disease	Goodpasture's Syndrome	
CVA	Impairment of Renal Function	
TIA	Impaired Glucose Tolerance	
Increased HCT	Impaired Insulin Sensitivity	
Increased MPV	Depletion of Body's Antioxidants	
Thrombosis	Cognitive Impairment	
Increased Plasma Viscosity	Preterm Delivery	
Bronchitis	Low Birth Weight Infant	
Asthma	Decreased Production of Breast Milk	
COPD	Increased Chance for Cervical Abnormalities	

Health and Social Risks: Relevant to Teens

- Decreased physical fitness and stamina
- Retardation in the rate of lung growth and in maximum lung function
- Below average overall physical health reported
- Negative effect on lipid profile
- Changes to appearance: wrinkles, yellowed teeth and fingers
- Increased risk for developing depression and anxiety

Symptoms by Cigarette Consumption



Any smoking vs. no smoking: 5-14 times greater

Stress Myth

Myth:

Smoking reduces stress

Reality:

Smokers report greater overall stress and anxiety than nonsmokers and former smokers

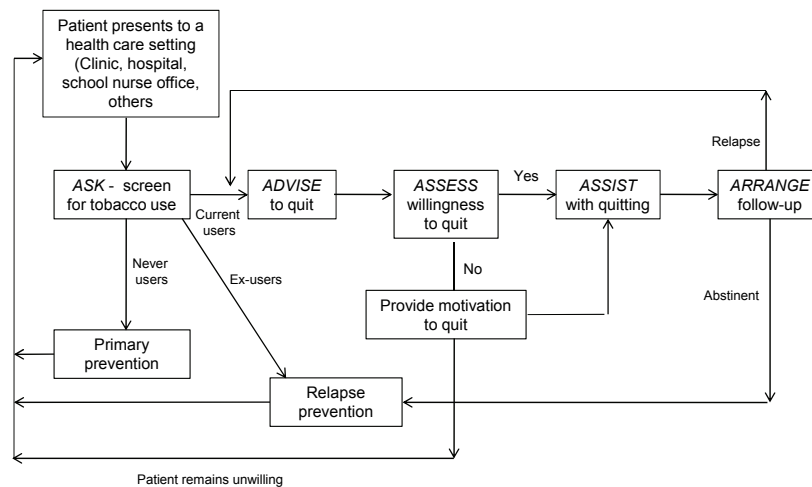
Benefits of Quitting/Not Smoking (Focus Group)

- Increased athletic ability
- Clean fingers, teeth, breath, clothes
- Less sore throats, coughs and respiratory diseases
- Premature facial wrinkling is minimized
- No risk of cigarette burns
- Save money
- Not being manipulated by cigarette companies
- Control/independence from cigarettes

Current AAP Guidelines

- The American Academy of Pediatrics (AAP) endorses and accepts as its policy the Public Health Service (PHS) clinical practice guideline (2000): Treating Tobacco Use and Dependence

