

SECTION TWO
5A's
METHOD OF
COUNSELING






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STAGES OF CHANGE
5R's

SECTION TWO
THE 5A’S METHOD OF COUNSELING

A STEP-BY-STEP APPROACH TO COUNSELING WOMEN WHO SMOKE

This brief counseling intervention will help you quickly and effectively counsel your patients to quit smoking. The 5A’s: Ask, Advise, Assess, Assist, and Arrange is a flexible approach you can adopt to fit each of your patients who smoke.

We know there are times when you only have a few minutes to discuss the issue of smoking. The 5A’s counseling approach can take as little as 3 minutes or less with non-pregnant smokers, and 5 to 15 minutes with pregnant smokers.¹ You should ask every woman about her smoking status at each visit and document her status and all counseling activities. It is important to develop a system within your office setting that screens every woman for smoking and provides smoking cessation counseling to every smoker. If you need more assistance to implement this counseling approach, the self-help workbook “*If You Smoke and Are Pregnant*”² is a valuable tool for you to provide your patients as a part of your counseling intervention.

 ASK	The 1st A: Ask <ul style="list-style-type: none"> • Ask about tobacco use status at every visit • Document tobacco use status 	Time: 1 Minute
 ADVISE	The 2nd A: Advise (Educate) <ul style="list-style-type: none"> • Provide clear advice to quit • Discuss health benefits of quitting • Discuss health risks of smoking 	Time: 1 Minute
 ASSESS	The 3rd A: Assess <ul style="list-style-type: none"> • Assess willingness to quit smoking • Refer to quitline for counseling, 1-800-QUIT-NOW • Provide motivational intervention – The 5 R’s 	Time: 3+ Minute
 ASSIST	The 4th A: Assist <ul style="list-style-type: none"> • Provide educational and self-help materials • Set a quit date and develop a quit plan • Discuss triggers and coping strategies • Provide support and help identify social support network 	Time: 3+ Minute
 ARRANGE	The 5th A: Arrange (Follow-Up) <ul style="list-style-type: none"> • Contact on or near quit date • Follow-up at next visit, by phone, or by letter • Encourage cessation for women who continue to smoke 	Time: 1+ Minute

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The 1st A

ASK

ASK ABOUT HER SMOKING STATUS

Ask every woman at each visit about her smoking status and document in her patient record.

Many pregnant women are reluctant to disclose their smoking status at their first prenatal visit. They may be more prone to deny smoking when asked a simple “Yes” or “No” question. A multiple-choice approach, in either written or oral formats, can improve disclosure for pregnant women.³ Each statement below has a corresponding action listed.⁴

WHAT TO ASK PREGNANT WOMEN

“Which of the following statements best describes you?”

	Statement	Action
A.	I have NEVER smoked, or have smoked FEWER THAN 100 cigarettes in my lifetime.	Congratulate her! Document her smoking status. Ask about her exposure to secondhand smoke.
B.	I stopped smoking BEFORE I found out I was pregnant, and I am not smoking now.	Congratulate her success in quitting! Reinforce her decision and encourage her to stay quit. Document her smoking status. Follow-up at every visit.
C.	I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.	
D.	I smoke some now, but I cut down on the number of cigarettes I smoke SINCE I found out I was pregnant.	Document her smoking status. Continue to the next step – ADVISE
E.	I smoke regularly now, about the same as BEFORE I found out I was pregnant.	

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The 1st A

ASK

WHAT TO ASK WOMEN WHO ARE NOT PREGNANT

“Which of the following statements best describes you?”

	Statement	Action
A.	I have NEVER smoked, or have smoked FEWER THAN 100 cigarettes in my lifetime.	Congratulate her! Document her smoking status. Ask about her exposure to secondhand smoke.
B.	I stopped smoking and I am not smoking now.	Congratulate her success in quitting! Reinforce her decision and encourage her to stay quit. Document her smoking status. Follow-up at every visit.
C.	I smoke some now, but I have cut down to _____# of cigarettes per day.	
D.	I smoke some regularly now, ___#___ of cigarettes per day.	Document her smoking status. Continue to the next step – ADVISE

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ADVISE

PROVIDE CLEAR ADVICE TO QUIT

Provide every woman who smokes with a clear and strong message to quit at each visit. Be sure to emphasize the benefits of quitting in your message, not just the health risks.

