

# Preventing Relapse in the COVID Era



September 21, 2022

# Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



# National Center for Health in Public Housing

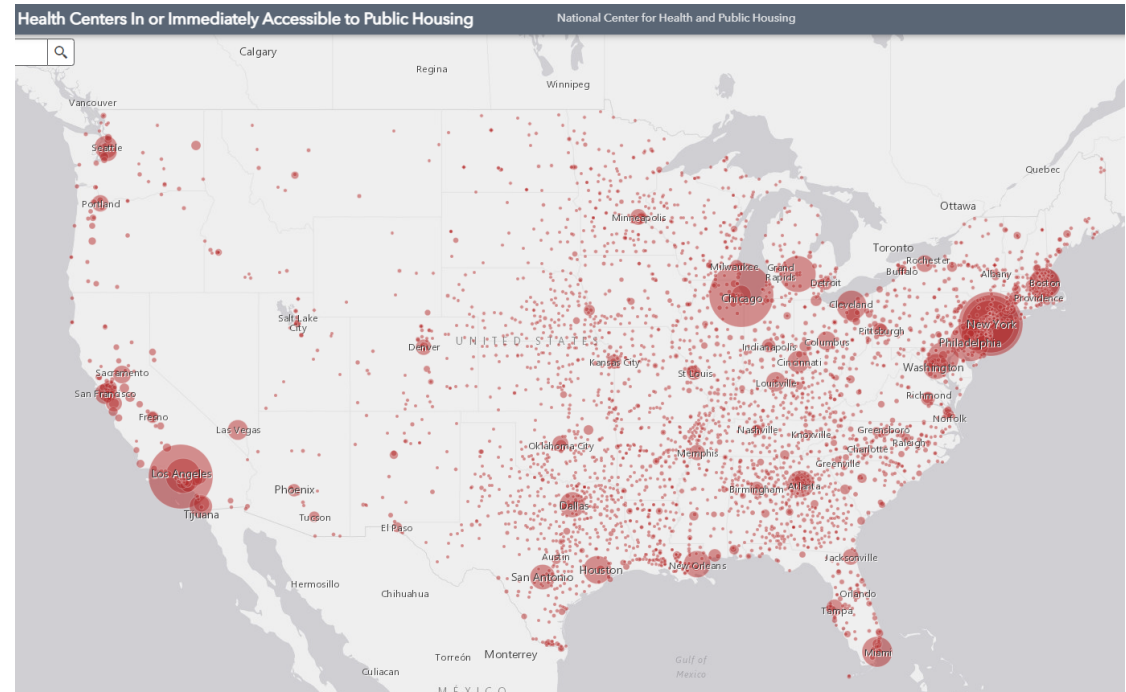
- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



# Health Centers Close to Public Housing

- 1,373 Federally Qualified Health Centers (FQHC) = **30 million patients**
- 458 FQHCs In or Immediately Accessible to Public Housing = **5.7 million patients**
- 108 Public Housing Primary Care (PHPC) = **911,683 patients**

Source: [2021 Health Center Data](#)



Source: [Health Centers in or Immediately Accessible to Public Housing Map](#)

# Public Housing Demographics

## Public Housing Demographics



1.5 Million  
Residents



2 Persons  
Per Household



38% Disabled



52% White



91% Low  
Income



43% African-  
American



26% Latinx



19% Elderly



36% Children



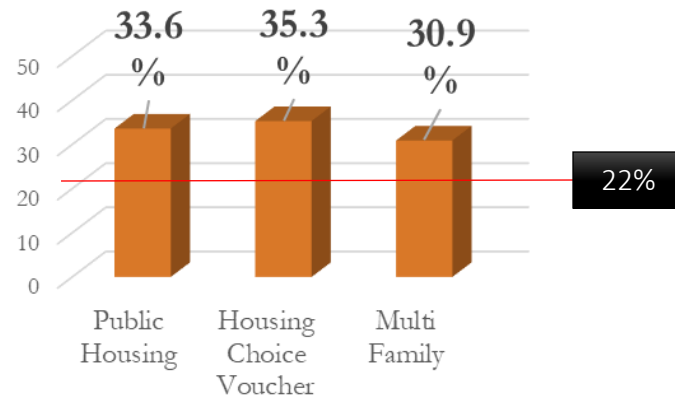
32% Female Headed  
Households with  
Children

