



# Smoking Cessation Strategies in the Behavioral Health Population

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In late 2013, the Smoking Cessation Leadership Center provided funding for the American Psychiatric Nurses Association (APNA) to establish a Smoking Cessation Virtual Nursing Academy. The overarching goal of the academy was to fund, recruit, and train nurse “Champions” to drive down the prevalence of tobacco use among people with mental health and substance use disorders. Using evidence-based research tools provided by the academy, the Champions were then charged with designing interventions for health care providers, clients, and students to address issues of tobacco dependence. Outcomes from the projects were presented at the APNA Annual Conference.

## SMOKING CESSATION PROGRAMS FOR SPECIFIC POPULATIONS

Jennifer Armentrout, RN, Sharp Mesa Vista Psychiatric Hospital, San Diego, California, USA, presented the results of a pilot project that incorporated a tobacco cessation program into an existing recovery model at an adult outpatient psychiatric facility.

For a 6-month period, the intervention, comprising material on tobacco use and healthy living, was delivered to about 300 patients by about 70 nurses and other health care providers. Physicians prescribed nicotine replacement therapy. Baseline and postintervention data were then compared. The variables assessed were tobacco use, understanding the importance of quitting, plans to reduce smoking, tools to stop smoking, and the biggest challenges when quitting.

At admission, 50% of patients desired to quit or reduce smoking, and 90% of them maintained this desire at discharge. Patients reported emotional and physical discomfort as the greatest barrier to quitting smoking, and the study highlighted the need to target this barrier and assist with coping strategies.

Erica D. Joseph, APRN, Southeast Louisiana Veterans Health Care System, Baton Rouge, Louisiana, USA, presented the results of a study on face-to-face, on-site tobacco cessation classes in conjunction with drug interventions in veterans. The study included 12 veterans who participated in these 1-hour classes over 6 weeks. The classes helped participants to identify and remove common smoking triggers, develop a stop-smoking action plan, practice behavioral and mental coping strategies, develop an exercise plan, and prevent smoking relapse.

Results suggest that developing smoking action plans and identifying ways to prevent relapse assisted with

smoking cessation and that holding the classes close to home increased the veterans’ ability to access the program. Ms Joseph also recommended follow-up phone calls to program dropouts and monthly follow-up or support sessions for those who complete the program.

Zim Okoli, PhD, University of Kentucky, Lexington, Kentucky, USA, described a program to evaluate whether smokers with schizophrenia would benefit from cessation programs tailored specifically for them.

To date, 6 tobacco treatment specialists in the United States and Canada and 2 smokers with schizophrenia have been interviewed. The preliminary data suggest that while conventional smoking cessation programs do not meet the needs of those with schizophrenia, programs specific for schizophrenia may be detrimental to higher-functioning individuals by hindering their self-esteem. Dr Okoli concluded that there is a need to consider both the functional level and the particular diagnosis when tailoring tobacco cessation programs for those with mental illnesses.

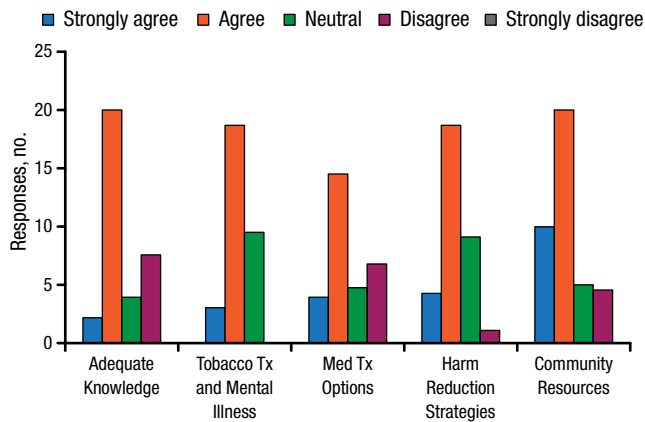
## EDUCATING HEALTH CARE PROFESSIONALS ON SMOKING CESSATION METHODS

Nicole Rozek-Brodrick, RN, University of Colorado, Denver, Colorado, USA, presented results of a study on incorporating a tobacco cessation program in the undergraduate and graduate nursing curriculum. The goal of the study was to increase students’ knowledge of tobacco cessation strategies and comfort levels to discuss tobacco use among their patients with schizophrenia.