Action	What You Might Say
<ul style="list-style-type: none">• Provide every PREGNANT WOMAN with a clear and strong message to quit smoking at each visit.• Focus on the benefits of quitting in your message, using positive language.	<p>“I strongly advise you to quit smoking. It is one of the most important things you can do for yourself and for the health of your baby. Your baby will get more oxygen to grow better and you will feel more energetic now and after the baby is born.”</p>
<ul style="list-style-type: none">• Provide every WOMAN with a clear and strong message to quit smoking at each visit.• Focus on the benefits of quitting in your message, using positive language.	<p>“My best advice to you is to quit smoking. It is one of the most important things you can do for your health. You will feel more energetic, your heart rate will return to normal, your breathing will become easier, and your circulation will improve.”</p>

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The 2nd A

ADVISE

HEALTH BENEFITS OF QUITTING

Emphasizing the benefits of quitting is more effective than focusing on the health risks of smoking. A pregnant woman may not believe she is at risk, especially if she or someone she knows has had a healthy baby in the past while smoking. Explain that each pregnancy is different and the effects of smoking on the health of this baby may be different. Be sure to emphasize the health benefits of quitting for her health and her baby's health. Refer to Section I – Handling Difficult Questions and Section V – Pregnancy and Smoking for more information.

HEALTH BENEFITS OF QUITTING	
Action	What You Might Ask
<ul style="list-style-type: none"> Ask the PREGNANT WOMAN what she thinks the health benefits are if she quits smoking. 	<p>“Why do you think it would be beneficial for your health and your baby’s health to quit smoking?”</p>
<ul style="list-style-type: none"> Ask the WOMAN what she thinks the health benefits are if she quits smoking. 	<p>“Why do you think it would be a good idea to quit smoking?”</p>
<ul style="list-style-type: none"> Discuss what the health benefits of quitting are for the WOMAN. 	<p>Health benefits for the WOMAN include:</p> <ul style="list-style-type: none"> Energy level increases Breathing becomes easier Ability to smell and taste improves Circulation improves Lung function increases Walking becomes easier Risk of a heart attack decreases within one year of quitting