Source: [2022 HUD Resident Characteristics Report](#)

# A Health Picture of HUD Assisted Adults, 2006 -2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

**Adult Smokers with Housing Assistance**



Source: [Helms, V. E., 2017, Sperling, J., & Steffen, B. L.](#)

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

## **Frank Vitale, MA**

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# Preventing Relapse in the Covid Era

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National Director, Pharmacy Partnership  
for Tobacco Cessation



# Objectives

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*Upon successful completion of this activity participants should be able to:*

- Understand the various challenges dealing with Covid presents to former smokers
- Review effective strategies to prevent relapse
- Examine behavioral techniques to help individuals regain abstinence if they do relapse
- Discuss medication modification recommendations for various relapse scenarios

# Relapse and Covid

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- In one study, 28% of former smokers relapsed in 2021

Cigarette Smoking and Risk Perceptions During the COVID-19 Pandemic Reported by Recently Hospitalized Participants in a Smoking Cessation Trial Nancy Rigotti MD, Journal of General Internal Medicine volume 36, pages3786–3793 (2021)

- In another 17% relapsed between 3/20 and 6/20

Characterizing Pandemic-Related Changes in Smoking Over Time in a Cohort of Current and Former Smokers Catherine S Nagawa, MS, Nicotine and Tobacco Research, 2/5/22

- Many anecdotal reports:

- “I’m too stressed!”
- “I’m all alone.”
- “This is all too much for me to handle!”

# Definition: Relapse

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Return to routine smoking after a quit attempt, smoking one or more cigarettes on a daily basis

# What Usually Triggers Relapse

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- The Three D's:
  - Death
  - Disease
  - Disaster
  - COVID?

“I don't give a damn!”

# How to Prevent Relapse

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- Ask all patients about smoking status
  - Monitor all recent quitters (last three months)
  - Inform long term quitters of resources
- Create relapse prevention plans
  - Support groups in clinics
  - Refer to Quit Line, other resources as needed
- Employ motivational interviewing techniques
  - Strengthen coping techniques

# Ask About Smoking Status

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- Ask all patients:
  - “Do you smoke or use any product that contains nicotine?”
- If yes,
  - “Did you go back to smoking during the pandemic?”
  - “Are you interested in making another quit attempt?”
- If no,
  - Reinforce abstinence

# Monitor All Recent Quitters

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- “How has your quit been going?”
  - “Great”
    - Congratulate success
  - “I’m having a problem.”
    - Strategize solutions
- “What are some situations where you have been tempted to smoke? How did you handle the situation?”

# Apprise Long Term Quitters

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- For those who have been quit for one or more years:
  - “Have you noticed that you have been tempted to want a cigarette since Covid started?”
  - “How have you coped with these urges?”
    - Successful coping: Congratulate and reinforce
    - Unsuccessful coping:
      - Strategize about specific situations
      - “Quitting is a process that occurs over time.”
      - “What did you learn about yourself from this last quit?”



# Prevention

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- **Anticipate:**

Know, ahead of time, what situations might be problematic based on past experience.

- **Plan:**

Create a plan to deal with this situation beforehand

- **Rehearse:**

Practice this plan either in real time or through visualization as much as needed

# Prevention (cont.)

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- Good Stress Management Skills:
  - Exercise
  - Meditation
  - Deep Breathing
  - Cognitive/Behavioral coping
  - Support system
  - Anger management

# Exercise

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- If you can do nothing else, walk briskly for 1/2 hour
- Create an exercise program at the clinic
- Swim!
- Yoga, Tai Chi, etc.
- Join a gym

# Meditation

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- Extensive evidence that it relieves stress
- Formal meditation programs
- Personal prayer
- Encourage individuals to speak to pastor, minister, priest
- If nothing else, encourage just spending fifteen minutes a day sitting quietly