PHS Guideline for Treatment of Tobacco Use and Dependence

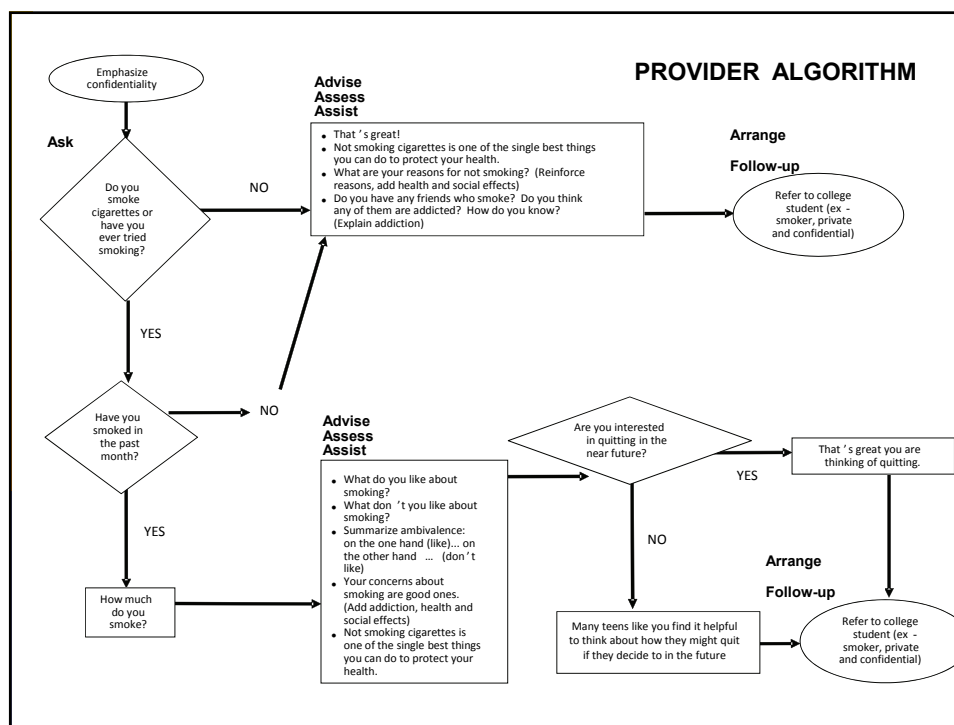


NRT and Bupropion Use in Adolescents: PHS Guideline

- Not FDA approved for use in teens
- No evidence of effectiveness in adolescents
- No evidence of harm
- May consider use when tobacco dependence and intention to quit is certain
- Tailor based on degree or dependence, number of cigarettes/day, and body weight

Peer Counselor Intervention

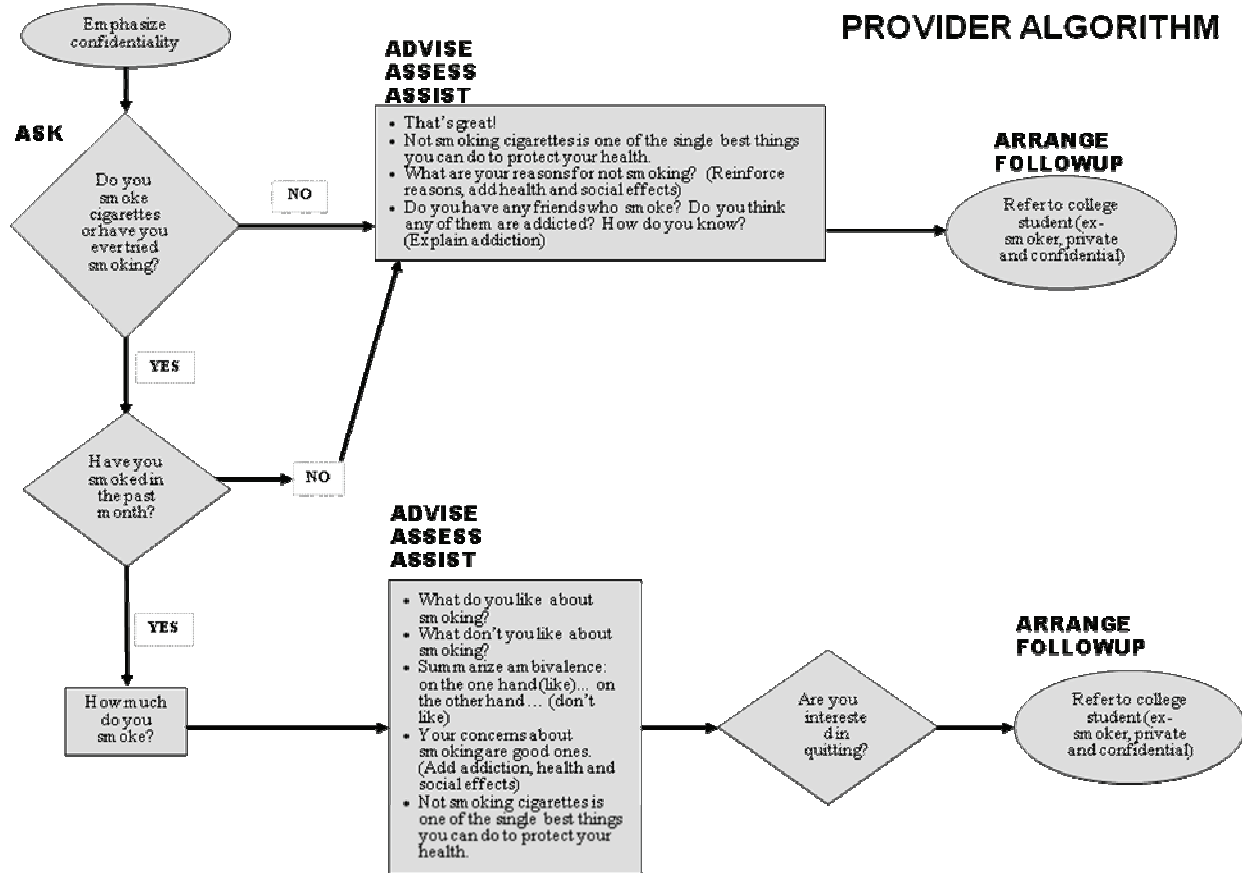
- 15 minutes
- 4 booster phone calls (2, 6, 12, 22 weeks)
- Content



