Counseling and Motivational Interviewing for Teens
LEARNING OBJECTIVES

At the end of this session, participants will be able to:

• Understand the state of the evidence base for youth nicotine cessation
• Identify strategies for counseling adolescents about e-cigarette use
• Name practice tools designed to assess nicotine dependence
• Describe ways to incorporate elements of Motivational Interviewing (MI) into e-cigarette counseling
A Note About the Evidence Base

• There is very little data about effective interventions for youth e-cigarette cessation\textsuperscript{1,2}
• Future research is needed to determine best practices for supporting youth who are addicted to e-cigarettes\textsuperscript{1,2}
• Pediatricians need support addressing youth e-cigarette addiction immediately
• As such, this module provides advice to pediatricians based on the evidence base for adult and youth smoking cessation
Counseling about E-Cigarette use in Pediatric Practice
ADDRESSING ADOLESCENT E-CIGARETTE USE USING THE 5As

• The Public Health Service “5As” model provides a model for screening and counseling adolescents for e-cigarette use during clinical practice³

• The 5As has demonstrated effectiveness in addressing tobacco with adults, and has been adapted for use with teens
THE 5As Model

- Ask
- Advise
- Assess
- Assist
- Arrange Follow up

Please note: this module covers the principles of “Advise” and “Assess.” The remaining elements of the 5As model are addressed elsewhere in this curriculum.
ADVISE: THE CONCEPT

• Pediatricians should counsel adolescents about e-cigarette use

• Provide clear, personalized guidance about the negative health impacts of e-cigarette use

• Messages that may resonate with teens include:
  – Impact of vaping on breathing and athletic performance
  – Expense of e-cigarette products
  – Tobacco Industry’s history of deceitful marketing practices to attract teen users
  – Reasons for not using combustible cigarettes and linking that to e-cigarette use
Interventions to prevent the initiation of tobacco use should be provided to all youth who have not started using tobacco products yet, regardless of the presence or absence of other risk factors.

Various behavioral counseling intervention types are effective in preventing tobacco initiation in children, including face-to-face counseling, telephone counseling, and computer-based and print-based interventions.
ADVISE: WHAT TO SAY TO E-CIGARETTE USERS

• **Be Clear:** Tell your patient that you’re worried about them
  – “I’m really concerned about you, and I strongly advise you to quit e-cigarettes.”

• **Be Specific:** Emphasize the health effects
  – “Your brain is still developing, which means you can get addicted to nicotine faster and more easily than an adult would. I don’t want you to become dependent on e-cigarettes.”
  – “Scientists are still learning about the long-term health impacts of e-cigarettes. But we already know that some of the ingredients in e-cigarettes can be harmful to your lungs.”

• **More information:** [Conversational Card, CDC](https://www.cdc.gov/tobacco/campaign/youth21/resources/other recursos/Conversational_Card.pdf)
MEASURING NICOTINE DEPENDENCE

• When assessing a teen’s readiness to quit, it may be helpful to show the teen that they are addicted to nicotine

• Pediatricians can consider using a practice tool to assess an adolescent’s level of dependence on nicotine

• Some options:
  – **Hooked on Nicotine Checklist** (tailored for e-cigarettes or traditional tobacco products)\(^6\)
  – **E-Cigarette Dependence Scale**\(^7\)
  – **Modified Version of the Fagerstrom Tolerance Questionnaire (mFTQ)**\(^8\)
  – **DSM-5** for tobacco use disorder\(^9\)
ASSESS: THE CONCEPT

• Assess patient’s loss of autonomy to nicotine addiction (see previous slide)
• Talk with your patient to determine whether they are interested in quitting
• Strategies for a productive discussion
  – Ask for permission to make suggestions and offer help
    ▪ “May I make a suggestion?”
    ▪ Offer help, not “rules”
  – Elicit ideas from the teen
  – Offer alternatives or preparatory steps
  – Help the teen set their own goals for behavior change
• Consider motivational interviewing
Incorporating Motivational Interviewing into E-Cigarette Discussions
Motivational Interviewing

- Pediatricians can use Motivational Interviewing to promote change by collaborating with adolescent patients
- Using Motivational Interviewing, pediatricians can:
  - Guide patients to find their own motivation to change
  - Help to resolve ambivalence
  - Support patients in setting their own goals for change
Motivational Interviewing

• Patient-focused
  – Ask open-ended questions
  – Find common ground
• Non-judgmental
  – Express empathy
• Define motivation, confidence, and commitment for change
IMPORTANCE AND CONFIDENCE

• How important is it for you to quit using e-cigarettes?
• How confident are you that you can make a change?
  – Why did you pick a low/high number?
  – What would it take to move you to a higher number?
**Reflective Listening**

- Affirm the patient’s statement
- Identify potential for change (change talk)
- Affirm their reason for change
- Discuss pros and cons
  - Helps resolve ambivalence
  - Elicit consequences of continued unhealth behavior
Reflective Listening

• Understand meaning rather than collect facts
• “How” and “what” not “why”
  – “It sounds like you…”
  – “So you feel…”
  – “You’re wondering if…”
  – “So you…”
Supporting an Adolescent Patient Who is Not Ready to Quit
WHEN A PATIENT IS NOT READY TO QUIT

• Adolescent e-cigarette users may not always be ready to make a quit attempt

• For patients that are not ready, discuss the “5Rs”:11
  – Relevance of quitting
  – Risks of not quitting
  – Rewards related to quitting
  – Roadblocks that may arise
  – Repetition: it may take several attempts to succeed

• Offer encouragement, and assure the teen that you are here to help when they decide they’re ready to quit
KEEP E-CIGARETTE RESOURCES IN YOUR PRACTICE

• For adolescent patients who use e-cigarettes, especially those who do not disclose their use, it is important to have resources readily available and accessible
• Allow for access without having to disclose
• Resources for the waiting and clinic rooms include:
  – Posters
  – Brochures
  – Videos
KEY POINTS

• The evidence base for adolescent nicotine cessation is limited
• More research is needed to identify effective strategies to help youth quit e-cigarette use
• Pediatricians should use clear, specific advice when counseling about e-cigarettes
• Pediatricians can incorporate elements of motivational interviewing into counseling conversations
• Pediatricians can use the “5Rs” with youth who are not ready to quit e-cigarettes
REFERENCES


