

Tobacco Dependence Screening and Treatment in Behavioral Health Settings

Screening and Assessment

OBJECTIVES

As a result of this training, participants will be able to:

1. Identify and utilize two reliable and valid screening tools for tobacco use
2. Utilize the substance use disorder criteria in assessing and diagnosing tobacco use disorders
3. Identify the Stages of Change and how they apply to the assessment of tobacco use

AGENDA

- Welcome, Introductions, Goal and Objectives
- Screening for Tobacco Use: Review of the Fagerström and Hooked on Nicotine Checklist
- Assessing Tobacco Use: Overview of the Substance Use Disorder Criteria and Application to Assessing for Tobacco Use Disorders
- Assessing Tobacco Use: Readiness and Motivation to Change
- Closing

WELCOME & INTRODUCTIONS

Please share your:

- Name
- Agency
- Role

SCREENING FOR TOBACCO USE:
THE FAGERSTRÖM
AND
HOOKED ON NICOTINE CHECKLIST

Purpose of Screening

- Determining appropriateness and eligibility for program admission
- Gathering baseline information about client
- Determining areas for further exploration with client
- Screening does not give sufficient information to determine diagnosis or treatment plan goals

Purpose of Screening for Tobacco Use

- To gather baseline data on an individual's tobacco use
- To determine if tobacco use is an area for further exploration in treatment

The Fagerström Test for Nicotine Dependence

- Valid and reliable tool for screening for tobacco use
- Easy to administer (3-5 min)
- Supports integration of tobacco use and accurate treatment planning
- Higher scores indicates higher intensity
- Refer to handout for details of test

The Hooked on Nicotine Checklist

- Alternative screen to Fagerström
- Works well with adolescents
- Stronger reliability for individuals who have lower levels of tobacco consumption

Real Play!

- Pair up
- Take out Fagerström handout
- Administer Fagerström to person you are paired with
- You do not need to use real answers
- Score the instrument!

Tobacco Use Disorder Diagnostic Criteria

- A problematic pattern of tobacco use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a twelve-month period:
 1. Tobacco is often taken in larger amounts or over a longer period of time than was intended
 2. There is a persistent desire or unsuccessful efforts to cut down or control tobacco use
 3. A great deal of time is spent in activities necessary to obtain or use tobacco

Tobacco Use Disorder Diagnostic Criteria

4. Craving, or strong desire or urge to use tobacco.
5. Recurrent tobacco use resulting in a failure to fulfill major role obligations at work, school or home.
6. Continued tobacco use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of tobacco.
7. Important social, occupational, or recreational activities are given up or reduced because of tobacco use.

Tobacco Use Disorder Diagnostic Criteria

8. Recurrent tobacco use in situations in which it is physically hazardous (e.g., smoking in bed).
9. Tobacco use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by tobacco.
10. Tolerance, as defined by either of the following:
 - A need for markedly increased amounts of tobacco to achieve the desired effect.
 - A markedly diminished effect with continued use of the same amount of tobacco.

Tobacco Use Disorder Diagnostic Criteria

11. Withdrawal, as manifested by either of the following:

- The characteristic withdrawal syndrome for tobacco use.
- Tobacco (or a closely related substance, such as nicotine) is taken to relieve or avoid withdrawal symptoms.

Tobacco Use Disorder Severity

- Specify Severity:
 - Mild-2-3 Symptoms
 - Moderate-4-5 Symptoms
 - Severe-6 or more symptoms

Tobacco Withdrawal

A. Daily use of tobacco for at least several weeks.

B. Abrupt cessation of tobacco use, or reduction in the amount of tobacco used, followed within 24 hours by four (or more) of the following signs or symptoms:

- Irritability, frustration, or anger
- Anxiety
- Difficulty Concentrating
- Increased appetite
- Restlessness
- Depressed mood
- Insomnia

C. The signs or symptoms in Criterion B cause clinically significant distress or impairment in social, occupation or other important areas of functioning.

D. The signs or symptoms are not attributed to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

Questions to Assess Tobacco Use

- Tell me about when you started using tobacco.
- How often do you use tobacco and how much do you use?
- What are some of the reasons for your tobacco use/Why do you use tobacco/What are the benefits of tobacco use?

Questions to Assess Tobacco Use

- How does your current tobacco use compare to how much you used when you started using tobacco?
- Tell me about previous attempts to discontinue tobacco use? What was helpful and what was not?
- What are some of the negative consequences of your tobacco use?

Questions to Assess Tobacco Use

- If you were to stop using tobacco, what would the reasons be for your discontinued use?
- On a scale of 1 to 10, how important is it for you to change your tobacco use behavior?
- On a scale of 1 to 10, how confident are you in your ability to change your tobacco use behavior.
- How do you feel when you are in situations when you cannot use tobacco?