# Deep Breathing

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- Remind former smokers this is how they smoked
  - They already know how to “deep breath”!
- Essentially:
  - Slowly take in air through the nose for a four count
  - Hold for a few seconds
  - Slowly exhale through mouth
  - Do throughout the day as often as you can

# Teach Cognitive Coping

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- “I am proud of myself.”
- “I can do this.”
- “I am strong”
- “A cigarette isn’t going to make anything better.”
- Just because you think about something doesn’t mean you have to do it!!
- Visualize yourself in situations where you used to smoke coping successfully

# Teach Behavioral Coping

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- Leave the scene
- Talk to someone
- Deep Breathing
- Change Patterns/Routines

# Support System

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- Create a strong support system
  - Someone:
    - At work
    - At home
    - Within your social circle
- Start a support group at the clinic
  - Staff or patient lead
- Refer to the Quit Line: 1800 Quit Now



# Anger Management

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- Remind patients:
  - Smoking is not a good way to “get back” at someone
  - Returning to smoking only hurts you, not the other person
  - If you go back to smoking, “they’ve” won!
- Create an anger management group at the clinic
- Encourage talking to friends/family/counselor

# Using MI to Prevent Relapse

# Motivational Interviewing

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“.....a skillful clinical style for eliciting from patients their own good motivation for making behavior change..”

# In Other Words....

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## Guide

the patient to telling you that they

want to change

rather than you telling them they **have** to change.



# Avoid

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- Forcing the change
- Intimidating
- Nagging
- Guilt



And Most Importantly:

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STOP

saying

STOP

# Benefits to This Approach

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- Using MI:
  - Prevents frustrating conversations with “noncompliant” patients
  - Allows you to step away from the role of the parent scolding the naughty child for doing something wrong
  - Establishes a real sense of collaboration between you and the patient

# To Begin With:

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- *Accept Ambivalence*
- *View change as a learning process*
  - *Understand that relapse is natural*
- **Elicit Change Talk**



# Goal of Change Talk

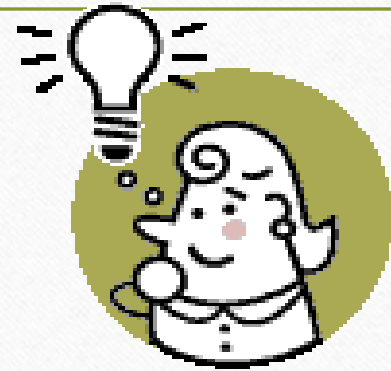
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- Collaborate with the patient to:
  - Understand and explore their own motivations for change.
  - Help them view the “change” as more enticing than the status quo
  - Increase their belief that they can change!

# Why Change Talk?

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Change  
is more likely to occur/be sustained  
when the idea comes from the **individual**  
not from **you!**



# Why Do People Sustain Change?

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- The “new” has importance and value
- They are uncomfortable with the old
- They are comfortable with the change
- They feel they have skills/knowledge to maintain the change

# How Do Individuals Change?

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Generally behavior change

is a **process**

that occurs over time,

not a discrete

one-time event

# Stages of Change Model

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- Precontemplation
- Contemplation
- Action
- Maintenance
- Relapse

**An individual can cycle through these stages multiple times before settling into the change**

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Remember:

Just because someone has quit doesn't mean that they will stay quit!!

# Maintaining Change Through Motivational Interviewing



# What To Do!

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- Ask Permission
- Use Open Ended Questions
- Listen Reflectively
- Summarize Feedback
- Roll with Resistance/Ambivalence



# Ask Permission

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- “Do you mind if we discuss your smoking status today?”
- “Can I tell you what concerns me?”
- “Is it ok to talk about how you are doing with not smoking?”

# Open Ended Questions:

Questions that do not invite  
short or one word answers



# Open Ended Questions (cont.)

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- Most open-ended questions begin with:
  - WHAT
  - HOW
- What's wrong with Why?

# Examples of Open Ended Questions

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- “What is prompting you to think about returning to smoking now?”
- “What do you want to do about staying quit?”
- “How would going back to smoking help you deal with Covid?”