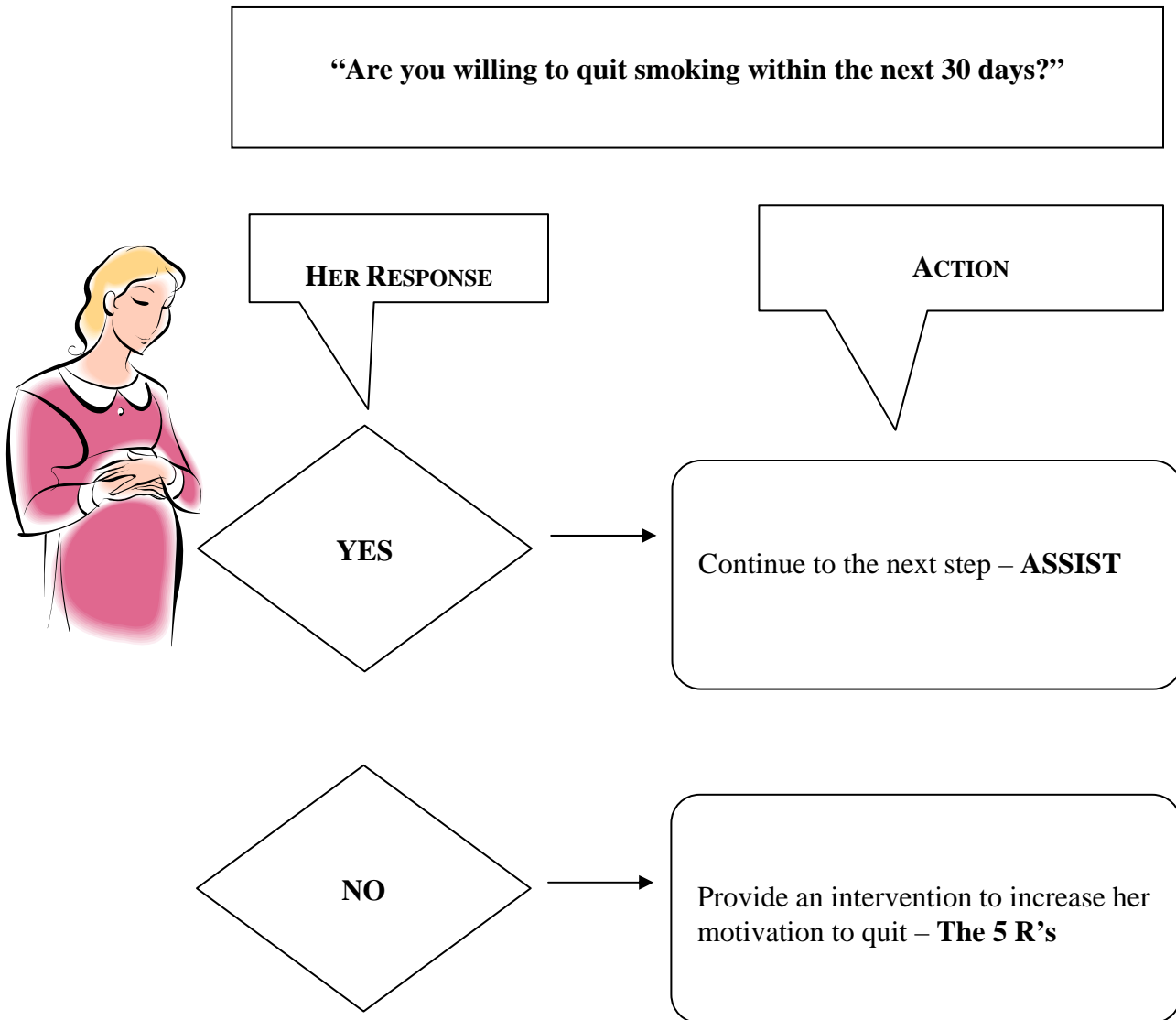
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HEALTH BENEFITS OF QUITTING	
Action	What You Might Ask
<ul style="list-style-type: none"> • Discuss what the health benefits of quitting are for the BABY. 	<p>Health benefits for the BABY include:</p> <ul style="list-style-type: none"> • The baby will get more oxygen, thus allowing the baby to grow better • The baby's lungs will work better • Decreases the risk that the baby will be born too early (premature) • Increases the chance that the baby will be normal weight at birth • The baby will get fewer chest colds and ear infections
<ul style="list-style-type: none"> • Discuss what the health risks of smoking are for the WOMAN 	<p>Health risks for the WOMAN include:</p> <ul style="list-style-type: none"> • Lung cancer • Cardiovascular disease • Respiratory disease • Menstrual disorders • Fertility problems
<ul style="list-style-type: none"> • Discuss what the health risks of smoking are for the BABY 	<p>Health risks for the BABY include:</p> <ul style="list-style-type: none"> • Low birth weight • Pregnancy complications • Sudden Infant Death Syndrome (SIDS) • Premature birth • Respiratory infections • Refer to Section V – Pregnancy and Smoking for more information

The 3rd A

ASSESS

ASSESS HER WILLINGNESS TO QUIT



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THE 5 R'S⁵

Using the 5 R's is a way to increase her motivation to quit. It is not necessary to address all of the 5 R's in one visit. Choose one or two that are relevant to her situation.