Next Steps

- Individualized skill-building session
- Recommendations for algorithm
- Additional information desired
- Meet with site one month after study initiation
- Booster sessions (3 in a year)

APPENDIX B



APPENDIX C

PEER COUNSELING ALGORITHM

INTRODUCTION

Hi, I'm _____; I'm a student at _____. As you know I am here today to talk about smoking. Just to let you know I am an ex-smoker, I quit smoking _____. Is it OK if we get started? I want to remind you that everything we talk about today is confidential. Any notes I take are for my own records/memory.

First I'd like to talk with you about where you are with smoking. Do you smoke or have you ever tried smoking?

- ☐ **Nonsmoker** (☐ never smoked, or ☐ has smoked but not in past year)
- ☐ Former Smoker (smoked in past year but not past month)
- ☐ Smoker (smoked at least one cigarette in past month):
 “How much do you smoke?” (get sense if experimenter/occasional smoker or established/regular smoker)

NON-SMOKERS

Reinforce/Social Norms

That's great! Did you know that like you most teens don't smoke? Only 18% of teens smoke on a daily basis. (Only 30% have smoked in the past 30 days)

Reasons for not smoking

What are your reasons for choosing not to smoke?

Susceptibility Questions:

Some teens who are non-smokers are not certain about whether they might smoke in the future.

- 1. Do you think you will try a cigarette soon? (intention)*
- 2. If one of your best friends were to offer you a cigarette would you smoke it? (efficacy)*
- 3. Do you think you will be smoking one year from now? (intention)*

NON-SUSCEPTIBLE (no to all 3) – *It sounds like you are committed to staying a non-smoker. You have some really good reasons like (summarize reasons given). Other reasons teens give for staying a non-smoker are getting cancer, yellow fingers and teeth, cost [PC shows top cons in materials]*

SUSCEPTIBLE – (yes to one of the questions)

For each question above that the teen said yes: *You said that Why do you think that is?*

What do you like about smoking?

What don't you like about smoking?

Explore ambivalence (susceptible only)

PC summarizes ambivalence (*on the one hand....on the other hand....*). [PC shows top 10 cons in materials = reasons for not smoking]. PC reinforces and expands by sharing positive benefits of what PC has experienced with not smoking (breathe better, no bad breath, cigarettes do not control me, improved relationship with friends and family and significant others). *Friends of mine who have smoked and quit have also shared similar stories. They say they like being their own person, they can perform sports better, their girlfriends/boyfriends do not complain.*

NICOTINE ADDICTION /STRESS MANAGEMENT

1. *Do you have any friends who smoke? (if no, expand field within age range)*
2. *Do you think any of them are addicted to nicotine? How do you know?*

Reinforce reasons:

First of all, nicotine addiction can occur within the first couple of cigarettes. You do not have to be a regular smoker to become addicted.