If Reluctant:

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“What would have to happen to you for  
you to consider.....?”

# The Importance Ruler

# Importance

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How important would you say it is for you to stay quit? On a scale from 0 to 10, where 0 is not at all important and 10 is extremely important, where would you say you are?

0 1 2 3 4 5 6 7 8 9 10

Not at all important

Extremely Important

# The Confidence Ruler



# Confidence

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How confident are you that you stay quit permanently? On the same scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, where would you say you are?

0 1 2 3 4 5 6 7 8 9 10

Not at all confident

Extremely confident

# How to Boost Confidence

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“What accomplishment are you most proud of?”

“If you can do that you can stay quit !”

# Elicit Goals/Values

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- “What is the most important priority in your life right now?”
  - “How would staying quit help in achieving those goals?”
  - “How important is it for you to stay quit?”
- “What are your core values?”
  - “Where does a healthy lifestyle fit in?”
  - “What role did smoking play in your life?”

# Elaborate

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- Get an “in-depth” understanding of the reason for change/situation
  - “Tell me more about.....”
  - “Exactly what is prompting you to consider starting smoking again?”
  - “Explain to me in detail what happened when you relapsed back to smoking.”
  - “What was the thought process that lead you back to smoking?”

# Ask About Extremes

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- “Suppose you start smoking again. What do you imagine will happen to you in the next year/two years?”
- “If you do stay quit, what do you think your life would be like? How would things be different?”

# Listen Reflectively

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- Use the patient's own words
  - “I hear you saying that the idea of staying quit *is very scary*”
  - “I am getting the feeling that you don't think you can stay quit because *you have too much stress in your life.*”

# Summarize your Feedback

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- “We have agreed.....”
- “So here are the steps that you said you would do....”
- “Let me summarize what we have just discussed.....”

# Roll with Resistance/ Ambivalence

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- “Can you help me understand.....”
- “What specifically concerns you about....”
- “OK, I hear you saying that on one hand you want to stay quit, but on the other hand you are scared you can’t do it.”



# Ambivalence

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- A natural part of the change process
  - Both the old and new have value
- Getting stuck there is the problem
- Resolving ambivalence can be key
  - “The Decisional Balance Sheet”

# Decisional Balance Sheet

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## SMOKE

PRO	CON

## DON'T SMOKE

PRO	CON

# Your Goal

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- Establish a strong, clear, internal reason for staying quitting
  - Health
    - Clearly link presenting illness to smoking/obesity
    - Don't talk about DEATH
  - Money
  - Family
  - Social
  - Other

# Support and Encourage

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- Your belief that someone can change will help them change
- Accept the individual
  - Understand their perspective
  - This does not mean you endorse it
- Don't argue/push
  - Can backfire and reinforce the behavior

# If Relapse Occurs: Patient Needs

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Recommit to Quitting

# If Relapse Occurs: Your Role

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- Identify trigger of first cigarette
- Examine the sequence of events leading to relapse
- Suggest specific coping strategies
- Frame quitting as a learning process:
  - “What did you learn about yourself?”
- Renegotiate a quit date

# Medication Modifications if Relapsed

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- All NRT:
  - Unless a return to daily, regular smoking no need to stop medications
  - Consider adding an additional short acting medication (gum, lozenge, inhaler, nasal spray)
- Bupropion/Varenicline
  - Can maintain use unless returned to daily smoking
  - Consider adding NRT
- If no new quit day, terminate use

# Final Reminders

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Relapse can be prevented if you prepare for it!

- Help patients understand potential problem situations beforehand
  - Strategize coping
  - Boost confidence
  - Position quitting as a learning process
- Refer to Quit Line 1 800 Quit Now or other resources



# References

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- Motivational Interviewing: Preparing People for Change William R. Miller and Stephen Rollnick, The Guilford Press 2002
- Motivational Interviewing in HealthCare William R. Miller/Stephen Rollnick Guilford Press 2008

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## Q&A

If you would like to ask the presenter a question, please submit it through the chat box on your control panel or use the “raise hand” icon in the reactions tab and your line will be unmuted.



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# Thank you!