The 5 R's	Action
<p>Relevance</p> <p>Link the motivation to quit to her personal situation</p>	<ul style="list-style-type: none"> • Ask her why quitting might be personally relevant (e.g., children at the home).
<p>Risks</p> <p>Identify the potential risks of continued smoking</p>	<ul style="list-style-type: none"> • Ask her why she thinks smoking is bad for her health and her baby's health, if she is pregnant. • Refer to Section V – Pregnancy and Smoking.
<p>Rewards</p> <p>Identify why quitting would be beneficial</p>	<ul style="list-style-type: none"> • Ask her to describe how quitting might benefit her, her baby (if she is pregnant), and her family (e.g., save money, protect a child with asthma). • Refer to Section V – Pregnancy and Smoking and Section III – Secondhand Smoke.
<p>Roadblocks</p> <p>Identify barriers to quitting</p>	<ul style="list-style-type: none"> • Ask her to identify barriers to quitting. Problem solve strategies to help her overcome barriers. • Refer to Section I – Handling Difficult Questions and Getting Support, and Section VII – Withdrawal Symptoms.
<p>Repetition</p> <p>Follow-up with her at every visit</p>	<ul style="list-style-type: none"> • Ask her if she has changed her mind about attempting to quit at each visit. • If she is willing to quit then continue to the next step – ASSIST.

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The 3rd A

ASSESS

STAGES OF CHANGE MODEL

The Stages of Change Model for behavior change, or the Transtheoretical Model, by Prochaska and colleagues, is just one approach that can be used to understand some of the steps people go through on their way to adopting healthier lifestyles and behaviors. This stage-specific approach may provide a way of understanding how a smoker may be thinking about and responding to messages to quit smoking.

Below you will find a list of characteristics for each stage of change along with some sample scripts you can use with your patients.

STAGES OF CHANGE MODEL	
Stage	What you Might Ask or Say
<p style="text-align: center;">PRECONTEMPLATION STAGE</p> <ul style="list-style-type: none"> • Unwilling to quit, not thinking about quitting • May be discouraged about ability to quit • May not be receptive to health information about quitting • Does not believe she is susceptible to severe illness <p>GOAL: Patient will begin thinking about change</p>	<ul style="list-style-type: none"> • “Have you ever thought about quitting in the past or since you found out you were pregnant?” • “Have you ever tried to quit before?” • “What have you heard about quitting?” • “What are your concerns or questions about quitting?” • “What do you like about smoking? What do you dislike about smoking?”

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STAGES OF CHANGE MODEL	
Stage	What you Might Ask or Say
<p style="text-align: center;">CONTEMPLATION STAGE</p> <ul style="list-style-type: none"> • Thinking about quitting • Asks for information on quitting • Recognizes risks of tobacco use • May be upset at unsuccessful past attempts to quit <p>GOAL: Patient will examine benefits and barriers to change</p>	<ul style="list-style-type: none"> • “I understand that you are thinking about quitting smoking. That is great! It’s the best thing you can do for both you and your baby.” • “I have some really good materials that have helped many other smokers quit and I hope they help you too. Would you like to review them together?” • “I really care about your health and the health of your baby and would like to support you in any changes you are ready to make.” • “Many smokers think about quitting but are afraid they won’t be able to do it. What problems do you think will come up if you try to quit?” • “Why might it be important for you to consider quitting?”
<p style="text-align: center;">PREPARATION STAGE</p> <ul style="list-style-type: none"> • Ready to quit • Ready to make a change by setting goals • May be able to build on previous attempts to quit <p>GOAL: Patient will begin to layout plans for making change</p>	<ul style="list-style-type: none"> • “I understand that you are thinking about quitting smoking. That is great! It’s the best thing you can do for both you and your baby.” • “I have some really good materials that have helped many other smokers quit and I hope they help you too. Would you like to review them together?” • “I applaud your efforts. I know it’s difficult, but I’m confident you can do it once you decide the time is right.” • “What roadblocks might you encounter in quitting? How could you cope?” • “How will you reward yourself for not smoking?”

