Welcome!

Before we begin...

Today's session will be recorded

Please add your name and health system in the chat

Housekeeping Items
Tobacco Cessation for Cancer Care Teams ECHO

Each ECHO session will be recorded and **may** be posted to a publicly-facing website. Chat content, attendance, and poll responses are also recorded.

Please update your Zoom Participant Name to First Last, Org (e.g. Kristen Sullivan, ACS).

Type your full name, the full name of your organization, and e-mail in the chat box.

You will be muted with your video turned off when you join the call. Use the buttons in the black menu bar to unmute your line and to turn on your video.

Today's materials will be made available on our ACS ECHO website.

All ECHO sessions take place on the iECHO & Zoom platforms. iECHO Terms of Use & Zoom Privacy Policy.

Questions about Zoom during the call? Find @Mindi Odom in the chat.

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Have a question? Don't wait to ask! Feel free to enter in the **Chat** at any time.

Agenda

- Welcome & Housekeeping (5 min)

- Introductions (5 min)

- Didactic Presentation and Discussion(20 min)

- Case Presentation and Discussion (15 min)

- Case Update (10 min)

- Survey, Open Discussion & Wrap-Up (5 min)

"All teach, all learn" image captured from Project ECHO website
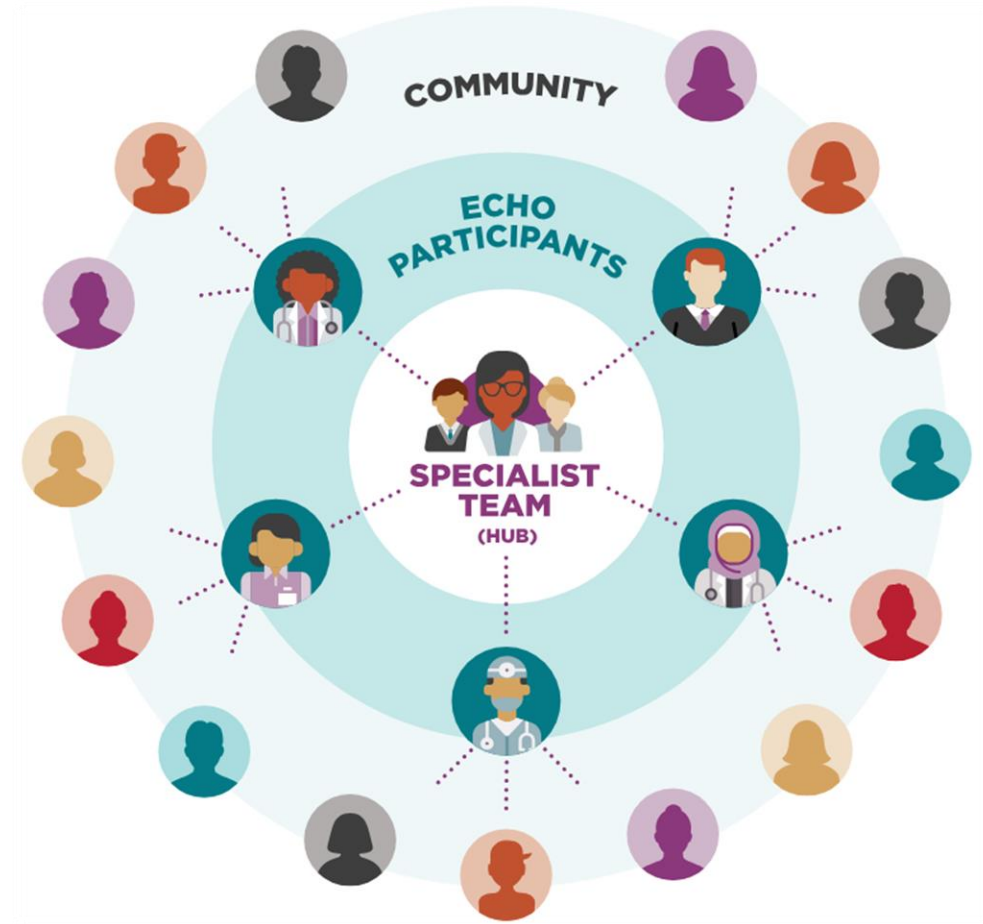
Your ACS ECHO Team

