 <p>PRIMARY CARE PRACTICE GUIDELINES</p> <p>APPENDIX A</p>	Practice Guideline: Implementation of the Regional Clinical Practice Guideline for the Management of Tobacco Use and Dependence	Guideline Number: <i>PCPG #12</i>
	Approved By: <i>Primary Care Management Team</i>	Pages: <i>1 of 3</i>
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The Stages of Behavior Change to Quit or Reduce Smoking

The Stages of Change Model of behavior change assists the health care provider by offering appropriate messages to facilitate smoking cessation/reduction and smoke exposure reduction. The Stages of Change describes the five stages pre-contemplation, contemplation, preparation, action-implementation, and maintenance.⁴

The Pre-contemplation Stage (Patient has no intention to change behavior):

To raise awareness of personal relevance, generate emotions. Consider benefits of change. Getting the patient to Think, Talk and Feel that this behaviour is a problem.

Stage-matched interventions include:

1. Assess roadblocks (including level of nicotine dependence) to the proposed change.
2. Discuss the relevance, risks, and rewards of the proposed change.
3. Determine what action the patient and/or family is willing to take.

Motivational interviewing based on the "5 R's" (relevance, risks, rewards, roadblocks, and repetition) may help move smokers from pre-contemplation and contemplation towards preparation and action. Motivational interventions are most likely to be successful when the clinician is empathic, promotes patient autonomy (e.g., choice among options), avoids arguments, and supports the patient's self-efficacy (e.g., by identifying previous successes in behavior change efforts).⁴

Health Behaviour Questions for consideration:

What motivates you to avoid thinking about the downside of quitting or reducing your tobacco use?
What do you do to minimize your discomfort about
In what ways does continuing to use tobacco concern you?
When you think about the problems tobacco could cause, how does it leave you feeling?
What feeling come when you think about things getting better if you were to reduce or quit using tobacco?
What impact does reducing or quitting to use tobacco have on other people or situations?
How would things be better if you were to change? Consider use of Decisional Balance Tool


The Contemplation Stage (Patient intends to make the behavior change within the next 6 months but makes no commitment to action)

Stage-matched interventions include:

1. Analyze benefits and challenges of continued tobacco use
2. Discuss costs/benefits of quitting / reducing tobacco use
3. Build confidence that the patient can make a change that has beneficial results.

Health Behaviour Questions for consideration:

What are your reasons for continuing to smoke?
What are your reasons not to change?
On the other hand, what are the reasons it would be good to make this change?
What do you think you might like better about yourself/your life once you have made these changes?

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What are all the reasons this change is important to make to make? How important is it for you to make this change on a scale of 1-5?
Reframe cons and barriers, which we can develop strategies to overcome.
Is there one thing you could do today to begin making a change? Consider use of Decisional Balance Tool. If not accept ambivalence

The Preparation Stage (The intention is to implement the behavior change soon within one month)

Stage-matched interventions include:

1. Assess the specific changes needed, including level of nicotine dependence. level of nicotine dependence.
2. Recommend and/or prescribe appropriate pharmacotherapy.
3. Facilitate the development of specific plans for smoking cessation, including a quit date.

Specific plans may include enrollment in a tobacco-dependence treatment program; determining what pharmacotherapy will be used; developing plans for how to identify and respond to withdrawal symptoms, how to respond to cravings and difficult situations, and how to prepare friends and family; and setting a Target Quit Date.

Health Behaviour Questions for consideration:

Let's review your reasons for wanting to change and why they are important to you.
Generate Alternatives: Let's come up with as many ideas about what to change as we can.
Choose from alternatives: Which of these different ideas will help you cope day-to-day?
Get a Date When will you begin?
Who are you going to ask for the support you need?
What will you use to chart your progress?
What do you need to keep this as your main priority? (i.e., regular visits with the nurse to monitor Oxygen Saturation to support motivation)


The Action-Implementation Stage Patient has made the behavior change recently (within the past 6 months); relapse risk is at its highest)

Stage-matched interventions:

1. Learning to Use behavioural skills & aids
2. Monitor for difficulties and relapses.
3. Discuss strategies to recover from them.
4. If needed, revise the Action Plan, including adjusting pharmacotherapy.
 - a. If nicotine withdrawal is not well-controlled, consider stepping up pharmacotherapy.
 - b. If nicotine withdrawal is well-controlled, consider if pharmacotherapy can be stepped down.
 - c. Discuss how to handle difficult situations, changes in routines, vacations, increases in stress, etc. Provide positive reinforcement.

Health Behaviour Questions for Action consideration:

Instead of using tobacco, what could you use when you feel the urge?
What kinds of things might tempt you?
What can you do to avoid /remove these?

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How would rewarding your successes help your confidence and motivation?
What can you say to yourself to acknowledge small steps?
What can you give yourself as a small reward?
What kind of support do you want people to give you now?
What can you do to prevent against a slip?

Health Behaviour Questions for Relapse consideration:

What was going on before the slip (what thoughts feelings, events)?
What could you have done differently?
What could you do next time?
How can you make this a priority again?
What encouraged you about the progress you made, how did you feel about it, what was better for you?

The Maintenance Stage (Six months to life post change; the risk of relapse is still present, although not as high as during action-implementation. Relapse risk steadily and slowly falls over time but is always present)

Stage-matched interventions:

1. Focus on coping skills
2. Monitor: Ask about lapses and temptations to lapse.
3. Revise: If nicotine withdrawal symptoms are in good control, consider if pharmacotherapy can be stepped down.