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STAGES OF CHANGE MODEL	
Stage	What you Might Ask or Say
<p style="text-align: center;">ACTION STAGE</p> <ul style="list-style-type: none"> • Recently quit • Has begun the cessation process • Many pregnant women begin cessation at this stage because of external motivation • May experience withdrawal symptoms <p>GOAL: Patient will develop a support system to support change</p>	<ul style="list-style-type: none"> • “Congratulations on quitting!” • “I understand that you are still smoke-free! That’s great! It’s one of the best things you can do for both you and your baby.” • “I applaud your efforts and I know you can remain tobacco-free.” • “I know it hasn’t been easy for you, but I know you can stay quit.”
<p style="text-align: center;">MAINTENANCE STAGE</p> <ul style="list-style-type: none"> • Staying quit • Road to lifelong abstinence • May still experience withdrawal symptoms <p>GOAL: Patient will incorporate the change attitude into regular environment</p>	<ul style="list-style-type: none"> • “I understand that you are still smoke-free! That’s great! It’s one of the best things you can do for you and your baby.” • “Keep it up, you’re doing great.” • “What helps keep you from smoking?” • “I will be checking in with you to see how you are doing.”



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ASSIST

When a woman is willing to quit smoking, you can assist her with developing a quit plan. All of the action steps that are listed below do not have to be covered in one visit; they can be spread over several visits. Be sure to document all counseling activities in her patient record. Refer to Section VII – Resources for a sample recording form.

Develop a Quit Plan	
Action	Strategies
Provide self-help materials	<ul style="list-style-type: none"> • Provide her with appropriate self-help materials (e.g., pregnancy-specific). Refer to Section VIII – Resources for information on patient educational materials. • Provide her with tips to help her quit smoking. Refer to the handout “40 Ways to Give Up Smoking” in Section VIII – Resources. • The self-help materials can help her further develop her quit plan.
Set a quit date	<ul style="list-style-type: none"> • Ideally, her quit date should be set within two weeks. • You could begin by saying: “You need to choose a quit date so that you can be prepared. Would it be easier to quit on a weekday or a weekend?” • Record her quit date in the self-help materials for her to keep and her patient record. • Develop a “quit contract” with both of your signatures and her quit date written on it, or write her a prescription to quit. • Refer her to the NC Quitline, 1-800-QUIT-NOW. If she sets a quit date within 30 days, with her permission, fax her referral to the NC Quitline.

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Develop a Quit Plan	
Action	Strategies
Develop problem-solving techniques	<p>Coping with others who smoke</p> <ul style="list-style-type: none"> • Provide her with information on how to get support from people (spouse/partner, family members, and friends) who smoke. Encourage her to ask others not to smoke around her for her health and the health of her baby, if she is pregnant. Refer to the Section VII - Getting Support <p>Coping strategies to avoid relapse</p> <ul style="list-style-type: none"> • Help her think of ways to cope with problems and feelings that may trigger smoking. Refer to "Withdrawal Symptoms" in Section IV and "Handling Difficult Questions" in Section I • Remember to problem-solve with her rather than impose your solutions on her. <p>Coping strategies if she does relapse</p> <ul style="list-style-type: none"> • Reassure her that relapses are a normal part of the quitting process. Let her know that most people make repeated attempts to quit before they are successful. She can learn from it and try again. You might ask: <ul style="list-style-type: none"> • "Do you know what triggered you to smoke again? What will you do the next time you experience that trigger?" • "Did you have enough support from family and friends?" • "Would you like to set a new quit date?" <p>Prepare her environment</p> <ul style="list-style-type: none"> • Discuss how she can get her environment ready for her to quit. She can eliminate cigarettes, ashtrays, lighters from her home, car, and workplace; clean her clothes and home; avoid places where smoking is allowed; and try not to hang out with others who smoke.

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Develop a Quit Plan	
Action	Strategies
Provide Support	<ul style="list-style-type: none"> • Provide her with encouragement through follow-up phone calls or a congratulatory letter. Refer to Section VII for a sample letter. • Respond to her specific concerns. Provide her with information on what to expect when she quits. Refer to Section IV - Withdrawal Symptoms and Section I - Handling Difficult Questions. • All staff members who interact with her should support her progress with a caring attitude.
Identify Other Sources of Support	<ul style="list-style-type: none"> • Help her identify people (spouse/partner, family members, friends, co-workers) that can provide the support and help she needs to quit. Ideally, her support people should be non-smokers. Refer to Section VII - Getting Support.