Kristen Sullivan, MS, MPH
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Introductions

Session 4 - Tobacco Cessation for Cancer Care Teams ECHO
Subject Matter Experts (SMEs)

Laura Makaroff, DO
Senior Vice President, Cancer Prevention
Facilitator

Timothy Mullett, MD, MBA, FACS
Medical Director,
Markey Cancer Center Network Development

Jamie Ostroff, PhD
Chief, Behavioral Science Services
Memorial Sloan Kettering Cancer Center

Brenna Van Frank, MD, MSPH
Medical Director,
Office on Smoking and Health Centers for Disease Control and Prevention

Francis Vitale, MA
National Director, Pharmacy Partnership for Tobacco Cessation
Clinical Assistant Professor, Purdue College of Pharmacy

Session 4:
Motivating Patients to Quit

Jamie Ostroff, PhD
Chief and Attending Psychologist
Dept. of Psychiatry & Behavioral Sciences
Memorial Sloan Kettering Cancer Center

Session 4 Motivating Patients to Quit
Today's Goals

- Identify some common patient-level barriers and concept of stages of change

- Discuss how empathic communication is the secret sauce of patient engagement essential for motivating patients to quit smoking

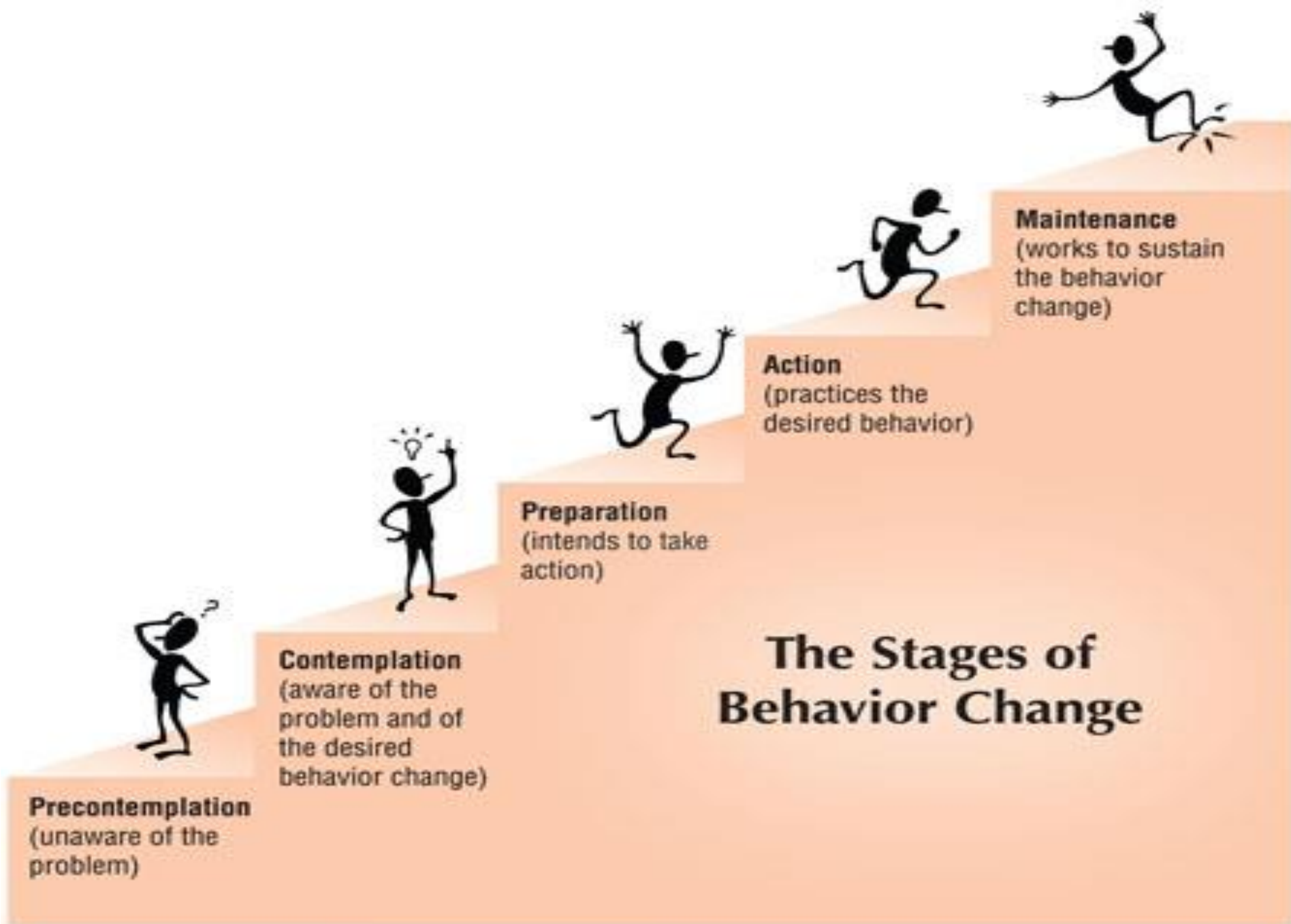- Motivational Interviewing (MI) an essential tool