If teen does not come up with an example then peer counselor talks about her experience (real life implications).

Explain how addiction develops by discussing the physiological reasons for addiction [use diagram as appropriate].

Smokers experience withdrawal symptoms when they haven't smoked for a while. Smokers need nicotine to maintain normal moods and suffer from unpleasant feelings of irritability and tension between cigarettes, when his or her nicotine levels are falling. Smoking a cigarette brings them back to their baseline.

One area I would like to talk about is stress. Smokers often say that cigarettes help relieve feelings of stress. Interestingly, though, smokers report they are more stressed overall than non-smokers and ex-smokers. Also, teen smokers report increasing levels of stress as they develop regular patterns of smoking [PC shows stress chart in brochure].

If teen OKs, PC gives personal experience about how she thought smoking would reduce her stress but when she started smoking she had greater levels of stress. After she quit her stress levels went back down.

What stresses you out; what is stressful about your life?

What are some things you do to help you reduce stress?

It seems you have good ideas to help you reduce stress [PC and teen writes ideas in small book]

STAYING SMOKE-FREE

NON-SUSCEPTIBLE:

That's great that you are committed to staying a non-smoker. The literature clearly shows that people like you who are committed to not smoking are likely to stay non-smokers in the future. Therefore I don't need to work with you on how to stay a non-smoker. But there are few interesting things I can share with you.

SUSCEPTIBLE;

That's great that you are a non-smoker, although I hear you are uncertain if you will stay a non-smoker in the future. I found that temptations to begin smoking increased as I got older. Other teens have noticed the same thing. There are a number of things you can do now to help you stay a non-smoker if that is what you decide to do.

RESISTING SOCIAL INFLUENCES TO SMOKE

- A. *What situations have you been in the past in which you considered smoking even a little bit? (Prompt: being with people who smoke) How did you handle that situation? What did you say or do? [There are no right or wrong ways of refusing a cigarette. It is your choice as to how you do it- what is most comfortable for you.]*
- B. **(Only if no situations identified in A)** *What situation can you imagine in the future in which you might consider smoking, even a little bit? What do you think you might do or say in that situation to keep from smoking?*
- C. If no situations past or future are forthcoming: *PC might tell of a personal memory of a social situation in which a friend offered a cigarette and she was tempted to smoke, perhaps one encountered when slightly older than the teen: How do you think I could have handled this situation? How might you have handled it if you were me?*

It sounds like you have some good ideas. [PC shows the top 5 ways that teens are comfortable in refusing a cigarette]

FOR SUSCEPTIBLE TEENS ONLY

Fill out social influence worksheet in small book

ADVERTISING

Show ad: *What is this ad trying to tell us about smoking? What is the reality?*

CURRENT SMOKERS

INTRODUCTION

It's your choice, whether or not you want to continue smoking. I'm here to give you an opportunity to think about smoking

LIKE AND NOT LIKE ABOUT SMOKING /SOCIAL NORMS

What do you like about smoking?

What don't you like about smoking?

PC summarizes ambivalence (*on the one hand....on the other hand....*). [PC shows top 10 cons in materials]. PC identifies with pros of smoking and agrees with cons. *Most teens agree with you about the drawbacks of smoking. In fact, most teens do not smoke. Only 18% of teens smoke on a daily basis* (Only 30% smoked in the past 30 days). PC expands by sharing positive benefits of what PC has experienced with not smoking (breathe better, no bad breath, cigarettes do not control me, improved relationship with friends and family and significant others). *Friends of mine who have smoked and quit have also shared similar stories. They say they like being their own person, they can perform sports better, their girlfriends/boyfriends do not complain.*

ASSESS READINESS TO QUIT/MOTIVATION

Are you interested in stopping smoking in the near future?