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ASSIST

THE FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE ⁶

This is a tool that can be used to help determine how dependent someone is on cigarette smoking. If she is willing and interested in learning about her own dependence, you can have her take the test on her own or the questions can easily be incorporated into your conversation. Please refer to the Section VIII - Resources for a copy of the Fagerström Test for Nicotine Dependence and scoring sheet.

CONSIDERING PHARMACOTHERAPY

Pharmacotherapy has been shown to increase cessation rates and should be considered as a part of smoking cessation treatment for non-pregnant women.¹ There are potential risks involved for use among pregnant women and women who are breastfeeding. Refer to Section VII - Pharmacotherapy for more information on the specific types and use of pharmacotherapy.

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ARRANGE

The final and ongoing step in the 5A's counseling process is to arrange follow-up. During every follow-up visit, you should ask about her smoking status and document in her patient record. Follow-up can also be provided by telephone to check on her progress after her quit date, or by sending a letter to congratulate her on her commitment to quit.

FOLLOW-UP AT EVERY VISIT

Status	Action
Not Smoking	<ul style="list-style-type: none"> • Ask about her smoking status. • Congratulate her! • Document her smoking status. • Ask about her exposure to secondhand smoke. • Follow-up at every visit.
Attempting to Quit	<ul style="list-style-type: none"> • Ask about her smoking status. • Congratulate her success in quitting! • Document her smoking status. • Monitor her progress. • Reinforce her decision and encourage her to stay quit. • Provide positive support. • Follow-up at every visit.
Still Smoking	<ul style="list-style-type: none"> • Ask about her smoking status. • Document her smoking status. • Proceed to the 2nd A - ADVISE • Follow-up at every visit.

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The 5 A's

HOW TO VIEW SUCCESS IN COUNSELING

When success is defined only in terms of actually getting smokers to quit, the results may be discouraging. However, when you set a more realistic goal of helping smokers move towards being willing to quit, you can have many more successes.

One indicator of success is the development of a system, within each office setting, which screens every pregnant woman for smoking and provides counseling to all pregnant smokers.