Patient Barriers

Lack of Awareness of Quitting Benefits

Acute Stress/Feeling Overwhelmed

Stigma

Uncertainty (fear of failure)

Ambivalence

The Stages of Behavior Change

Precontemplation (unaware of the problem)

Contemplation (aware of the problem and of the desired behavior change)

Preparation (intends to take action)

Action (practices the desired behavior)

Maintenance (works to sustain the behavior change)

Sources: Grimley 1997 (75) and Prochaska 1992 (148)

EMPATHIC COMMUNICATION SKILLS TRAINING

A Trial to Reduce Lung Cancer Stigma

Memorial Sloan Kettering Cancer Center

GO2 FOR LUNG CANCER

American Cancer Society | NATIONAL LUNG CANCER ROUNDTABLE

American Cancer Society | Project ECHO

PEC Innovation

Contents lists available at ScienceDirect

journal homepage: www.elsevier.com/locate/pecinn

Reducing stigma triggered by assessing smoking status among patients diagnosed with lung cancer: De-stigmatizing do and don't lessons learned from qualitative interviews

Jamie S. Ostroff [a,*], Smita C. Banerjee [a], Kathleen Lynch [a], Megan J. Shen [b,c], Timothy J. Williamson [a], Noshin Haque [a], Kristen Riley [d], Heidi A. Hamann [e], Maureen Rigney [f], Bernard Park [g]

TBM BRIEF REPORT

Responding empathically to patients: a communication skills training module to reduce lung cancer stigma

Smita C. Banerjee,[1] Noshin Haque,[1] Carma L. Bylund,[2] Megan J. Shen,[3] Maureen Rigney,[4] Heidi A. Hamann,[5] Patricia A. Parker,[1] Jamie S. Ostroff[1]

[Thoracic Oncology Original Research] CHEST

Oncology Care Provider Training in Empathic Communication Skills to Reduce Lung Cancer Stigma

Smita C. Banerjee, PhD; Noshin Haque, BA; Elizabeth A. Schofield, MPH; Timothy J. Williamson, PhD, MPH; Chloe M. Martin, PhD; Carma L. Bylund, PhD; Megan J. Shen, PhD; Maureen Rigney, LCSW; Heidi A. Hamann, PhD; Patricia A. Parker, PhD; Daniel C. McFarland, DO; Bernard J. Park, MD; Daniela Molena, MD; Aimee Moreno, BA; and Jamie S. Ostroff, PhD

Translational Behavioral Medicine, 2023, 13, 804–808
https://doi.org/10.1093/tbm/ibad048
Advance access publication 14 August 2023
Brief Report

TBM OXFORD

Getting ready for prime time: Recommended adaptations of an Empathic Communication Skills training intervention to reduce lung cancer stigma for a national multi-center trial

Smita C. Banerjee[1,*], Charlotte D. Malling[1], Megan J. Shen[2], Timothy J. Williamson[3], Carma L. Bylund[4], Jamie L. Studts[5], Timothy Mullett[6], Lisa Carter-Bawa[7], Heidi A. Hamann[8], Patricia A. Parker[1], Matthew Steliga[9], Jill Feldman[10], Jim Pantelas[11], Andrea Borondy-Kitts[12], Maureen Rigney[13], Jennifer C. King[13], Joelle T. Fathi[14], Lauren S. Rosenthal[15], Robert A. Smith[15] and Jamie S. Ostroff[1]

How to Ask and Advise Patients to Quit Smoking?