NOT INTERESTED- PRECONTEMPLATOR

UNSURE/UNCERTAIN (CONTEMPLATOR) OR INTERESTED (READY TO STOP SMOKING)

What are/would be your main personal reasons for wanting to stop smoking? What benefits might you expect if you were to quit?

PAST QUIT ATTEMPTS

Have you tried to stop smoking before?

➤ If tried to quit before:

- *What made you decide to quit?*
- *What happened?* (Probes: How did you stop? For how long did you quit? What problems did you experience? What helped? Did you have cravings? If so, how did you keep from smoking?)
- *What got you back to smoking?* (i.e. high risk situations)
- *If you were to try to quit again what might you do differently to help you succeed?*

- If never tried to quit before:
- *Do you know anyone who has?*
 - *What happened?*
 - *What might you expect if you were to try to quit? If appropriate: you are right on the mark. It can be really difficult to quit.*

FOR READY TO QUIT SMOKERS

We will be talking about strategies to make it a little easier if/when you decide to quit.

NICOTINE ADDICTION /STRESS MANAGEMENT

Do you think you or any of your friends who smoke are addicted to nicotine? How do you know?
If teen does not mention himself-ask: what about you?

Reinforce reasons:

First of all, nicotine addiction can occur within the first couple of cigarettes. You do not have to be a regular smoker to become addicted.

If teen does not come up with an example then peer counselor talks about her experience (real life implications).

Explain how addiction develops by discussing the physiological reasons for addiction [use diagram as appropriate].

Smokers experience withdrawal symptoms when they haven't smoked for a while. Smokers need nicotine to maintain normal moods and suffer from unpleasant feelings of irritability and tension between cigarettes, when his or her nicotine levels are falling. Smoking a cigarette brings them back to their baseline.

One area I would like to talk about is stress. Smokers often say that cigarettes help relieve feelings of stress. Interestingly, though, smokers report they are more stressed overall than non-smokers and ex-smokers. Also, teen smokers report increasing levels of stress as they develop regular patterns of smoking [PC shows stress chart in brochure].

If teen OKs, PC gives personal experience about how she thought smoking would reduce her stress but when she started smoking she had greater levels of stress. After she quit her stress levels went back down.

What are some things you do to help you reduce stress?

It seems you have good ideas to help you reduce stress

ADVERTISING

What brand do you smoke? If possible show ad What is this ad trying to tell us about smoking. What is the reality?

METHODS TO QUIT

For smokers who are not ready to stop smoking:

1. *I hear that you are not ready to stop smoking now.*
2. *Many teens do not plan to quit then later decide they want to. One of the major goals of our program is to help teens learn about how to stop smoking if and when they decide to quit.*
3. *I want to make sure that, if you decide to quit in the future, you have the best tips and strategies that other teens have found helpful in quitting. If you were to quit what method would you use?* For the rest of this section use this statement (If you were to quit)

[Go through the two main methods to quit and show other methods in Big Book]

For smokers who were uncertain:

1. *You mentioned that you were uncertain about if you are ready to stop smoking.*
2. *Where are you now? Are you ready to stop smoking?*
3. If yes- follow “ready to stop smoking” [Start with Step 2]. If no: follow “not ready to stop smoking” [Start with Step 2].

For smokers who were ready to stop smoking:

1. *You told me earlier that you were ready to stop smoking. Is this still the case?* If no: follow “not ready to stop smoking”. [Start with Step 2]
2. *The first step is to develop a plan. There are many methods teens use to stop smoking. [PC goes through methods to quit and show other methods in Big Book]. Some teens quit cold turkey. Some choose to cut back on the number of cigarettes smoked. Plus there are different strategies that teens have found useful. Which do you feel would work best for you?* (PC shares how she quit when she knows this is OK and will help).
3. Write Personal Quit Plan [See small book- For precontemplators use sample, for ready to quit use blank]

TRIGGERS AND STRATEGIES

Triggers are those situations and emotions when you usually smoke or have an urge to smoke. What are your triggers? When do you typically smoke or have an urge to smoke? (Probes: Who are you with? What mood are you in? If patient is having difficulty identifying triggers, walk through a typical school day and weekend day to help patient identify when each cigarette is smoked)

For each trigger, what might you do instead of smoking? (Probes: How can you cope with each trigger? What have you found helpful in the past when you have quit before? What might a nonsmoker do in that situation?)