The treatment intervention included education about the 5 A’s (ask, advise, assess, assist, and arrange) and how to talk with specific populations of patients. It also provided information on community resources and how to assess various online webinars. All students completed a survey regarding their overall knowledge of tobacco use in their patient populations prior to the implementation of the intervention. Figure 1 shows the baseline responses in the combined cohorts before the intervention, and Figure 2 shows the changes in response after the intervention. More students reported higher scores on all survey questions after the intervention compared with baseline.

Ms Rozek-Brodrick cited the short time frame for 2 of the cohorts as a limitation of the study. However, study strengths included the impact of the intervention on various groups of nursing students, the ability to gear educational needs to the specific student cohorts, and the fact that most of the students were receptive to learning the intervention.

Figure 1. Baseline Responses Prior to Program Implementation



"Strongly disagree": responses across options, n = 0.  
Med, medical; Tx, treatment.  
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Leigh Powers, DNP, East Tennessee State University, Johnson City, Tennessee, USA, presented the results of a pilot project on educating advanced practice psychiatric nursing students to successfully implement a tobacco cessation program.

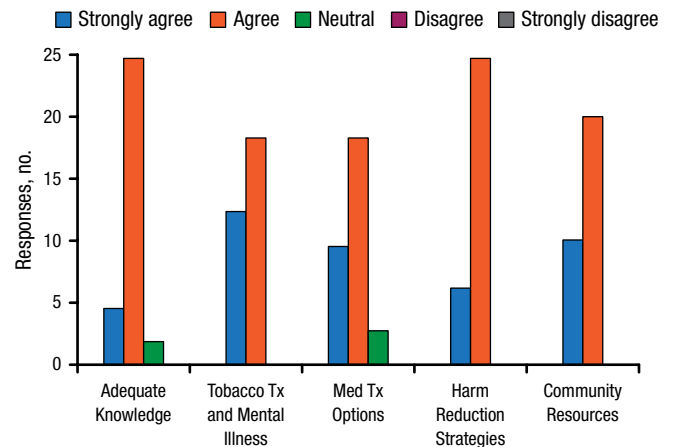
Two students participated in the pilot project. A smoking cessation module was created for online access that included educational materials (print and online readings, PowerPoint presentations, and case scenarios), as well as teaching and record-keeping tools. Students were also provided toolkits to use when educating their patients about smoking cessation.

Students were required to complete a short pre- and posttest related to the module material. They were also provided a checklist to review the quality and quantity of their encounters with their patients. The checklist included an assessment of the 5 A's and time spent on each area. Table 1 shows the results of the pilot project.

The 2 students assessed 89 patients over the semester and successfully implemented the educational component of the pilot project. The project was successful in enhancing provider knowledge of smoking cessation interventions and in recognizing areas for improvement in education of providers. Given the small sample size of the project, Dr Powers emphasized the need for future testing in a larger cohort of students.

Bridgette Vest, DNP, Veterans Affairs Medical Center, Salem, Virginia, USA, presented results of a program to educate nurses at a Veterans Affairs hospital. More than 50 providers among the nursing staff and the executive leadership were trained to use a clinical reminder system for tobacco use screening and treatment referrals; as

Figure 2. Responses After Program Implementation



"Strongly disagree" and "disagree": responses across options, n = 0.  
Med, medical; Tx, treatment.  
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Table 1. Results of the Pilot Project

Element	No.	Time, min				
		Minimum	Max	Median	Mode	Avg
Ask	89	1	5	2	2	2.93
Advise	50	1	10	3	3	2.96
Assess	49	1	10	5	5	4.23
Assist	16	5	20	10	5	9.00
Arrange	7	5	10	5	5	7.14

Pretest score average = 63.33%; posttest score average = 83.33%; 89 total encounters recorded.  
Reproduced with permission from L Powers, DNP.

well, tobacco cessation workbooks and training materials were provided in the acute and outpatient psychiatry settings. The primary assessment goal was the number of consults to the Tobacco Cessation Clinic.

Overall, 977 clients were served, with interventions provided by >60 nurses and other health care providers and case managers throughout the hospital. Dr Vest reported a 39% increase in consults in fiscal year (FY) 2014 from FY 2013; 72% of all consults for FY 2014 were delivered during the time frame of the intervention. Among the program's successes were the increased access to tobacco treatment for veterans and the increased smoking cessation among nurses and other employees. However, it was difficult to schedule face-to-face training, as the workload for the tobacco treatment team became overwhelming. Despite this limitation, Dr Vest concluded that programs of this type empower nurses and that such programs should be adopted by health care organizations.