DON'T	DO
Ask loaded questions https://youtu.be/787htp1XVdQ	**Provide rationale for asking questions about smoking** **Ask open-ended questions** https://youtu.be/HHpUqzU_S3k
Make blaming statements https://youtu.be/bmHf8b4HCWM	**Normalize/validate concerns** **Express support and make partnership statements** https://youtu.be/XSayMgvF_J4
Make blaming statements https://youtu.be/BLgQzKmK1gE	**Praise patient efforts** **Make partnership statements** https://youtu.be/-xGh962r4uc
Make judgement/Ask loaded questions https://youtu.be/4kO8choMpXQ	**Ask open-ended questions** https://youtu.be/8xXFu7iXFms

The Do's of Discussing Tobacco Use

Providing a rationale for assessing & discussing tobacco use in the cancer care setting

Acknowledging discussion of tobacco use as a sensitive topic for many patients.

Establishing a safe & open environment that is conducive to examining issues & eliciting personal reasons for change

Patient **understanding the specific benefits of cessation pertaining to their disease and/or treatment and the risks of persistent smoking**

Suggested Blueprint for Getting Started Discussing Smoking with your Patients

| Strategies	Skills	Process Tasks
1. Agenda setting	- Declare agenda - Normalize - Provide clinical rationale (for asking about smoking history) - Invite agenda - Negotiate agenda, if appropriate	- Greet patient appropriately - Make introductions - Ensure patient is clothed - Sit at eye-level
2. Questioning and history taking	- Ask open questions - Clarify - Restate	- Follow the list of questions for taking smoking history
3. Recognize or elicit a patient's empathic opportunity	- Ask open questions (about smoking) - Acknowledge - Encourage expression of feelings	- Notice patient's nonverbal communication
4. Work towards a shared understanding of the patient's emotion/experience	- Ask open questions - Check patient understanding - Clarify - Restate	- Avoid leading questions/blaming statements - Avoid giving premature reassurance
5. Empathically respond to the emotion or experience	- Acknowledge - Validate - Normalize - Praise patient efforts	- Identify patient's strengths and sources of support - Provide clear physician recommendation for quitting - Emphasize benefits of quitting
6. Facilitate coping and connect to social support	- Prepare patient for recurring smoking assessment - Suggest counterarguments (will vary by smoking status) - Invite questions	- Make referrals - Express a willingness to help - Make partnership statements
7. Close the conversation	- Praise patient efforts - Endorse question asking - Review next steps	- Reinforce joint decision making

Motivational Interviewing (MI)

"A collaborative conversation style for strengthening a person's own motivation and commitment to change."

MI is a collaborative, goal-oriented style of communication with particular attention to the language of change.