[PC shows triggers and strategies from big book]

RESISTING SOCIAL INFLUENCES TO SMOKE

What social situations can you imagine in which you might consider smoking even a little bit?

PC shows top 5 ways that teens are comfortable in refusing a cigarette in the materials.

DEALING WITH MAJOR BARRIERS TO QUITTING

- If teen has concerns regarding weight gain show teen material in big book
- If teen mentions depression refer teen to MD

WITHDRAWAL SYMPTOMS

When you quit smoking, your body craves nicotine and you may experience withdrawal symptoms such as (list some of the withdrawal symptoms). Those withdrawal symptoms usually last for 1-2 weeks after you quit. After that, your body begins to forget about nicotine and you start to feel better. For some people – like heavy smokers – the withdrawal symptoms can be tougher and last longer, but they do eventually get better.

Review and discuss material in big book (see next two pages)

FORMER SMOKERS

INTRODUCTION

REVIEW MOST RECENT QUIT EXPERIENCE

That's great you are not smoking now!

- *What made you decide to stop?*
- *What happened?* (Probes: How did you stop? For how long have you not smoked? What problems did you experience? What helped? Did you have cravings? If so, how did you keep from smoking?)

Like and Not Like about smoking/Social Norms

What do you like about smoking?

What don't you like about smoking?

PC summarizes ambivalence (*on the one hand....on the other hand....*). [PC shows top 10 cons in materials]. PC identifies with pros of smoking and agrees with cons. *Most teens agree with you about the drawbacks of smoking. In fact, most teens do not smoke. Only 18% of teens smoke on a daily basis* (Only 30% smoked in the past 30 days). PC expands by sharing positive benefits of what PC has experienced with not smoking (breathe better, no bad breath, cigarettes do not control me, improved relationship with friends and family and significant others). *Friends of mine who have smoked and quit have also shared similar stories. They say they like being their own person, they can perform sports better, their girlfriends/boyfriends do not complain*

NICOTINE ADDICTION /STRESS MANAGEMENT

1. *Do you think you were addicted to nicotine? How do you know?*

Reinforce reasons:

First of all, nicotine addiction can occur within the first couple of cigarettes. You do not have to be a regular smoker to become addicted.

If teen does not come up with an example then peer counselor talks about her experience (real life implications).

Explain how addiction develops by discussing the physiological reasons for addiction [use diagram as appropriate].

Smokers experience withdrawal symptoms when they haven't smoked for a while. Smokers need nicotine to maintain normal moods and suffer from unpleasant feelings of irritability and tension between cigarettes, when his or her nicotine levels are falling. Smoking a cigarette brings them back to their baseline.

One area I would like to talk about is stress. Smokers often say that cigarettes help relieve feelings of stress. Interestingly, though, smokers report they are more stressed overall than non-smokers and ex-smokers. Also, teen smokers report increasing levels of stress as they develop regular patterns of smoking [PC shows stress chart in brochure].

If teen OKs, PC gives personal experience about how she thought smoking would reduce her stress but when she started smoking she had greater levels of stress. After she quit her stress levels went back down.

What are some things you do to help you reduce stress?

It seems you have good ideas to help you reduce stress

ADVERTISING

What brand did you smoke? Why? If possible show their ad. Ask what is this ad trying to tell us about smoking. What is the reality?

ASSESS READINESS TO REMAIN A NON-SMOKER

Some teens who have recently stopped smoking are not certain about whether they might smoke in the future.

Where are you at?

If planning on returning to smoking. Go to smoker –Module 7- Precontemplator

If not planning on returning to smoking: continue

What might get in your way of remaining a non-smoker?