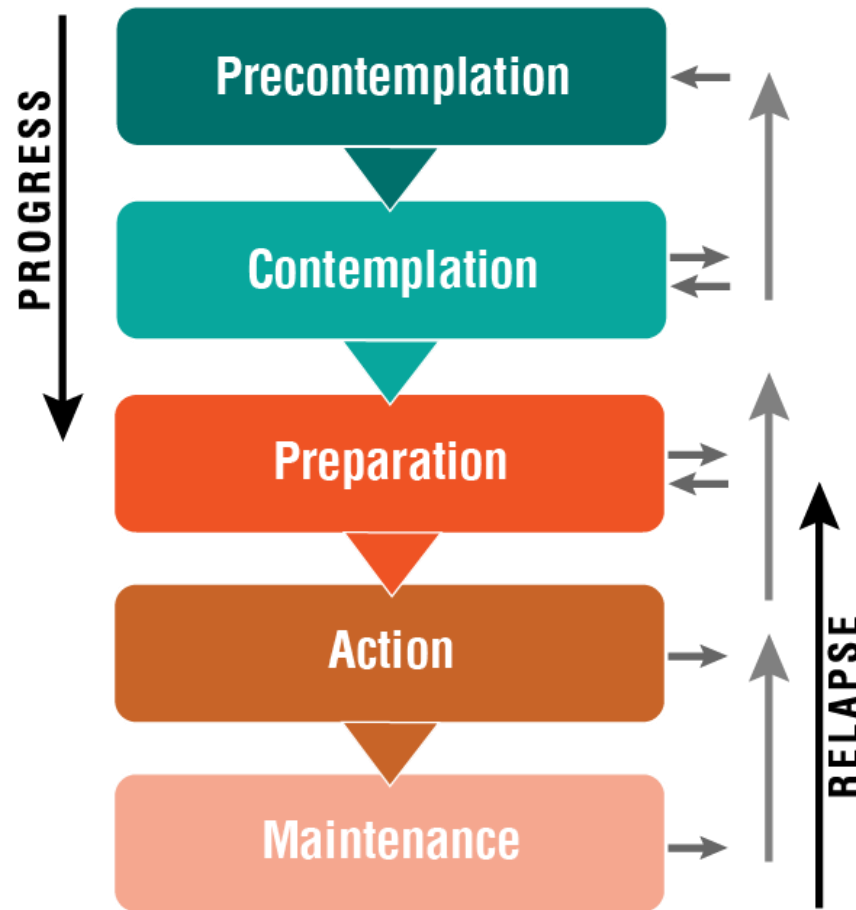
OVERVIEW OF TRANSTHEORETICAL MODEL (TTM):

- ASSESSING TOBACCO DEPENDENCE & CLIENTS
READINESS AND MOTIVATION TO QUIT

STAGES OF CHANGE MODEL

- Developed by Prochaska and DiClemente
- Behavior change does not happen in one step, but in stages
- An individual progresses through the stages at their own pace, depending on their goals and sources of motivation

THE STAGES OF CHANGE



PRECONTEMPLATION

There is no intention to change behavior in the foreseeable future:

- Others are aware of problem
- Unaware or under-aware
- Change due to outside pressure
- No plans to change (6 months)
- Coerced by others to change

CONTEMPLATION

Aware that a problem exists and begins to think about overcoming it:

- No commitment
- Struggles with loss
- Decisional-balancing
- Can get stuck and remain so

PREPARATION

Making plans for the intended change:

- Intending to take action within 30 days
- Taking steps/making plans
- May/may not have taken unsuccessful action in past year

ACTION

Modification of behavior, experiences, or environment in order to overcome problem behavior

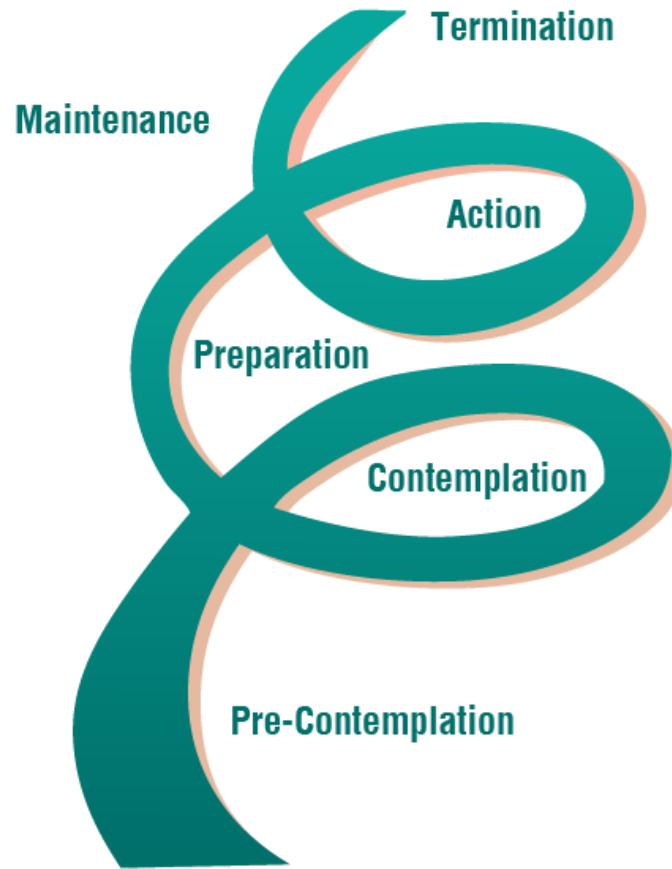
- Taking an action is not being in action
- Runs from one day to six months
- Requires considerable commitment

MAINTENANCE

Integrated the new behavior into present lifestyle

- More than six months
- Stabilizing change
- Avoiding relapse
- Can last a lifetime

THE STAGES OF CHANGE



LEARNING DOMAINS FOR CHANGE

Cognitive

- What a person thinks related to the change

Affective

- What a person feels related to the change

Behavioral

- What actions related to the change

INDIVIDUAL ACTIVITY



THANK YOU!