MI is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

Source: Rollnick & Miller (2013, p.13)
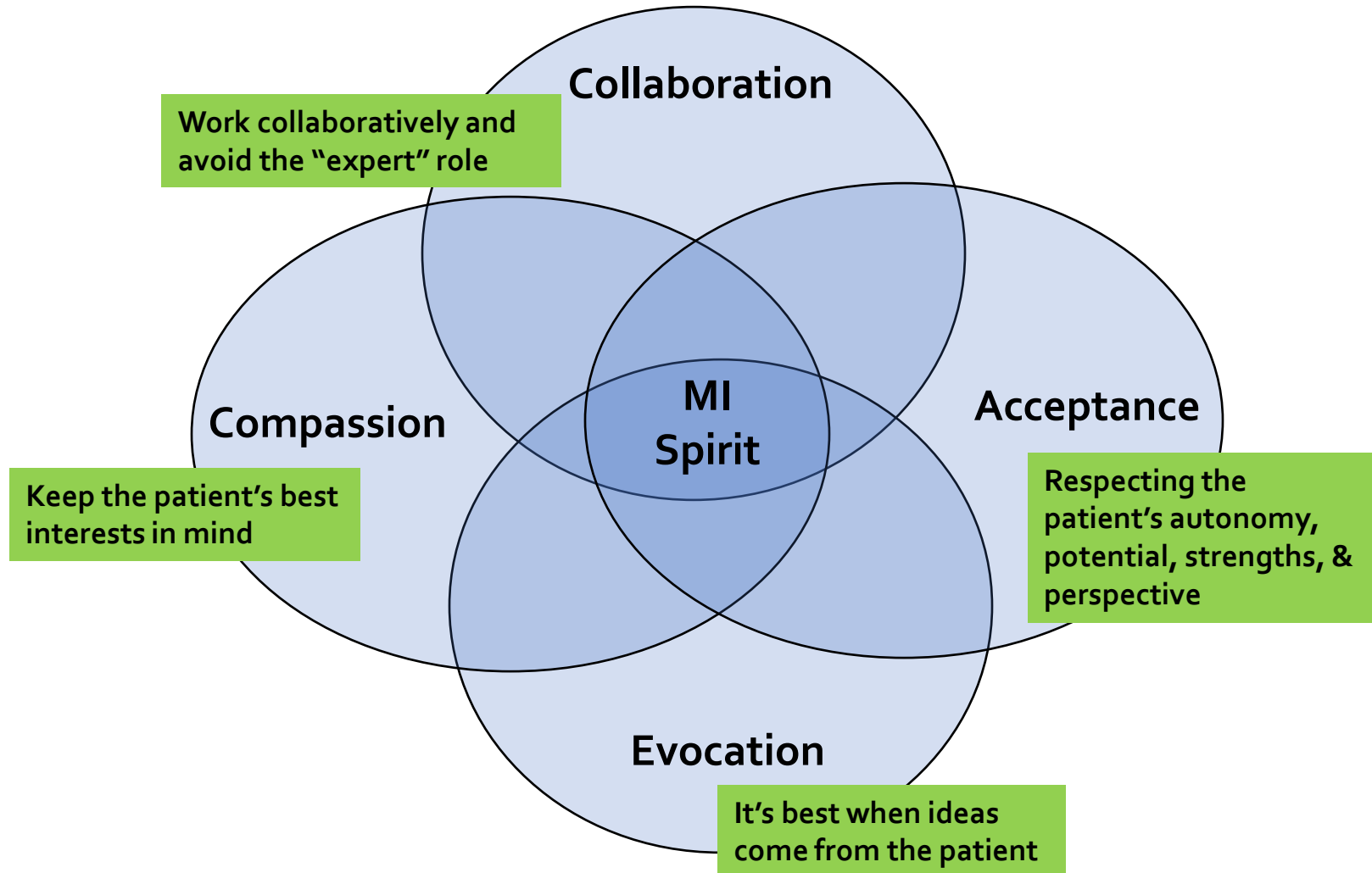
MI: Basic Principles

1. Express empathy
2. Avoid arguments
3. Develop discrepancy between problem behavior and broader goals
4. Support self-efficacy (belief that one can change)
5. Promote empowerment and personal choice (change talk)

Source: Miller & Rollnick (2013)

MI: Basic Principle 1

Express empathy *"Quitting is tough, and you worry about whether you are up to it"*

- Acceptance facilitates change

- Ambivalence is normal

- Reflective listening is fundamental, e.g.:

Patient	Provider
What I say	What I hear
What I mean or feel	What I understand

MI: Basic Principle 2

Avoid Arguments

- Ask permission first (e.g., "Are you interested in hearing what's worked for others?")

- Avoid unsolicited advice/lecturing

- Avoid confrontation—"roll with the resistance" by pulling back to reflective statements

These behaviors decrease patient defensiveness and resistance to change.

MI: Basic Principle 3

Develop discrepancy between smoking and goals: "Why should I change?"

