Counseling Strategies: Support Your Patients’ Quit Attempt
Counseling Strategies: Support Your Patients’ Quit Attempts

Best practice for a successful quit attempt combines medication and counseling. Counseling provides support to individuals by tailoring a course of action based on their readiness to quit. Practitioners have over 240 million opportunities each year to address their patient’s tobacco use, so using counseling tools can encourage and increase the amount of successful quit attempts among patients.

There are a variety of counseling tools that can be used depending on the time available with your patient. This guide will provide a brief overview of them.

**Pharmacotherapy + Patient Therapy = The Most Effective Formula for Quit Success**
Counseling Strategies, cont.

5 A's: Ask, Advise, Assess, Assist and Arrange

The 5 A's are referenced in many clinical guidelines, including the Clinical Practice Guidelines: Treating Tobacco Use and Dependence. The 5 A's are essential for any patient, regardless of their current state of change, and could be used during brief clinical interactions.

1. **Ask**
   Ask every patient about their tobacco use and if they have ever considered making changes to their tobacco use.

2. **Advise**
   Clearly communicate the importance of quitting. It is most effective to personalize the reasons for quitting (e.g., relating their tobacco use to their current health concerns).

3. **Assess**
   Assess each patient’s readiness to engage in a quit attempt.

4. **Assist**
   For patients willing to make a quit attempt, create a treatment plan that includes medication and counseling.

5. **Arrange**
   Provide in person or telephone follow up during treatment.

When supporting patients in a short amount of time (3 – 5 minutes), the 5 A’s process can be reduced to:

1. **Ask, Advise** and **Counsel**
2. **Ask, Advise** and **Refer** to an outside provider (e.g., a tobacco quitline)
Motivational interviewing

Once a patient’s stage of change is identified, it is important to ask questions that are client-centered, non-judgmental and rooted in empathy. Motivational interviewing is a collaborative conversation style for strengthening a person’s own motivation – or more simply put, a conversation about change.

By asking questions rooted in motivational interviewing, clinicians can increase patients’ belief in themselves to quit smoking.

Strategize with “OARS”

Using OARS enhances the motivational interviewing process:

<table>
<thead>
<tr>
<th>“OARS”</th>
<th>Characteristics</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open ended questions</td>
<td>• Questions that are engaging, non-judgmental and non-threatening and encourage the patient to talk</td>
<td>“Tell me about your worries if you were to quit smoking.”</td>
</tr>
<tr>
<td></td>
<td>• Do not invite a short answer</td>
<td></td>
</tr>
<tr>
<td>Affirmations</td>
<td>• Positive or reinforcing statements that focus on patients’ strengths, abilities or efforts</td>
<td>“You’ve been very open and honest today about your smoking and that’s not always easy.”</td>
</tr>
<tr>
<td></td>
<td>• Affirm behaviors, not ideas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Use “you” statements vs. “I” statements if possible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Strengthens the working relationship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Should be genuine and express positive regard and caring</td>
<td></td>
</tr>
</tbody>
</table>
Counseling Strategies, cont.

<table>
<thead>
<tr>
<th>“OARS” Characteristics</th>
<th>Example</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reflections</strong></td>
<td>States a hypothesis or makes a guess about what the person means</td>
<td>Patient says, “I want to quit smoking, but I don’t know how I will cope with stress without cigarettes.”</td>
</tr>
<tr>
<td></td>
<td>Form a statement, not a question</td>
<td>Reflection: “So you are worried about managing your stress without the use of cigarettes.”</td>
</tr>
<tr>
<td></td>
<td>In general, a reflection should not be longer than the patient’s statement (and, in MI, the patient should be doing at least 50% of the talking)</td>
<td></td>
</tr>
</tbody>
</table>

**How to form a reflection:**

1. Cut the question words: “Do you mean that you…”
2. Cut the qualifying stems: “It sounds like you really want to quit” becomes “You really want to quit.” Or “What I’m hearing you say is that smoking has caused problems in your relationship…” becomes “Smoking has caused problems in your relationship…”

**Summaries**

- Summaries collect and link material given by patients so providers can then move the patient toward a new goal or task

“Before I ask you the questions I mentioned earlier, let me summarize what you’ve told me so far and see if I’ve missed anything important. You came in because you were feeling that it has become difficult to breathe, and you’re scared it may be from smoking.”

Learn more about motivational interviewing:

**Motivational Interviewing: Helping People Change**

by William R. Miller, Ph.D and Stephen Rollnick, Ph.D.