METHODS TO STAY SMOKE-FREE

Do you still have the urge to smoke? When? What if anything might lead you to begin smoking?

What are some situations that may occur in the future that may lead you to smoke? Or what might lead you to consider smoking in the future? What might help you deal with those situations without smoking?

Peer counselor could raise potential high-risk situations she experienced as she got older, college, etc. and discussed how to handle.

Review Stay Quit Plan

TRIGGERS AND STRATEGIES

Triggers are those situations and emotions when you usually smoke or have an urge to smoke. What were your triggers? When did you typically smoke or have an urge to smoke? (Probes: Who were you with? What mood were you in? If patient is having difficulty identifying triggers, walk through a typical school day and weekend day to help patient identify when each cigarette was smoked)

For each trigger, what do you currently do instead of smoking?
[PC shows material in big book]

RESISTING SOCIAL INFLUENCES TO SMOKE

- A. When you quit smoking what situations were you in which you considered smoking even a little bit? How did you handle that situation? What did you say or do?*
- B. What situation can you imagine in the future when you might consider smoking, even a little bit? What do you think you might do or say in that situation?*
- C. If no situations past or future are forthcoming: PC might tell of a personal memory of a social situation in which a friend offered her a cigarette and she was tempted to smoke: How do you think I could have handled this situation? How might you have handled it if you were me*

It sounds like you have some good ideas. PC states that the top 5 ways that teens are comfortable in refusing a cigarette in the materials

APPENDIX D

BOOSTER PHONE CALLS

NON -SMOKER

ID _____

DATE _____

Which booster call (2, 6, 12 or 22 weeks)

- Introduction
 - Reason for call
 - *Are you able to talk privately?* If No: see if there is a place that the teen can talk privately
 - I really enjoyed talking to you
 - Bring one thing from baseline or previous phone call (e.g. soccer)

 - Briefly provide a summary of previous discussion in terms of susceptibility questions or reasons for not smoking. *Where are you at?*

 - If necessary ask if he/she has smoked since the last phone call (IF NO: continue. IF YES: go to Non-smoker who becomes a smoker)
 - If did not reinforce earlier say *that's great!*
 - We spoke about your reasons for choosing not to smoke. What new reasons have you thought about?

 - FOR SUSCEPTIBLE ONLY: You spoke about there being good things about smoking and there being not-so good things such as.... Where are you now?

 - FOR SUSCEPTIBLE ONLY: If necessary reassess susceptibility questions
1. Yes No

 2. Yes No

3. Yes No

- We spoke about nicotine addiction. What have you noticed in your friends and family (make relevant to teen) since we discussed this?

- We spoke about stress. You mentioned _____ stressors and these things help you deal with these stressors. Any new stressors? What have you done to reduce your stress since the last time we talked?

- Have there been any new situations where you have been tempted to smoke? If yes what happened?

- IF IMPORTANT TO TEEN: We spoke about advertising? What have you noticed that was new?

- Is there some area related to smoking cigarettes that you would like to talk about we haven't covered?

Thank

TIME AND DATE OF NEXT FOLLOW UP

COMMENTS

SMOKER – QUIT PLAN MADE AND ACHIEVED

ID _____

DATE _____

Which booster call (2, 6, 12 or 22 weeks)

- Introduction
- Reason for call
- *Are you able to talk privately?* If No: see if there is a place that the teen can talk privately
- I really enjoyed talking to you
- Bring one thing from baseline or previous phone call (e.g. soccer)

- If quit plan was made; discuss quit plan (quit date, triggers and strategies, etc)

- If necessary ask if they have smoked since we last talk (IF NO: continue, IF YES: go to SMOKER WHO IS STILL SMOKING)
- That's great. *What made you decide to stop?*

- *How did you do it: Probes:* How did you stop? For how long have you not smoked? What problems did you experience? What helped? Did you have cravings? If so, how did you keep from smoking?