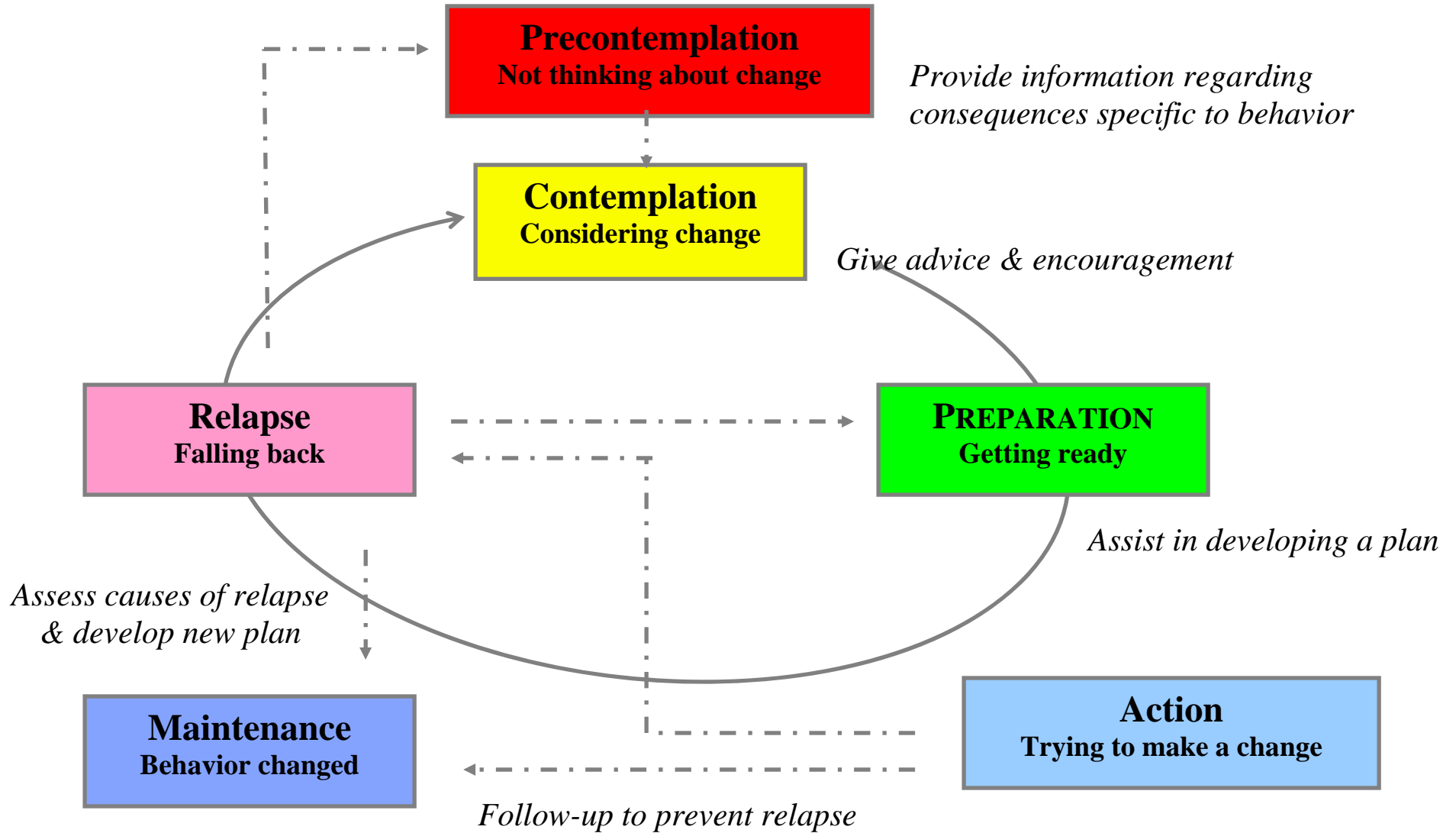
Quitting smoking is a process, which takes time and patience. But pregnant smokers may be motivated to quit more quickly and as early in their pregnancy as possible. You can stress the earlier the better, but let her know that it's never too late to quit for her baby's health and her health. Quitting even right before birth provides more oxygen and nutrients to the baby.

Although you may feel frustrated, a realistic goal for cessation during pregnancy may be getting the woman to significantly reduce her smoking if she is unable to quit. However, quitting completely is best. Even smoking a small number of cigarettes is associated with low birth weight. While smoking fewer than five cigarettes per day may reduce risk, quitting is the best thing she can do for herself and her baby.⁶

Remember that she is the one who has to do the hard work of changing her behavior and overcoming the effects of a very addictive drug. Give her credit for all of her efforts. Give yourself credit for getting involved and helping women quit smoking.

Effective counseling happens any time you help a woman think about quitting, aid in her decision to quit, help her quit or help her stay quit.

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¹ *Treating Tobacco Use and Dependence—Clinician's Packet*. A How-To Guide For Implementing the Public Health Service Clinical Practice Guideline, April 2007. U.S. Public Health Service. Agency for Healthcare Research and Quality. Rockville, MD. <http://www.ahrq.gov/clinic/tobacco/>

² <http://www.nchealthystart.org/catalog/pregnancy.htm>

³ Melvin, CL, Dolan-Mullen P, Windsor RA, Whiteside HP, Goldenberg RL. Recommended cessation counseling for pregnant women who smoke: a review of the evidence. *Tobacco Control* 2000; 9(Suppl III): iii80-iii84.

⁴ The American College of Obstetricians and Gynecologists. *Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking*. Washington, DC: ACOG, 2002.

⁵ *Treating Tobacco Use and Dependence—Clinician's Packet*. A How-To Guide For Implementing the Public Health Service Clinical Practice Guideline, April 2007. U.S. Public Health Service. Agency for Healthcare Research and Quality. Rockville, MD. <http://www.ahrq.gov/clinic/tobacco/>

⁶ Fagerstrom KO, Heatherton TF, Kozlowski LT. Nicotine addiction and its assessment. *Ear Nose Throat J* 1990; 69:193-196.