Core Value Discrepancy:

- The current status is at odds with deeply held values and goals:
  - "*Quitting smoking now is important. I want to take my health to a higher plane since my cancer.*"

    [Core value of aspiring to be as healthy as possible]

  - "*If I am going remain independent as I get older, I better keep exercising.*"

    [Core value of autonomy/independence]

Develop Discrepancy
Decisional Matrix → Change Talk

Pros of smoking	Cons of smoking
Status quo	*Change Talk*
Pros of quitting	Cons of quitting
Change Talk	*Status quo*

MI: Basic Principle 4

Support self-efficacy (confidence in ability to quit smoking) "How can I change?"

- Offer a menu of choices (counseling, medications, gradual or abrupt quitting)

- Patient helps choose goals

- Affirm and empower:

  - "*You're working hard on cutting back on your smoking. Your efforts are beginning to pay off.*"

MI: Basic Principle 5

Promote empowerment and personal choice (Change Talk)

"You're right. It really is up to you whether you quit smoking or not. Nobody can force you to quit."

"It's your choice. I believe in the right of every person to decide what's best for them, so it's up to you."

Change Talk: Assessing Importance

Provider: "If on a scale of 0 to 10, 0 is not at all important to give up smoking and 10 is 100% important to give up, what number would you give yourself at the moment?"

Patient: "I would say '3.'"

Elicit self-motivational statements:

- Tell me why you are at 3 and not at 0?

- What would need to happen for you to get from 3 to 7?

- What is it about your smoking that makes quitting a priority for you?

Change Talk: Assessing Confidence

Provider: "If you were to decide to give up smoking now, how confident are you that you would succeed? If on a scale of 0 to 10, 0 means that you are not at all confident and 10 means that you are 100% confident.

Patient: "I would say a '4.'"

- Why rate yourself at 4, and not at 0?

- What would need to happen for you to get from 4 to 8?

- Identify concerns/worries, then brainstorm solutions, encourage patient to say what could work based on past success, experience of others, etc.

MI Skills: OARS

- **OARS** is a skills-based model of interactive techniques adapted from a client-centered approach, using motivational interviewing principles

- Verbal and non-verbal responses and behaviors

- All techniques need to be adapted to be culturally sensitive and appropriate

The **OARS** Model includes four basic skills:

- **O** = Open-ended Questions
- **A** = Affirmations
- **R** = Reflective Listening
- **S** = Summarizing

OARS
Open-ended Questions

The purpose of using open questions is to:

- **Establish a safe environment; build trusting, respectful relationship**

- **Explore, clarify and gain an understanding of your patient's world**

- **Learn about the patient's past experience, feelings, thoughts, beliefs, and behaviors**

- **Gather information – patient does most of the talking**

- **Help the patient make an informed decision**

EXAMPLES – Ask:

1. *What, if anything, concerns you about your smoking?*

2. *Can you tell me what in the past has helped you resist smoking?*

3. *Who can be supportive for your quitting?*

OARS
Affirmations

Acknowledging a patient's accomplishments, personal strength, or ability. Takes very little time, but listen carefully to what a patient is telling you and find opportunities to affirm.

The purpose of using affirmation statements is to:

- **Build rapport; demonstrate empathy; affirm exploration into the patient's world**

- **Affirm the patient's past decisions, abilities, and healthy behaviors**

- **Build a patient's self efficacy – an ability to believe they can be responsible for their own decisions and their lives**

EXAMPLES: Statements of appreciation, understanding, positive feedback

- *It's great that you came into the clinic today – it's not easy the first time.*

- *Quitting smoking for a week is an important accomplishment—what did you learn?*

OARS
Reflective Listening

- Most challenging skill
- Listen carefully to your patient
- Observe your patient's body language and behavior
- Reflect using your own words and perceptions
- Using this skill promotes most movement in patient's awareness
- Can help patient make more intentional decisions and consider behavior changes

The purpose of using reflective listening is to:
- **Demonstrate to the patient that you are listening and trying to understand his situation.**
- **Offer the patient an opportunity to "hear" her own words, feelings and behaviors reflected back to her.**
- **Reflect the patient's thoughts, feelings and behaviors.**
- **Reflect the patient's general experiences and the "in the moment" experience of the clinic visit.**

OAR<u>S</u>
<u>S</u>ummary Statements

Purpose of summarizing:

- Skill that will help you and patient move through a session to transitions & closure