- Problem solve any issues around nicotine addiction, and stress and situation where you may smoke

- IF IMPORTANT TO TEEN: We spoke about advertising? What have you noticed that was new

- Discuss relapse prevention (1) Raise possibility that you might resume smoking; (2) identify high risk situations (insure that withdrawal symptoms are dealt with); and (3) develop working plan.
- Discuss how they have rewarded themselves for quitting. Elicit ideas, reinforce and discuss next steps

Thank

DATE AND TIME OF NEXT FOLLOW-UP

COMMENTS

SMOKER WHO IS STILL SMOKING AND PLANNED ON QUITTING

ID _____

DATE _____

Which booster call (2, 6, 12 or 22 weeks)

- Introduction
 - Reason for call
 - *Are you able to talk privately?* If No: see if there is a place that the teen can talk privately
 - I really enjoyed talking to you
 - Bring one thing from baseline or previous phone call (e.g. soccer)
-
- You had planned on quitting on _____ what happened. Problem solve situations. Are you willing to try again? Work on new quit plan

Thank

TIME AND DATE OF NEXT FOLLOW-UP

COMMENTS

SMOKER WHO IS STILL SMOKING AND DID NOT PLAN ON QUITTING

ID _____

DATE _____

Which booster call (2, 6, 12 or 22 weeks)

- Introduction
- Reason for call
- *Are you able to talk privately?* If No: see if there is a place that the teen can talk privately
- I really enjoyed talking to you
- Bring one thing from baseline or previous phone call (e.g. soccer)

- Last time you said that you were not interested in quitting. Where are you at now? IF YES: develop personal quit plan. IF NO: What would it take for you to quit smoking? Continue

- We spoke about what you liked and what you didn't like about smoking such as..... What have you noticed that was new?

- We spoke about nicotine addiction. What have you noticed in your friends or you (make relevant to teen) since we discussed this?

- We spoke about stress. You mentioned _____ stressors and these things help you deal with these stressors. Any new stressors?

- Have there been any new situations where you have been tempted to smoke? If yes what happened?

- IF IMPORTANT TO THE TEEN: We spoke about advertising? Have you noticed anything new

Thank

TIME AND DAY FOR NEXT FOLLOW-UP

COMMENTS

FORMER SMOKER

ID _____

DATE _____

Which booster call (2, 6, 12 or 22 weeks)

- Introduction
- Reason for call
- *Are you able to talk privately?* If No: see if there is a place that the teen can talk privately
- I really enjoyed talking to you
- Bring one thing from baseline or previous phone call (e.g. soccer)

- Have you smoked in since we last spoke? (IF NO: continue, IF YES: go to NON-SMOKER WHO BECOMES A SMOKER)
- If no, that's great. Review stay quit plan

- We spoke about what might get in your way of remaining a non-smoker. Have any of these things or situations happened? How did you deal with them? Do you have any additional things you thought that might get you back to smoking? Problem solve. (Probes if necessary: nicotine addiction, stress)

- If IMPORTANT TO TEEN We spoke about advertising? What have you noticed that was new

Thank

TIME AND DATE OF NEXT FOLLOW-UP

COMMENTS

NON-SMOKER WHO BECOMES A SMOKER

ID _____

DATE _____

Which booster call (2, 6, 12 or 22 weeks)

- Introduction
- Reason for call
- *Are you able to talk privately?* If No: see if there is a place that the teen can talk privately
- I really enjoyed talking to you
- Bring one thing from baseline or previous phone call (e.g. soccer)

- When did you smoke? Tell me a little about the situation. What happened since? If never again. Problem solve situation in which smoking occurred and other high risk situations

- If viewed smoking situation as positive: assess motivation to become a non-smoker
- If motivated to become non-smoker develop personal quit plan
- If not motivated to become a non-smoker: What do you like about smoking? What don't you like about smoking? Summarize ambivalence. Follow module 6 (not interested in quitting)

Thank

TIME AND DATE OF NEXT FOLLOW-UP

COMMENTS