

Testing Therapy Manuals developed for Mental Health Clinicians to better Address Tobacco amongst patients with Serious Mental Illness.

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Most patients with serious mental illness are tobacco dependent and most mental health clinicians have not been trained on how to treat tobacco dependence. The American Psychiatric Association Treatment Guidelines on Tobacco Dependence has identified that between 70 and 90% of individuals with serious mental illness are tobacco dependent. Tobacco users with serious mental illness are at the same risks for increased morbidity and mortality – and this is why tobacco must be better addressed in this population. In addition, tobacco use is associated with higher rates of hospitalization, psychotic symptoms, suicidal ideation, other drug abuse, medication related side effects, and higher doses of medications due to increased metabolism of many psychotropic medications. On average about 25% of their limited and fixed disability income goes to tobacco products. Smokers with schizophrenia are heavy smokers, who make fewer quit attempts and are only about half as likely to be successful in a quit attempt, compared to other smokers. Thus there is a need for tailored interventions and ones that focus on motivating clients to make quit attempts. Our approach was developed with a goal to help train all mental health staff to better address tobacco dependence. There have been requests from mental health staff and leaders for increased training on this topic and specific treatment tools that can be integrated into the mental health treatment setting.

At UMDNJ we have several behavioral therapy development studies that have targeted the issue of tobacco dependence amongst psychiatric patients, including a National Institute of Drug Abuse R01 study to develop two therapy manuals for two different “doses” of psychosocial treatment for tobacco dependence. All patients in the study also receive the NRT patch. This grant includes developing a training program for mental health clinicians (who are the therapists in the study) and several outcome studies. The two versions are: (1) Medication Management – a nine session treatment approach that fits into the typical ongoing 20 minute medication management sessions; and (2) Treating Addiction To Nicotine in Schizophrenia (TANS) – which doubles the number of sessions and the length of each session (to fit into a traditional 45 – 50 minute therapy session).

These two approaches have been developed with the input of mental health consumers and staff with whom we have treated or worked closely with. Their feedback has been incorporated into the sessions to make the treatment practical and easy to use. Traditional approaches to tobacco dependence treatment have not been particularly successful in this group, and treatment must address the unique problems of serious mental illness, including the culture of the mental health system that has been permissive and encouraging about ongoing tobacco use. Clinical issues that must be addressed include managing serious psychotic and mood symptoms, low motivation, poor social skills, cognitive limita-

tions, and the difficulty forming a therapeutic alliance. Treatment for treating tobacco dependence in smokers with serious mental illness must attempt to increase and/or maintain intrinsic motivation to change, improve self-efficacy to manage smoking cues, and elicit external support from the patients’ social networks.

The **Tobacco Medication Management Treatment approach** is a relatively low intensity treatment; however it is more intensive

than the typical brief interventions done in primary care settings and is designed with real-world applicability for busy outpatient mental health clinicians. The **Tobacco Medication Management Treatment** is designed for the outpatient setting and tailored to the needs of patients with schizophrenia. Medication compliance and education are emphasized throughout and there are sections on monitoring psychiatric symptoms, and understanding medication interactions with tobacco. This manual provides concise, practical information that can be incorporated into the clinician’s daily practice, with useful tools for

the office, including patient education materials and handouts. The treatment sessions are written in a clear and simple style to minimize cognitive difficulties and repetition is also a theme throughout. The seven key components of Medication Management Treatment are: Be empathic, supportive, and express hope; Provide education about tobacco dependence, treatment, and recovery; Provide education and medication monitoring about nicotine patch use; Monitor tobacco, schizophrenia and other mental health symptoms; Help them learn about what triggers their cravings and thoughts about smoking and how they will avoid or manage those triggers; Address slips, relapses, and increase their motivation using the 5 Rs; and work with other Mental Health Providers involved in the case.

The TANS approach is more intensive and the manual guides the clinician on how to integrate and modify Motivational Enhancement Therapy, Relapse Prevention / Coping Skills Training, specific tobacco dependence treatments, and Social Skills Training approaches into a single therapy approach. Both therapies are designed specifically to address the special difficulties encountered in this population when they try to quit smoking. We expect both treatment conditions to significantly increase the chances of success over traditional approaches that have not been tailored for the seriously mentally ill. This therapy is provided as an adjunctive treatment to their usual outpatient psychiatric treatment.

The results of the study so far appear very encouraging. The Mental Health staff are very satisfied with the training, the manuals, and their experience in helping patients with serious mental illness address tobacco. We have been very impressed with the ability of the staff to incorporate tobacco dependence treatment



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skills into their work. To date, preliminary analyses found improvements in about 50% of the subjects and similar findings in the two conditions in regards to total abstinence and reduction of cigarette use. Other goals of our treatment is for the individual to abstain from tobacco by increasing internal motivation to quit, increasing self-efficacy to manage tobacco cues, and eliciting external support from their social network.

Of note, we have also been developing a Group Educational Psychosocial Treatment approach for low-motivated smokers with serious mental illness that we have labeled as "Learning about Healthy Living." This "covert operation" approach to tobacco treatment has been very successfully piloted in 6 partial hospital /day treatment mental health sites in New Jersey this past year. The aim of the Health Living approach is to help tobacco users with a serious mental illness who state that they are not ready to quit smoking or may not even be contemplating quitting. Presumably, this approach would be helpful for all smoking clients with serious mental illness. The topics in the educational sessions include healthy eating, exercise, stress management, being "duped" by the tobacco industry, cost of tobacco use, harmful effects of tobacco use, etc. The goals of Learning about Healthy Living are to increase a person's knowledge and motivation to work towards a tobacco-free lifestyle and to live a healthier life. The group treatment format is easily implemented in most mental health settings and provides additional support to group members. We have had excellent feedback from patients and staff about this treatment approach also; in fact, we also have had a surprising number of these "lower motivated" individuals actually request to enter tobacco dependence treatment and try to quit tobacco use. Combined the three treatment approaches can provide a mental health program and clinical staff several excellent tools to better address tobacco dependence amongst patients with serious mental illness. Information on these approaches can be received by contacting Dr. Ziedonis at 732-235-4341 or speaking with staff at the Tobacco Dependence Program.