- Keeps you and your patient on the same page throughout your session

- A session summary will help you close your session with the patient's plan of action

EXAMPLES:

- **Collective summary**—*Pull together discussion in 3-4 sentences*

- **Promote understanding, link between present and past material**—*"When you spoke earlier about starting to smoke at age 16, you didn't know then how hard it is to quit smoking after addiction sets in."*

- **Change the flow of discussion or go to change talk**—*"Now that we've talked about the **risks** of smoking, what do you hope to **gain** from*

Session 4 Motivating Patients to Quit Summary

- Patient engagement is essential foundation for motivating patients to quit/cut down in preparation for quitting.

- Requires a constructive discussion between the patient and clinician focusing on the benefits of smoking cessation following cancer diagnosis.

- Be supportive, nonjudgmental and encouraging.

- Use communication strategies that establish an authentic, non-blaming partnership working with the patient towards achieving progress (even small steps) towards cessation.

Thank You

**Session 4:
Case Presentation**

Yasmin Asvat, PhD
Assistant Professor, Dept. of Psychiatry &
Behavioral Sciences
Rush University Medical Center

Session 4 Case Study
Presented By: Yasmin Asvat, PhD

Patient-Related Case

Patient Hx
- 62-year-old White, female-identifying
- Divorced, not partnered
- Employed at a housing non-profit
- Has 2 adult sons and 1 dog
- Some supportive friends, although closest friend lives out of state
- Provides caregiving support to her father who has dementia and lives in assisted living facility
- Poor relationship with her sister

Medical Hx
- Hx of advanced larynx SCC (cT3N1M0) stage III dx in 202
  - Tx included surgery, concurrent chemoradiation, in remission
- Stage I lung cancer dx in 2023
  - Tx with surgical resection, no evidence of disease
- Opioid dependence (in sustained, full remission for about 12 years)
  - Chronic pain from TMJ, R shoulder replacement
- Depression and possibly undiagnosed/untreated PTSD

Medications
- Subutex (buprenorphine) 2mg QID
- Prilosec
- Nicoderm 21mg
- Synthroid 175 mcg
- Quetiapine 400mg for sleep
- Venlafaxine XR 225mg daily

Session 4 Case Study
Presented By: Yasmin Asvat, PhD

Tobacco Use/Cessation History

- **Initially was smoking 1ppd**
- After completing cancer treatment was motivated to quit due to a desire to minimize risk of cancer recurrence, but found it challenging as she perceived smoking supported stress relied and there were many stressful circumstances in her life
- **Psychotherapy after first cancer tx completion**
  - To address mood concerns (adjustment disorder with mixed anxiety and depressed mood) and stress management
  - Also engaged in motivational interviewing to support smoking cessation goals.
  - ***She started using 21mg patch and reduced smoking to 7 cigarettes per day and hit a plateau.***
- **Virtual Smoking Cessation Group (Courage to Quit)**
  - Consistent attendance weekly
  - ***Was able to reduce smoking to 1 cigarette per day (plus the patch).***
- NEW CANCER DX - new primary lung cancer in 2023
  - Struggled with feelings of guilt, there was a short-term increase in cigarette use
  - Was able to re-frame feelings of guilt with psychotherapy support
  - Completed treatment for lung cancer successfully (surgical excision)
- ***Currently using 1 cigarette per day, also continuing to use 21mg patch***

Challenges for Discussion
Patient is having difficulty letting go of that one cigarette. Has set intention for quit dates several times, and has quit for a few days to a week, but relapses to 1 cigarette per day. Also is hesitant to titrate down on the patch.

Andria Caton
Assistant Nurse Manager, Oncology Services
Northeast Georgia Medical Center

UPDATE:
Session 2 Case Presentation

Survey Time!

Post-Session 4 Survey

How to Use a QR Code

1. **Turn on** your phone camera

2. **Aim** the camera at the code

3. A link will show up

4. **Tap** the link to go to the survey

Tobacco Cessation for Cancer Care Teams ECHO Sessions 1-4

Slides, Recordings, & Resources will be made available on the **ACS ECHO Website.**

Thank You!

We hope to see you again

Post-Session 4 Survey